



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

TELE: (740) 385-8501 FAX: (740) 385-6490  
www.epa.state.oh.us

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korteski, Director

February 11, 2009

**GALLIA COUNTY  
GENERAL FILE  
(HOLZER CENTER FOR CANCER CARE)  
DHWM/SEDO  
NON NOTIFIER**

Mr. Ken Moore  
Holzer Center for Cancer Care  
170 Jackson Pike  
Gallipolis, Ohio 45631

Dear Mr. Moore:

On February 3, 2009, Scott Bergreen, and I performed a compliance inspection of the Holzer Center for Cancer Care (HCCC) to determine its compliance with Ohio's hazardous waste laws and regulations as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC). Trevor Irwin of the Division of Solid and Infectious Waste Management accompanied us on the inspection.

Based on our observations and review of facility documentation during this inspection, we found the following violations of the hazardous waste regulations. Please provide the requested information within thirty days of the date of this letter:

**(1) OAC rule 3745-52-11 Hazardous waste determination.**

Any person who generates a waste, as defined in rule 3745-51-02 of the Administrative Code, must determine if that waste is a hazardous waste using the following method: (A) He should first determine if the waste is excluded from regulation under rule 3745-51-04 of the Administrative Code. (B) He must then determine if the waste is listed as a hazardous waste in rules. (C) For purposes of compliance with Chapter 3745-270 of the Administrative Code, or if the waste is not listed as a hazardous waste in rules 3745-51-30 to 3745-51-35 of the Administrative Code, the generator must then determine whether the waste is identified in rules 3745-51-20 to 3745-51-24 of the Administrative Code by either: (1) Testing the waste according to the methods set forth in rules 3745-51-20 to 3745-51-24 of the Administrative Code, or according to an equivalent method approved by the Region V Administrator of U.S. EPA pursuant to 40 CFR 260.21; or (2) Applying knowledge of the hazardous characteristic of the waste in light of the materials or the processes used.

HCCC has not adequately determined whether any wastes generated from the mixing or administration of chemo drugs are hazardous wastes. We understand that arsenic trioxide has been recently used at your facility, containers and equipment contaminated with this drug, unlike most of the other chemo drugs, are considered hazardous waste, wastecode P012. The remainder of the chemo drugs that can be listed hazardous

wastes are not considered acute hazardous wastes, therefore, empty containers and contaminated equipment need not be managed as hazardous waste. However, any containers that are not empty would be hazardous waste. Again, unopened, out-of-date drugs sent back to the manufacturer are not considered wastes. To demonstrate compliance with this regulation, please provide documentation showing the HCCC has categorized its chemo drug wastes appropriately.

**Other compliance issues:**

During the inspection, we observed several different brands of fluorescent light bulbs stored in containers, two types of bulbs were not the Phillips Alto (which is usually non-hazardous). Please determine if these bulbs are spent, if they are, you must manage them appropriately as directed in the factsheet that I have included with this letter.

I have provided a copy of the checklists used to evaluate your facility's compliance. Additional information on the hazardous waste rules, pollution prevention assessments and other useful information is available on Ohio EPA's website at [www.epa.state.oh.us](http://www.epa.state.oh.us). If you have any questions regarding waste management or pollution prevention activities, please call me at (740) 380-5278. If you have any pollution prevention questions or would be interested in a pollution prevention assessment, please call Donna Goodman at (740) 380-5293.

Sincerely,



Richard Stewart  
District Representative  
Division of Hazardous Waste Management

RS/mlm

**NOTICE:**

Ohio EPA's failure to list specific deficiencies or violations in this letter does not relieve your company from having to comply with all applicable regulations.

Ohio Environmental Protection Agency  
**RCRA SUBTITLE C SITE  
 IDENTIFICATION/VERIFICATION FORM**

For Ohio EPA use only

E-mail this completed form to [kristina.durnell@epa.state.oh.us](mailto:kristina.durnell@epa.state.oh.us)  
 or mail it to Kristina Durnell, Central Office

Site EPA ID No.	EPA ID Number: Non-Notifier									
Site Name	Name: Holzer Center for Cancer Care					Website: (Optional)				
Site Location Information	Street Address: 170 Jackson Pike									
	City, Town, or Village: Gallipolis					State: OH				
	County Name: Gallia					Zip Code: 45631				
Site Land Type (check only one)	Private <input checked="" type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>		
NAICS code(s) <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>										
Facility Representative  Additional names can be recorded in number 12  Only provide address information if it is different than the site address	First Name: Ken			MI:	Last Name: Moore					
	Phone Number: 740-446-5947				Phone Number Extension:					
	E-Mail Address:									
	Fax Number: 740-446-5622				Fax Number Extension:					
	Street or P.O. Box:									
	City, Town or Village:			State:			Country:		Zip Code:	
	Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner: Same								
Date Became Owner (mm/dd/yyyy):										
Owner Type:		Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	
Street or P.O. Box:										
City, Town or Village:				Owner Phone #:		Country:			Zip Code:	
State:				Date Became Operator (mm/dd/yyyy):						
Name of Site's Operator: Same										
Date Became Operator (mm/dd/yyyy):										
Owner Type:		Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	
Street or P.O. Box:										
City, Town or Village:				Operator Phone #:		Country:			Zip Code:	
State:										
Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Type of Generator										
<input type="checkbox"/> Not Regulated					<input checked="" type="checkbox"/> Conditionally Exempt Small Quantity Generator					
<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11					<input type="checkbox"/> United States Importer of Hazardous Waste					
<input type="checkbox"/> Large Quantity Generator (LQG)					<input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator					
<input type="checkbox"/> Small Quantity Generator (SQG)										
Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes)										
<input type="checkbox"/> Recycler of Hazardous Waste					<input type="checkbox"/> Exempt Boiler and/or Industrial Furnace					
<input type="checkbox"/> Underground Injection Control Facility					<input type="checkbox"/> Small Quantity On-Site Burner Exemption					
<input type="checkbox"/> Hazardous Waste Transporter					<input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption					
<input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste										

Universal Waste Activities (Indicate types of universal waste generated and/or accumulated (check all boxes that apply))					
<input type="checkbox"/> Small Quantity Handler of Universal Waste			<input type="checkbox"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more)		
<input type="checkbox"/> Destination Facility for Universal Waste					
(Check all boxes below that apply for each of the three types of facilities above)			Used Oil Activities (Indicate Type(s) of Activity(ies))		
	Generated	Accumulated	<input type="checkbox"/> Used Oil Generator	<input type="checkbox"/> Off-Specification Used Oil Burner	
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transporter	<input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil	
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transfer Facility	<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner	
Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Processor		
Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Re-refiner		
Waste Codes for Federally Regulated Hazardous Wastes. Please list the codes for the federally regulated hazardous waste handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more space is needed. If there are more than 7 waste codes and they are the same as listed in the most recent RCRAInfo source record, you do not need to list them all. Instead just indicate the date of the most recent source record.					
P012	D004				
Comments: Use this area to describe whether the inspection was announced, whether the waste is stored in tanks or containers, etc.					
Announced	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Additional Facility Representatives:		
Tanks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Comments:		
Containers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Name of Inspector(s)		Name of Inspector(s)		Date of Inspection/Time (mm/dd/yyyy) (hh:mm)	
Rich Stewart				2/3/09 10:15	
OPTIONAL CERTIFICATION. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					
Signature of Owner, Operator, or an Authorized Representative		Name and Title (Print)		Date (mm/dd/yyyy)	

## PROCESS, WASTE, P2 SUMMARY SHEET

**Facility Name:** Holzer Center for Cancer Care. **Facility Type:** LQG SQG CESQG TSD **Date of Inspection:** 2/3/09  
**EPA ID#:** Non-Notifier

Waste Generated			On- or Off-Site Management		P2 Activities		
Process/Activity Generating Waste (e.g. plating bath, machining, baghouse, painting, general maintenance, etc)	Waste Description (e.g. sludge, solvent, ash, used oil, spent lamps, etc.) and EPA Waste Code, if applic.	QTY Generated per Month, Type of Accumulation (container, tank, etc) and location of waste accumulation area	Type of On-Site Treatment (recycle, wwt, etc)	Name, state, and type of activity occurring at the off-site facility.	Current P2 Activities	P2 Opportunities	
1	lighting	fluorescent bulbs/unknown	varies	NA	Unknown	NA	recycle
2	chemo-drug therapy	contaminated materials/some P012/D004 some non-haz?	varies	NA	Stericycle, incineration	NA	?
3	chemo-drug therapy	unused solutions/?	varies	NA	some returned to MFG	product return	?
4							
5							
6							
7							
8							

9							
---	--	--	--	--	--	--	--

**REMARKS-GENERAL INFORMATION**

**General Process Information:**

Holzer Cancer Center performs chemo and nuclear therapy for cancer patients. Also on-site are a CT and linear accelerator for diagnostic imaging which is all digital, no film development occurs at this facility. All wastes from single dose and mixed chemo drugs and their administration are placed into yellow biohazardous containers and sent to an Stericycle incinerator. Infectious waste is red-bagged and goes to another Stericycle facility for treatment (autoclaving) and disposal.

**Regulatory/Enforcement History** (if applicable):

No information regarding this facility was found in DHWM's files, facility opened in 2005.

**Additional P2 remarks and information:**

NA.

Would this facility be interested in a P2 assessment?  Yes\*  No \*If yes, refer promptly to your district P2 coordinator.

Office of Compliance Assistance and Pollution Prevention - 1-800-329-7518 or [p2mail@epa.state.oh.us](mailto:p2mail@epa.state.oh.us) or [www.epa.state.oh.us/ocapp/ocapp.html](http://www.epa.state.oh.us/ocapp/ocapp.html)

**Other:**

## CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS

CESQG: < 100 Kg. (approximately 25-30 gallons) of waste in a calendar month

SQG: Between 100 and 1,000 Kg. (about 25 to under 300 gallons) of waste in a calendar month

LQG: >1,000 Kg. (~300 gallons) of waste in a calendar month or > 1 Kg. of acutely hazardous waste in a calendar month

NOTE: To convert from gallons to pounds:  $\text{Amount in gallons} \times \text{Specific Gravity} \times 8.345 = \text{Amounts in pounds}$

### POLLUTION PREVENTION

1. Has the company undertaken any P2 activities to reduce the amount of waste generated?  X  Yes   No   N/A   RMK#

a. If so, what has the company done to minimize waste generation?

- A change in the process resulting in less waste.
- A change in the product resulting in less waste.
- Use of fewer and less toxic hazardous raw materials.
- Better operations/improved housekeeping.
- On-site recycling/reuse of hazardous materials.
- Sending waste off-site for recycling/reuse.
- Other activities (specify):

b. If so, what wastes have been addressed?

- Solvents
- Paint related wastes
- Industrial process wastes (sludges, slags, contaminated wastes waters, etc.)
- Contaminated oils/hydraulic fluids
- Off-spec chemicals
- Shop rags
- Other (specify): Unused chemo drugs

c. If they haven't minimized waste are there barriers that are preventing them from doing it?

- Lack of information about practical alternatives.
- Lack of capital to make process changes.
- Lack of internal management support.
- The company does not generate enough waste to consider P2.
- Other reason given (specify):

2. Does the company plan to do P2 activities in the future?  X  Yes   No   N/A   RMK#

3. Would the company be interested in receiving additional information from Ohio EPA about P2?  ?  Yes   No   N/A   RMK#

4. Did you give the company information about P2 during the inspection?  Yes  No  N/A  RMK#
5. Would the company like a P2 assessment?  Yes  No  N/A  RMK# 1
- A. If yes, provide information that makes the company a good candidate for an assessment (i.e., known specific P2 opportunities exist, the company is willing to cooperate and commit resources to the assessment, the company fully understands DHWM's P2 assessment process, etc.)
- B. If no, list the reasons the facility representative gave for not wanting an assessment.

*If the company would like a P2 assessment done at their facility, the inspector must give the company representative a copy of the Pollution Prevention for Hazardous Waste Generators document and discuss it with them.*

#### REMARKS

#1 Facility will contact OEPA if they have questions.

#### CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS

##### WASTE EVALUATION

1. Have all wastes generated at the facility been evaluated? [3745-52-11] Yes  No  N/A  RMK# 2

##### GENERATOR CLASSIFICATION

2. Does the generator produce  $\leq 100$  kg. of hazardous waste per month? [conditionally exempt small quantity generator ("CESQG")] Yes  No  N/A  RMK#

**NOTE:** *If quantities of hazardous waste accumulated on-site at any one time exceed 1,000 Kg. - or the generator produces between 100 and 1,000 Kg of hazardous waste per month, it is operating as a Small Quantity Generator ("SQG"). If so, complete the Small Quantity Generator Requirements checklist.*

##### OFF-SITE SHIPMENT OF HAZARDOUS WASTE

3. Does the CESQG ensure delivery of hazardous waste(s) to an off-site permitted TSD? [3745-51-05(G)(3)] Yes  ?  No  N/A  RMK# 2

#### REMARKS

#2 Facility has not evaluated chemo drug contaminated materials prior to disposal.