



**Environmental
Protection Agency**

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

September 30, 2011

**GUERNSEY COUNTY
GENERAL FILE
(CAMBRIDGE HIGH SCHOOL)
DHWM/SEDO
OHR000165332**

Mr. Scott Eldredge, Principal
Cambridge High School
1401 Deerpath Drive
Cambridge, Ohio 43725-9097

Dear Mr. Eldredge:

On September 19, 2011, this office received a complaint alleging that spent parts washer solvent from the shop class was given to students who disposed of the solvent in an unknown location. On September 22, 2010, I performed a complaint investigation to determine if the allegations were valid.

Based on my discussion with Mr. Lappla, the shop teacher, the allegations are true. Since there is no waste evaluation for this waste, following regulation has been violated, please provide the documentation requested below 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...determine if the waste is listed as a hazardous waste in rules 3745-51-30 to 3745-51-35, and 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.

We observed a parts washer in the shop class and 5 gallon containers that Mr. Lappla indicated are used to collect spent washer fluid. He did not have documentation of waste evaluation for this waste. A sample of the dirty parts washer solvent should be collected to determine if this waste exhibits any hazardous waste characteristics (for flashpoint and TCLP metals and volatile organics), an environmental testing company can help you with this. This violation will be abated once I have received these results, please contact me immediately if you have any questions regarding sampling/evaluating this waste.

GENERAL COMMENTS

We understand that this waste was disposed by the students at a location unknown to us at this time. If this location can be determined, all waste residues and contaminated soil must be removed, placed into containers and properly disposed of. You may be able to use the sampling results for the spent solvent to make a waste determination for this material or an additional sample may be required.

Going forward, you may wish to use high-flashpoint, non-hazardous solvent to reduce the risk of fire and reduce odors. Also, there are water-based parts washers available that, with approval from your wastewater treatment plant, could be drained to the sanitary sewer system when the solution becomes too dirty to use. I have included an Ohio EPA handbook on parts washer alternatives with this letter for your information.

If you have any questions regarding waste management or pollution prevention activities, please call me at (740) 380-5278.

Sincerely,



Richard Stewart
District Representative
Division of Hazardous Waste Management

RS/dh

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.

Send to Central Office <input checked="" type="checkbox"/>	Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM	For Ohio EPA use only
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Completed verification forms required to be submitted to CO should be e-mailed to paula.canter@epa.state.oh.us.

Site EPA ID No.	EPA ID Number: OHR0001653332							
Site Name	Name: Cambridge High School					Website: (Optional)		
Site Location Information	Street Address: 1401 Deerpath Drive							
	City, Town, or Village: Cambridge					State: OH		
Site Land Type (check only one)	County Name: Guernsey		Zip Code: 43725-9097					
NAICS code(s) www.census.gov/epcd/www/naics.html	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input checked="" type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>

Facility Representative	First Name: Scott		MI:	Last Name: Elderidge				
Additional names can be recorded in number 12	Title: Principal							
	Phone Number: 740-435-1100				Phone Number Extension:			
Only provide address information if it is different than the site address	E-Mail Address:							
	Fax Number:				Fax Number Extension:			
	Street or P.O. Box:							
	City, Town or Village:				State:			
	State:				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 #:				
	State:				Country:		Zip Code:		
	Name of Site's Operator:				Date Became Operator (mm/dd/yyyy):				
	Operator 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 #:				
	State:				Country:		Zip Code:		

VIOLATIONS CITED?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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TYPE OF HANDLER - MARK "X" AS APPROPRIATE

<input type="checkbox"/> Not a HW Generator	<input checked="" type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<input type="checkbox"/> Large Quantity Generator (LQG)
	<input type="checkbox"/> Short-Term/Temporary Generator (generates from a short-term or one-time event and not from on-going processes). Check the box for the applicable generator status and provide a comment.	<input type="checkbox"/> Small Quantity Generator (SQG)
		<input type="checkbox"/> Conditionally Exempt Small Quantity Generator
		<input type="checkbox"/> U.S. Importer of Hazardous Waste
		<input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator

TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN ALL OF THE APPROPRIATE BOXES)

<input type="checkbox"/> Hazardous Waste Transporter	<input type="checkbox"/> Exempt Boiler and/or Industrial Furnace
<input type="checkbox"/> Hazardous Waste Transfer Facility	<input type="checkbox"/> Small Quantity On-Site Burner Exemption
<input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste	<input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption
<input type="checkbox"/> Recycler of Hazardous Waste	<input type="checkbox"/> Underground Injection Control Facility
<input type="checkbox"/> 72-Hour Recycler	<input type="checkbox"/> Receives Hazardous Waste from Off-site

UNIVERSAL WASTE ACTIVITIES (INDICATE TYPES OF UNIVERSAL WASTE MANAGED (CHECK ALL BOXES THAT APPLY))

<input checked="" type="checkbox"/> Small Quantity Handler of Universal Waste	<input type="checkbox"/> Destination Facility for Universal Waste
<input type="checkbox"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more)	

CHECK ALL BOXES BELOW THAT APPLY FOR THE TYPES OF UNIVERSAL WASTE THE FACILITY MANAGES

<input checked="" type="checkbox"/> Batteries
<input type="checkbox"/> Pesticides
<input type="checkbox"/> Mercury containing equipment
<input checked="" type="checkbox"/> Lamps

USED OIL ACTIVITIES (INDICATE TYPE(S) OF ACTIVITY(S))

<input type="checkbox"/> Used Oil Generator
<input type="checkbox"/> Used Oil Transporter
<input type="checkbox"/> Used Oil Transfer Facility
<input type="checkbox"/> Used Oil Processor
<input type="checkbox"/> Used Oil Re-refiner
<input type="checkbox"/> Off-Specification Used Oil Burner
<input type="checkbox"/> Used Oil Fuel Marketer who directs shipment of Off-Spec Used Oil
<input type="checkbox"/> Used Oil Fuel Marketer who first claims the Used Oil meets the specifications

Eligible Academic Entities with Laboratories: Facility has previously notified that they are opting into managing laboratory hazardous waste pursuant to OAC rules 3745-52-200 through 3745-52-216. Check the box(es) below to indicate the laboratory type.

<input type="checkbox"/> College or University
<input type="checkbox"/> Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university
<input type="checkbox"/> Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Waste Codes for Federally Regulated Hazardous Wastes: Please list the codes for the federally regulated hazardous waste handled at the site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page or list them in the comments if more space is needed. If the waste codes are the same as listed in the most recent RCRAinfo source record, you do not need to list them. Instead just indicate the date of the most recent source record.

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	
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	Erika Jackson	09/22/11 13:00

Comments: