



**Environmental
Protection Agency**

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

October 21, 2011

**MONROE COUNTY
GENERAL FILE
(J&K AUTO SERVICE, LLC)
DMWM/SEDO
NON-NOTIFIER**

Mr. Joe Pyles
J&K Auto Service, LLC
38112 SR 7
Sardis, Ohio 43946

Dear Mr. Pyles:

On, September 30, 2011, Ohio EPA received a complaint alleging that used oil and antifreeze is being dumped into a drain and onto soils at your property located in Sardis, Ohio. On, October 18, 2011, I performed a complaint investigation to determine the validity of the complaint.

Based on this investigation, I observed no evidence of leaking or dumping of auto fluids. I did observe tanks and drums of used oil which were not labeled. However, you properly labeled them during the investigation, therefore, you have returned to compliance with the following hazardous waste regulation:

- (i) Used oil storage requirements for generators, OAC rule 3745-279-22(C).

You have therefore abated all violations observed during the October 18, 2011 investigation.

I have attached a copy of Ohio EPA's fact sheet regarding used oil management. If you would like additional information regarding Ohio EPA's laws regarding auto maintenance activities, please go to the following website at www.epa.ohio.gov/portals/41/sb/publications/automaintenance.pdf. 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. 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 Materials and 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.

Send to Central Office <input checked="" type="checkbox"/>	Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM	For Ohio EPA use only
---	---	-----------------------

Completed verification forms required to be submitted to CO should be e-mailed to paula.canter@epa.state.oh.us.

Site EPA ID No. Site Name	EPA ID Number: Non-Not		Website: (Optional)	
Site Location Information	Name: J&K Auto Service, LLC		Street Address: 38112 SR 7	
Site Land Type (check only one)	City, Town, or Village: Sardis		State: OH	
NAICS code(s) www.census.gov/epcd/www/naics.html	County Name: Monroe		Zip Code: 43946	
	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"/>

Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Joe		MI:	Last Name: Pyles	
	Title: owner		Phone Number: 740-483-1902		
	Phone Number Extension:		E-Mail Address:		
	Fax Number:		Fax Number Extension:		
	Street or P.O. Box:		City, Town or Village:		
	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:
	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
--------------------------	---

TYPE OF HANDLER - MARK "X" AS APPROPRIATE

<input type="checkbox"/> Not a HW Generator	<input 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 checked="" 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 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 type="checkbox"/> Batteries
<input type="checkbox"/> Pesticides
<input type="checkbox"/> Mercury containing equipment
<input type="checkbox"/> Lamps

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

<input checked="" 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.

D001

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		10/18/11 11:00

Comments: