



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 Korfeski, Director

June 26, 2008

**MONROE COUNTY
GENERAL FILE
(MARV'S PLACE)
RCRA/DHWM
NON-NOTIFIER**

Ms. Sharon Davis
Marv's Place

~~2455 Township 246-~~ P.O. Box 551
~~Toronto, Ohio 43964~~ Sardis, Oh 43946

Dear Ms. Davis:

On June 25, 2008, I conducted a compliant investigation to determine the validity of a complaint that was received by this office on June 8, 2008 and to determine your company's compliance with Ohio's hazardous waste laws and regulations, as found in the Ohio Revised Code and the Ohio Administrative Code (ORC and OAC, respectively). The complainant alleged that lead paint was being scraped off the building and was not being contained.

During the investigation, I spoke with Joel Davis and observed that a portion of the building had been scraped of paint and observed small amounts of paint chips on the ground. Mr. Davis informed me that the majority of the paint chips had been contained and that the building had been painted two years ago but the original paint and the subsequent layers were being scraped off in preparation for re-painting.

As a result of the complaint investigation, the following violation of Ohio's hazardous waste law or regulation was identified:

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

Paint chips must be collected and tested prior to disposal as required by this rule. The paint chips must be tested for hazardous metals using the Toxicity Characteristic Leaching Procedure, test Method 1311. To demonstrate compliance with this rule, Marv's Place must submit analytical data for the paint chip waste to Ohio EPA for review **within 45 days** of receipt of this letter.

Ms. Sharon Davis
Marv's Place
June 26, 2008
Page 2

Should you have any questions please feel free to contact me at (740) 380-5278.

Sincerely,

A handwritten signature in cursive script that reads "Melody Stewart".

Melody Stewart
District Representative
Division of Hazardous Waste Management

MS/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
 tammy.mcconnell@epa.state.oh.us or mail it to Tammy
 McConnell, Central Office

Site EPA ID No.	EPA ID Number: Non-notifier								
Site Name	Name: Marv's Place					Website: (Optional)			
Site Location Information	Street Address: 37143 Muskingum Street								
	City, Town, or Village: Sardis					State: OH			
	County Name: Monroe					Zip Code: 43946			
Site Land Type (check only one)	Private <input type="checkbox"/>	County <input checked="" 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) www.census.gov/epcd/www/naics.html									
Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Sharon			MI:	Last Name: Davis				
	Phone Number: 740-483-9999					Phone Number Extension:			
	E-Mail Address:								
	Fax Number:					Fax Number Extension:			
	Street or P.O. Box: P.O. Box 551								
	City, Town or Village: Sardis					State: Ohio		Country: Monroe	Zip Code: 43946
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:				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):				
	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 #:				
	State:				Country:		Zip Code:		
Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Type of Generator									
<input type="checkbox"/> Not Regulated				<input 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 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.					
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)	
Melody Stewart				6/25/2008	
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)

**CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS
COMPLETE AND ATTACH A PROCESS, WASTE, P2 SUMMARY SHEET**

CESQG: ≤ 100 Kg. (Approximately 25-30 gallons) of waste in a calendar month or < 1 Kg. of acutely hazardous waste.
SQG: Between 100 and 1,000 Kg. (About 25 to under 300 gallons) of waste in a calendar month.
LQG: $\geq 1,000$ 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: Amount in gallons x Specific Gravity x 8.345 = Amounts in pounds.

Safety Equipment Used:

WASTE EVALUATION

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

GENERATOR CLASSIFICATION

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

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? [3734.02(F)] Yes No N/A

TREATMENT OF HAZARDOUS WASTE

4. Does the generator treat hazardous waste in a:
- a. Container that meets 3745-66-70 to 3745-66-77? Yes No N/A
 - b. Tank that meets 3745-66-90 to 3745-66-101 except 3745-66-97(C)? Yes No N/A
 - c. Drip pads that meet 3745-69-40 to 3745-69-45? Yes No N/A
 - d. Containment building that meets 3745-256-100 to 3745-256-102? Yes No N/A

NOTE: Complete appropriate checklist for each unit.

NOTE: If the CESQG conducts treatment they are subject to the LQG requirements.

NOTE: If waste is treated to meet LDRs, use LDR checklist.

REMARKS

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

For Ohio EPA use only

E-mail this completed form to
tammy.mcconnell@epa.state.oh.us or mail it to Tammy
 McConnell, Central Office

Site EPA ID No.	EPA ID Number: Non-notifier								
Site Name	Name: Marv's Place					Website: (Optional)			
Site Location Information	Street Address: 37143 Muskingum Street								
	City, Town, or Village: Sardis					State: OH			
	County Name: Monroe					Zip Code: 43946			
Site Land Type (check only one)	Private <input type="checkbox"/>	County <input checked="" 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) www.census.gov/epcd/www/naics.html									
Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Sharon			MI:	Last Name: Davis				
	Phone Number: 740-483-9999					Phone Number Extension:			
	E-Mail Address:								
	Fax Number:					Fax Number Extension:			
	Street or P.O. Box: P.O. Box 551								
	City, Town or Village: Sardis					State: Ohio			Country: Monroe
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:				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):				
	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 #:				
	State:				Country:		Zip Code:		
Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Type of Generator									
<input type="checkbox"/> Not Regulated				<input 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"/> 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 each of the three types of facilities above)		Used Oil Activities (Indicate Type(s) of Activity(ies))	
	Generated	Accumulated	
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<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
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Off-Specification Used Oil Burner <input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil <input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner
Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps	<input type="checkbox"/>	<input type="checkbox"/>	

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.

--	--	--	--	--	--

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)
Melody Stewart		6/25/2008

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)