

**Environmental
Protection Agency**

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

August 1, 2011

**PIKE COUNTY
GENERAL COUNTY FILE
(PLATEAU TRUCK STOP)
RCRA/UOG
NON-NOTIFIER**

Ms. Regina Gregory
14161 US Route 23 North
Waverly, Ohio 45690

Dear Ms. Gregory:

On July 26, 2011, I conducted a complaint investigation of the Plateau Truck Stop to determine the validity of a complaint that was received by this office on July 25, 2011 and to determine the 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 containers of used oil and restaurant grease were leaking onto the ground behind the building and scrap tires were disposed of on the property.

Based on the complaint investigation, I found the following violations of Ohio's hazardous waste regulations. In order to correct these violations, you must do the following and send me the required information ***within 30 days*** of your receipt of this letter:

- (1) **Used oil storage requirements for generators, OAC rule 375-279-22(C):** Containers and aboveground tanks used to store used oil at generator facilities shall be labeled or marked clearly.

During the complaint investigation, containers of used oil were not labeled as required by this rule. To demonstrate compliance with this rule, these containers must be labeled appropriately and photographic documentation must be sent to this office for review.

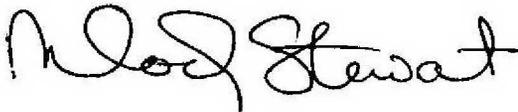
- (2) **Used oil storage requirements for generators, OAC rule 375-279-22(D):** Upon detection of a release of used oil to the environment, a generator shall clean up and manage properly the release used oil and other materials.

During the site visit, used oil contaminated soil was observed around leaking from a 55-gallon container behind the facility. As required by this rule, the used oil release must be cleaned up. To demonstrate compliance with this rule, photographic documentation must be submitted to Ohio EPA demonstrating that the contaminated soil has been cleaned up properly.

Ms. Regina Gregory
August 1, 2011
Page 2

During the complaint investigation, approximately 100 tires were scattered across the property, containers of restaurant grease were leaking onto the ground behind the facility and other solid waste was observed. I have attached photographs for your records. The Pike County Health Department will be contacted regarding this issue and you may be contacted by the Health Department in the future. If you have any questions regarding this letter, please call me at (740) 380-5256.

Sincerely,



Melody Stewart
District Representative
Division of Hazardous Waste Management

MS/mlm

cc: Dan Bergert, DMWM/SEDO
Kevin Astin, Pike County Health Department

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 appropriate regulations.



PIKE COUNTY
PLATEAU TRUCK STOP
7/26/11 - MELODY STEWART

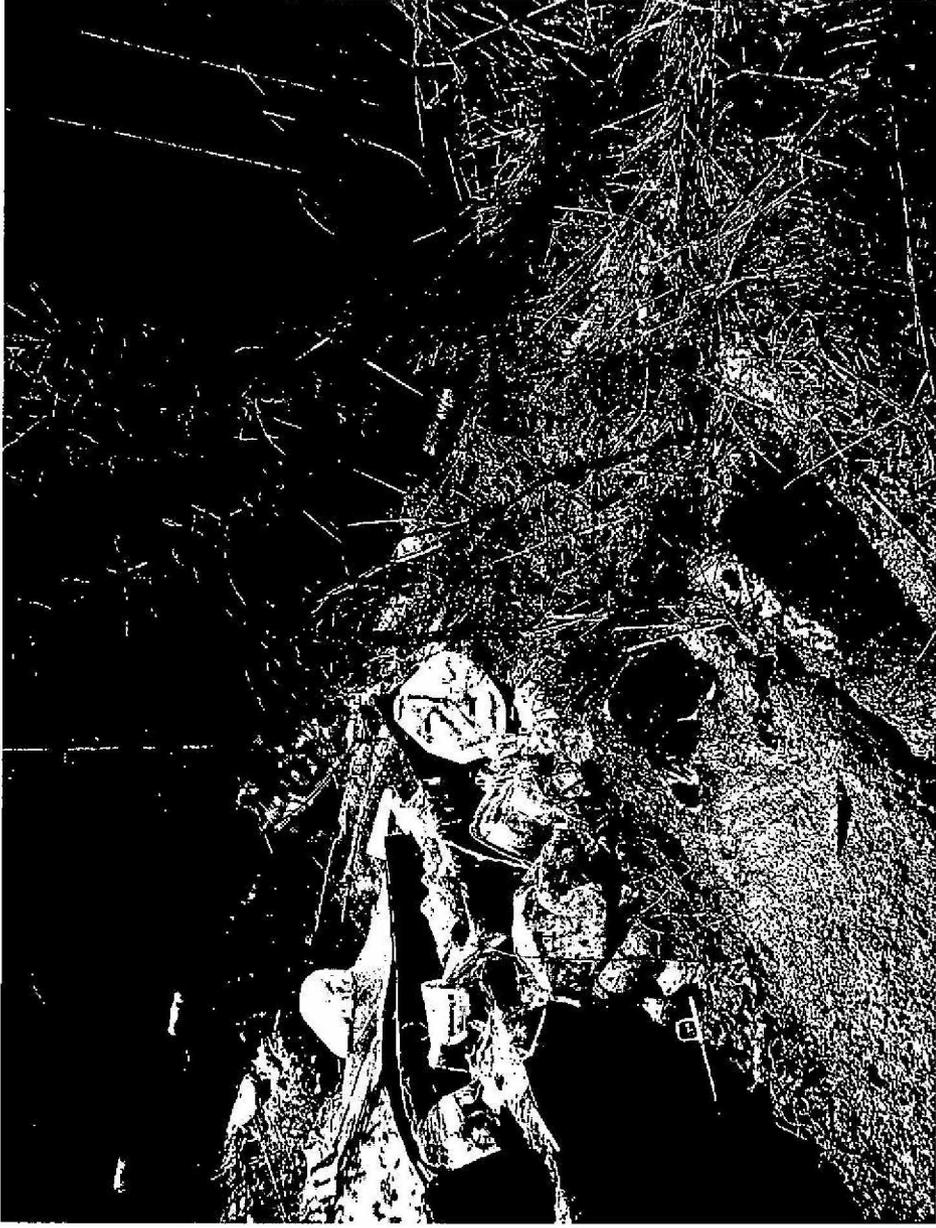
PIKE COUNTY
PLATEAU TRUCK STOP
7/26/11 – MELODY STEWART



PIKE COUNTY
PLATEAU TRUCK STOP
7/26/11 – MELODY STEWART



PIKE COUNTY
PLATEAU TRUCK STOP
7/26/11 - MELODY STEWART



Send to Central Office <input 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 Site Location Information Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	EPA ID Number: Non-notifier Name: Plateau Truck Stop Website: (Optional) Street Address: 14161 US Route 23 North City, Town, or Village: Waverly State: OH County Name: Pike Zip Code: 45690 <table style="width:100%; text-align: center;"> <tr> <td>Private</td> <td>County</td> <td>District</td> <td>Federal</td> <td>Indian</td> <td>Municipal</td> <td>State</td> <td>Other</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Private	County	District	Federal	Indian	Municipal	State	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Private	County	District	Federal	Indian	Municipal	State	Other										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: Regina MI: Last Name: Gregory Title: Phone Number: 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: Date Became Owner (mm/dd/yyyy): <table style="width:100%; text-align: center;"> <tr> <td>Owner Type:</td> <td>Private</td> <td>County</td> <td>District</td> <td>Federal</td> <td>Indian</td> <td>Municipal</td> <td>State</td> <td>Other</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: State: Owner Phone #: Zip Code: Name of Site's Operator: Date Became Operator (mm/dd/yyyy): <table style="width:100%; text-align: center;"> <tr> <td>Operator Type:</td> <td>Private</td> <td>County</td> <td>District</td> <td>Federal</td> <td>Indian</td> <td>Municipal</td> <td>State</td> <td>Other</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: State: Operator Phone #: Zip Code:	Owner Type:	Private	County	District	Federal	Indian	Municipal	State	Other		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operator Type:	Private	County	District	Federal	Indian	Municipal	State	Other		<input type="checkbox"/>													
Owner Type:	Private	County	District	Federal	Indian	Municipal	State	Other																													
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
Operator Type:	Private	County	District	Federal	Indian	Municipal	State	Other																													
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													

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"/> 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"/> Large Quantity Generator (LQG) <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 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.

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
Tanks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Containers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
Melody Stewart		7/26/2011 10:00
Comments:		