



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 Korleski, Director

May 1, 2007

**ROSS COUNTY
GENERAL FILE
(ROSS COUNTY SOLID WASTE DISTRICT)**

Mr. Gary Mercamp
Ross County Solid Waste District
15 North Paint Street
Suite 300
Chillicothe, Ohio 45601

Dear Mr. Mercamp:

On April 26, 2007, Ohio EPA conducted a complaint investigation at Camp Sherman Park in Chillicothe, Ohio in which it was alleged that someone placed a container of used oil in the recycling bin which leaked from the bin and onto the ground. Based on my investigation, I observed a small puddle of used oil just below the bin and an area where oil had runoff towards the blacktop parking lot.

Based on this, we found the following violations of Ohio's hazardous waste laws. In order to correct these violations, you must do the following and send me the following within thirty days of the date of this letter:

- (1) **OAC Rule 3745-279-22 (D), Used Oil Storage Requirements for Generators:**
Upon detection of a release of used oil to the environment, you must stop the release, contain the released used oil, and clean up and properly manage the released used oil and materials used to clean up the used oil.

A small area of soil near the recycling bin was stained with oil. To correct this violation, you must clean up all areas where used oil was released. This can be done by digging up all visibly oil-contaminated soils. The oil-stained soil that has been excavated can be managed as a solid waste by your regular solid waste/garbage disposal company. You may wish to contact your solid waste disposal company to determine if they have any additional requirements for the disposal of this waste. To demonstrate a return to compliance with this rule, you must submit photographs of the area where oily soils have been excavated. Once the soils have been excavated, you may backfill the area with clean soil.

In addition, we recommend that the solid waste district take steps to discourage future disposal of used oil in recycling bins. Some ideas you may wish to consider include signage which prohibits used oil, and public education information in local papers which provides locations of businesses that will accept used oil from households.

Mr. Gary Mercamp
Ross County Solid Waste District
May 1, 2007
Page 2

Should you have any questions, please feel free to contact me at (740) 380-5293.

Sincerely,



Donna Goodman
District Representative
Division of Hazardous Waste Management

DG/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.

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

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

For Ohio EPA use only

Ross Co General

2. Site EPA ID No. EPA ID Number: non notifier

3. Site Name Name: Camp Sherman Website (optional):

4. Site Location Information
 Street Address: Route 104
 City, Town, or Village: Chillicothe State: OH
 County Name: Rossy Zip Code: 45601

5. Site Land Type (check only one)

Private	County	District	Federal	Indian	Municipal	State	Other
	x						

6. NAICS code(s) www.census.gov/epcd/www/naics.html

A. NA	B.
C.	D.

7. Facility Representative:

Additional names can be recorded in number 12.

Only provide address information if it is different than the site address.

First Name: MI: Last Name:
 Phone Number: Phone Number Extension:
 E-Mail Address:
 Fax Number: Fax Number Extension:
 Street or P.O. Box:
 City, Town or Village:
 State: Country: Zip Code:

8. 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.

A. Name of Site's Legal Owner: Ross County Date Became Owner (mm/dd/yyyy):

Owner Type: Mark with an X	Private	County	District	Federal	Indian	Municipal	State	Other
		x						

Street or P.O. Box: 2 N. Paint Street, Suite H
 City, Town, or Village: Chillicothe Owner Phone #: 740-702-3085
 State: Ohio Country: USA Zip Code: 45601

B. Name of Site's Operator: Ross- Pickaway-Highland-Fayette Solid Waste Management District Date Became Operator (mm/dd/yyyy):

Operator Type: Mark with an X	Private	County	District	Federal	Indian	Municipal	State	Other
		x						

Street or P.O. Box: 15 N. Paint Street, Suite 300
 City, Town, or Village: Chillicothe Operator Phone #:
 State: OH Country: US Zip Code: 45601

9. Violations Cited? Yes No

10. Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes.)

Not Regulated

10. Type of Regulated Waste Activity (Mark in all of the appropriate boxes.)

A. Hazardous Waste Activities										
(choose only one of the following categories)										
<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<input type="checkbox"/>	3. Treater, Storer or Disposer of Hazardous Waste								
<input type="checkbox"/> a. Large Quantity Generator (LQG):	<input type="checkbox"/>	4. Recycler of Hazardous Waste								
<input type="checkbox"/> b. Small Quantity Generator (SQG)	<input type="checkbox"/>	5. Exempt Boiler and/or Industrial Furnace								
<input type="checkbox"/> c. Conditionally Exempt Small Quantity Generator	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption								
<input type="checkbox"/> d. United States Importer of Hazardous Waste	<input type="checkbox"/>	b. Smelting, Melting, Refining Furnace Exemption								
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	<input type="checkbox"/>	6. Underground Injection Control Facility								
	<input type="checkbox"/>	7. Hazardous Waste Transporter								
B. Universal Waste Activities		C. Used Oil Activities								
<input type="checkbox"/> 1. Small Quantity Handler of Universal Waste	<input type="checkbox"/>	1. Used Oil Generator								
(Indicate types of universal waste generated and/or accumulated (check all boxes that apply):		2. Used Oil Transporter Indicate Type(s) of Activity(ies)								
<input type="checkbox"/> 2. Large Quantity Handler of Universal Waste		<input type="checkbox"/> Transporter								
(accumulates 5,000 kg or more).		<input type="checkbox"/> Transfer Facility								
<input type="checkbox"/> 3. Destination Facility for Universal Waste		3. Used Oil Processor and/or Re-refiner								
(Check all boxes below that apply for each of the three types of facilities above.)		Indicate Type(s) of Activity(ies)								
		<input type="checkbox"/> Processor								
		<input type="checkbox"/> Re-refiner								
		<input type="checkbox"/> 4. Off-Specification Used Oil Burner								
		5. Used Oil Fuel Marketer -								
		Indicate Type(s) of Activity(ies)								
		<input type="checkbox"/> a. Marketer Who Directs Shipment of Off- Specification Oil								
		<input type="checkbox"/> b. Used Oil to Off-Specification Used Oil Burner								
<p>11. 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.</p> <table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
12. Comments: Use this area to describe whether the inspection was announced, whether the waste is stored in tanks or containers, etc.										
<input type="checkbox"/> Y / <input type="checkbox"/> N	Announced ?	Additional Facility Representatives: _____								
<input type="checkbox"/> Y / <input type="checkbox"/> N	Tanks?	Other comments: <i>Complaint where someone placed used oil into a community recycling bin . Oil leaked from bin onto ground.</i>								
<input type="checkbox"/> Y / <input type="checkbox"/> N	Containers?									
13.	Name of Inspector(s)	Name of Inspector(s)								
	Donna Goodman	Richard Stewart								
		Date of Inspection/ Time (mm-dd-yyyy) (HH:MM)								
		4/26/07								
14. 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)								