

[Handwritten signatures]



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

February 5, 2008

**SCIOTO COUNTY
GENERAL FILE
DHWM/SEDO
NON NOTIFIER**

Mr. Walter Haller
2215 Woodcrest Drive
Wheelersburg, Ohio 45694

Dear Mr. Haller:

On January 24, 2008, Ohio EPA observed several 55-gallon drums abandoned on property located on Gallia Pike near Haverhill, Ohio. The property, which contains a steel structure and abandoned semi trailers, was identified by the Scioto County Engineer's Office as parcel #06-2922000 which is owned by you.

Based on my investigation, I 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 required information **within 30 days** of the date of this letter:

- (1) **OAC Rule 3745-52-34, Waste Evaluation:** Any person who generates a waste must evaluate it to determine if it is a hazardous waste.

Several drums of unknown contents were abandoned in front of the building located at the parcel described above. As owner of the property, you are responsible for determining the contents of each drum. In order to abate this violation, please immediately determine the contents of each drum in accordance with the above regulation. If you did not generate the waste and do not have direct knowledge of the process by which the waste was generated, you must, using either chemical analysis or material safety data sheets (MSDS), determine if the drums contain a characteristic or listed waste, and submit this data to me as documentation. Should the contents of any of the drums be a hazardous waste, they must be managed in accordance with Ohio Hazardous waste laws. If this is the case, I will provide further instructions once you provide your waste evaluation to me at the Ohio EPA. The following fact sheet, which is also enclosed in this letter, provides instructions on how to identify your waste in accordance with the above-cited rule:

<http://www.epa.state.oh.us/ocapp/sb/publications/identifyingwaste.pdf>

Mr. Delmar Hicks
February 5, 2008
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General Comments

- (a) You should determine the contents of the steel structure and semi trailers located onsite. Should these contain hazardous wastes or used oils, they must immediately be managed in accordance with Ohio laws.

Should you have any questions, please feel free to call me at (740) 380-5293. You can find copies of the rules and other information on the division's web page at <http://www.epa.state.oh.us/dhwm>.

Sincerely,



Donna Goodman
District Representative
Division of Hazardous Waste Management

DG/mlm

Enclosure

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

2. Site EPA ID No.	EPA ID Number: Non notifier								
3. Site Name	Name: Walter Haller					Website: (Optional)			
4. Site Location Information	Street Address: 2215 Woodcrest Drive								
	City, Town, or Village: Wheelersburg					State: OH			
	County Name: Scioto					Zip Code: 45694			
5. Site Land Type (check only one)	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"/>	
6. NAICS code(s) www.census.gov/epcd/www/naics.html	NA								
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	Name of Site's Legal Owner: Walter Haller				Date Became Owner (mm/dd/yyyy):				
	Owner Type:	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"/>
	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:		
9. Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
10A. Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes)									
<input type="checkbox"/> Not Regulated				<input type="checkbox"/> Conditionally Exempt Small Quantity Generator					
<input checked="" 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)									
<input type="checkbox"/> Hazardous Waste Transporter				<input type="checkbox"/> Exempt Boiler and/or Industrial Furnace					
<input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste				<input type="checkbox"/> Small Quantity On-Site Burner Exemption					
<input type="checkbox"/> Recycler of Hazardous Waste				<input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption					
<input type="checkbox"/> Underground Injection Control Facility									

10B. 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"/> 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		10C. Used Oil Activities (Indicate Type(s) of Activity(ies))	
	Managed	<input type="checkbox"/> Used Oil Generator	<input type="checkbox"/> Off-Specification Used Oil Burner
Batteries	<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"/> Used Oil Transfer Facility	<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner
Mercury containing equipment	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Processor	
Lamps	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Re-refiner	
11. 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 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.			
12. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13. Name of Inspector(s)		Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
Donna Goodman		Scott Bergreen	1/24/2008
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)