



State of Ohio Environmental Protection Agency

Northeast District Office

2110 East Aurora Rd.
Twinsburg, Ohio 44087

TELE: (330) 963-1200 FAX: (330) 487-0769
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

September 22, 2009

RE: MOEN, INC.
OHD 042 707 513
LORAIN COUNTY
NOV RTC

Mr. Dennis McKinney
Moen, Inc.
25300 Al Moen Drive
North Olmsted, Ohio 44070

SUBJECT: CESSATION OF REGULATED OPERATION AND GENERATOR CLOSURE

Dear Mr. McKinney:

A site walkthrough to determine compliance with Cessation of Regulated Operations (CRO) was conducted on April 17, 2009. You and Montgomery Bennett represented Moen, Inc. while Sherry Slone and myself represented Ohio EPA, DHWM. The inspection was conducted to determine whether Moen, Inc. was in compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC), and Chapter 3745 of the Ohio Administrative Code (OAC).

In addition, the inspection was conducted to determine whether Moen had met the performance standard requirements of generator closure at its known hazardous waste generator storage areas. Based on results of the CRO walkthrough and closure performance requirements of OAC 3745-52-34(A)(1), Moen submitted documents dated August 17, 2009 "Cessation of Regulated Operations Site Inspection" and September 2, 2009 "Generator Storage Area Closure".

Based on the April 17, 2009 walkthrough it was determined that Moen was in violation of the following:

- 1) **Drain or remove all regulated substances from each stationary item, ORC 3752.06(A)(4) and OAC 3745-352-20:** All regulated substances must be drained or removed from each stationary vat, tank, electrical transformer, and vessel, and from all piping ...At several locations fluids, oils and oily residue and cuttings remained on floors, equipment, containments and in drums. There were also some glass beads and bead blast debris, lamps and containers of paint.
- 2) **OAC 3745-352-20(A)(2):** What are my responsibilities if I am an owner or operator? Not later than ninety days after cessation of regulated operations, you must: Certify to the director that you have complied with the sections of this rule using form EPA 0329. Moen submitted a completed 90-day Form 0329, however the April 17, 2009 walkthrough identified regulated substances and debris remaining that required further effort to remove and properly dispose or recycle as indicated above.

MOEN, INC.
SEPTEMBER 22, 2009
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The above violations were abated when Moen, Inc. submitted report documentation dated August 17, 2009 that appears to indicate the requirements of CRO have been met.

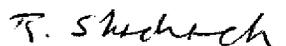
GENERATOR CLOSURE

This facility was at one time a large quantity generator of hazardous waste and is therefore subject to the closure requirements for all areas where hazardous waste was accumulated. This is referred to as generator closure to distinguish it from the closure required of hazardous waste treatment, storage and disposal facilities. The rule that requires this is OAC 3745-52-34(A)(1).

On September 8, 2009 the Ohio EPA received a document dated September 2, 2009 titled "Generator Storage Area Closure". Review of this submittal indicates that Moen has met the performance standard for generator closure of the areas that have been identified. Accordingly, Moen, Inc. appears eligible for the Voluntary Action Program (VAP). More information on the VAP may be found at: <http://www.epa.state.oh.us/derr/volunt/volunt.html>.

Although you have ceased operations it is understood that you require that your site identification number remains active. Enclosed please find the CRO checklist and site ID form completed for your facility. If you have any questions you may contact me at (330) 963-1146 or by email at: Ron.Shadrach@epa.state.oh.us.

Sincerely,



Ronald J. Shadrach
Environmental Specialist II
Division of Hazardous Waste Management

Enclosures
RJS:ddw

cc: Montgomery Bennett, P.G., Groundwater & Environmental Services, Inc
Ralph McGinnis, Ohio EPA, DHWM, CO
Natalie Oryshkewych, Ohio EPA, DHWM, NEDO
Kristina Durnell, Ohio EPA, DHWM, CO
ec: Frank Popotnik, Ohio EPA, DHWM, NEDO
Sherry Slone, Ohio EPA, DHWM, NEDO
Susan Netzly, Ohio EPA, DERR, NEDO

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 kristina.durnell@epa.state.oh.us
 or mail it to Kristina Durnell, Central Office

Site EPA ID No.	EPA ID Number: OHD 042 707 513	
Site Name:	Name: Moen, Inc.	Website: (Optional)
Site Location Information	Street Address: 377 Woodland Avenue	State: OH
	City, Town, or Village: Elyria	Zip Code: 44035-3217
	County Name: Lorain	
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"/>
NAICS coders www.census.gov/epcd/www/naics.html		
Facility Representative	First Name: Dennis	MI: Last Name: McKinney
Additional names can be recorded in number 12	Phone Number: 440-962-2000	Phone Number Extension:
Only provide address information if it is different than the site address	E-Mail Address:	Fax Number Extension:
	Fax Number:	
	Street or P.O. Box: 25300 Al Moen Dr.	Zip Code: 44070
	City, Town or Village: North Olmsted	
	State: Ohio	
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: (parent company) Fortune Brands, Inc.	Date Became Owner (mm/dd/yyyy):
	Owner 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"/>	
	Type: <input checked="" type="checkbox"/>	
	Street or P.O. Box: 520 Lake Cook Rd.	Owner Phone #:
	City, Town or Village: Deerfield	Country: Zip Code: 60015
	State: Illinois	Date Became Operator (mm/dd/yyyy):
	Name of Site's Operator:	
	Operator 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"/>	
	Type: <input type="checkbox"/>	
	Street or P.O. Box:	Operator Phone #:
	City, Town or Village:	United States
	State:	Zip Code:

VIOLATIONS CITED? Yes No

TYPE OF HANDLER - A MINIMUM OF ONE BOX MUST BE CHECKED

<input checked="" 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"/> 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"/> 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 MANAGED (CHECK ALL BOXES THAT APPLY))

<input checked="" 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 checked="" type="checkbox"/> Batteries
<input type="checkbox"/> Pesticides
<input type="checkbox"/> Mercury containing equipment
<input checked="" 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. Oil
<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner

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.

COMMENTS: USE THIS AREA TO DESCRIBE WHETHER THE INSPECTION WAS ANNOUNCED, WHETHER THE WASTE IS STORED IN TANKS OR CONTAINERS, ETC.

Announced	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Additional Facility Representatives:	Monte Bennett, GES
Tanks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Comments:	Facility has completed CRO. Site ID# to remain active.
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)
Ron Shadrach, DHWM, NEDO	Sherry Slone, DHWM, NEDO	4/17/2009 0930

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)

PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST

INSPECTION INFORMATION			
NAME		AFFILIATION	PHONE NUMBER
Inspectors:	Ron Shadrach Sherry Slone	Ohio EPA, DHWM, NEDO	330-963-1146
Inspection Dates:	April 17, 2009	Time(s): 0930	
Inspection Announced?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If so, how much advance notice given? Two weeks	
Facility: Rep(s)	Dennis McKinney, Moen EHS Montgomery Bennet, GES consultant		

30-DAY REQUIREMENTS

1.	Did the owner/operator of the reporting facility submit a notice of the cessation of all regulated operations (CRO) on a form prescribed by the Director to the following within 30 days of CRO: [ORC 3752.04 and OAC rule 3745-352-20(A)(1)(a)]	
a.	Director of Ohio EPA?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Local Emergency Planning Committee?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Local Fire Department?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2.	Did the owner/operator designate a contact person? [ORC §3752.05 and OAC rule 3745-352-20(A)(1)(c)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Did the owner/operator include the following information about the contact person: [ORC §3752.05(B) and OAC rule 3745-352-35(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Address of principal office of the owner/operator?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Business or residence address?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Telephone number of contact person?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	Has the contact person changed? [ORC §3752.05(C) and OAC rule 3745-352-35(D)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
5.	If the contact person changed his/her address or telephone numbers, did the owner/operator or contact person provide the Director with the new address or telephone number? [ORC §3752.05(D) and OAC rule 3745-352-35(D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: The owner/operator is also required to secure the facility and post warning signs within 30 days of CRO.

90-DAY REQUIREMENTS [ORC §3752.06]

6.	Did the owner/operator make a written certification to Ohio EPA's Director concerning the completion of the removal action within 90 days after CRO? [ORC §3752.06(A)(6) and OAC rule 3745-352-20(A)(2)(g)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did not complete removal initially.
<i>NOTE: The owner/operator may receive approval from the Director to extend the 90-day period. [ORC §3752.06(B) and OAC rule 3745-352-20(A)(3).]</i>		
7.	Does the owner/operator hold a valid hazardous waste facility installation and operation permit or renewal permit or has obtained a generator identification number issued under the state's hazardous waste program? [ORC §3752.06(C) and OAC rule 3745-352-20(A)(2)(h)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

8.	Did the owner/operator submit to the Director a copy of the most recent emergency and hazardous chemical inventory form that was submitted to the State Emergency Response Commission (SERC), including a statement indicating whether any asbestos-containing materials are present at the facility? [ORC §3752.06(A)(1) and OAC rule 3745-352-20(A)(2)(a)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9.	Did the owner/operator submit to the Director a copy of the current hazardous chemical list or each material safety data sheet that the owner/operator is required to have on file with the SERC? [ORC §3752.06(A)(2) and OAC rule 3745-352-20(A)(2)(b)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	Did the owner/operator submit a list of every stationary tank, vat, electrical transformer, and vessel of any type that contains or is contaminated with regulated substances and that is to remain at the facility? [ORC §3752.06(A)(3) and OAC rule 3745-352-20(A)(2)(c)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11.	Did the owner/operator drain or remove all regulated substances from each stationary tank, vat, electrical transformer, and vessel and from all piping, which is to remain at the facility? [ORC §3752.06(A)(4) and OAC rule 3745-352-20(A)(2)(d)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12.	Did the owner/operator do the following:	
	a. Transfer the regulated substances to another facility owned or operated by the owner/operator? [ORC §3752.06(A)(4)(a) and OAC rule 3745-352-20(A)(2)(d)(i)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
OR		
	b. Transfer ownership of the regulated substances to another person through sale or otherwise? [ORC §3752.06(A)(4)(b) and OAC rule 3745-352-20(A)(2)(d)(ii)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
OR		
	c. Transfer the regulated substances off-site in compliance with applicable waste management laws? [ORC §3752.06(A)(4)(c) and OAC rule 3745-352-20(A)(2)(d)(iii)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13.	Did the owner/operator remove from the facility all debris, non-stationary equipment and furnishings, non-stationary containers, and motor vehicles and rolling stock that contain or are contaminated with a regulated substance? [ORC §3752.06(A)(5) and OAC rule 3745-352-20(A)(2)(d)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did not initially complete removal.
14.	Did the owner/operator do the following:	
	a. Transfer the debris, equipment, furnishings, containers, and motor vehicles and rolling stock to another facility owned and operated by the owner/operator? [ORC §3752.06(A)(5)(a) and OAC rule 3745-352-20(A)(2)(d)(i)].	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
OR		
	b. Transfer ownership of the debris, equipment, furnishings, containers, and motor vehicles, and rolling stock to another person through sale or otherwise? [ORC §3752.06(A)(5)(b) and OAC rule 3745-352-20(A)(2)(d)(ii)].	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
OR		

	c.	Cause the debris, equipment, furnishings, and containers to be transported off-site in compliance with applicable waste management laws and regulations? [ORC §3752.06(A)(5)(c) and OAC rule 3745-352-20(A)(2)(d)(iii)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
15.		Did the owner/operator record in a log the standard industrial method used to remove the regulated substance from each item? [OAC rule 3745-352-20(A)(2)(e)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
SECURITY & WARNING SIGNS REQUIREMENTS OF OWNER/OPERATOR [ORC §3752.07 AND OAC RULE 3745-352-30]			
16.		Did the owner/operator secure the facility against unauthorized entry using one or more of the following as provided in OAC rule 3745-352-30(A)(1)-(5) within 30 days of CRO?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a.	Boarded, locked or used other means to secure all windows, doors and other potential means of entry?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Fencing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Lighting and a surveillance system?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Guard or security service?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Demonstrated to the satisfaction of the Director or his/her designee that the proposed security measures secure against unauthorized entry?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
17.		Did the owner/operator post the appropriate warning signs in the following fashion within 30 days of CRO? [ORC §3752.07(A) and OAC rule 3745-352-30(B)]:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a.	Prohibit trespassing and state: "The building, structure, or outdoor location of operations contains or is contaminated with regulated substances that may endanger public health or safety if released into the environment." [OAC rule 3745-352-30(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Are warning signs posted on or reasonable proximate to, the building, structure or outdoor location in sufficient number to alert people? [OAC rule 3745-352-30(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Posted on or reasonably proximate to, locations that contains ignitable regulated substances and includes the language, "No Smoking?" [OAC rule 3745-352-30(B)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	d.	Legible from a distance of at least 25 feet? [OAC rule 3745-352-30(B)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Constructed to withstand weather and affixed to secure against removal? [OAC rule 3745-352-30(B)(4)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18.		Are entry barrier and warning signs maintained to secure against unauthorized entry by the following measures listed below: [OAC rule 3745-352-30(C)]	
	a.	Inspected weekly or as agreed by the Director or his/her designee, county sheriff's department or local police department? [OAC rule 3745-352-30(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

[Moen, Inc. Elyria Facility /September 21, 2009]
[OHD 042 707 513]

b.	The condition is recorded in an inspection log? [OAC rule 3745-352-30(C)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Prompt repair or replacement after discovery of damage, lost or removed? [OAC rule 3745-352-30(C)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

ADDITIONAL MULTI-MEDIA QUESTIONS

If the owner/operator holds a valid hazardous waste installation and operation permit or renewal permit or has obtained a generator identification number issued under the state's hazardous waste program, the following four questions may apply.

19.	If the facility has an U.S. EPA I.D. number, has the owner/operator submitted a deactivation request letter?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Needed for remediation effort.
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NOTE: The inspector should submit a copy of the final CRO letter to Central Office's Regulatory and Information Services Section for I.D. deactivation. If the facility continues to need its I.D. number, the inspector should instruct the owner/operator to submit a deactivation request letter once the I.D. is no longer needed.

20.	Were there any <90 day accumulation units for hazardous waste?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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List Where Unit(s) Were/Are: See file for known accumulation areas.

21.	Did the owner/operator close his facility in a manner that: [OAC 3745-66-11]	
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a.	Minimizes the need for further maintenance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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b.	Controls, minimizes, or eliminates, to the extent necessary to protect human health and the environment, post-closure escape of hazardous waste, hazardous constituents, leachate contaminated run-off, or hazardous waste decomposition products to the groundwater, or surface waters, or to the atmosphere?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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c.	Complies with the closure requirements of OAC rules 3745-66-10 to 3745-66-20, 3745-66-97, 3745-67-28, 3745-67-58, 3745-67-80, 3745-68-10, 3745-68-51, 3745-68-81 and 3745-69-04?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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22.	During the partial and final closure periods, were all contaminated equipment, structures, and soil properly disposed or decontaminated unless otherwise specified in OAC rules 3745-66-97, 3745-67-28, 3745-67-58, 3745-67-80 or 3745-68-10?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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*NOTE: If necessary, the inspector should supply the owner/operator with the requirements for generator closure and inform them they must close all unit(s) and have documentation that closure was completed (LQGs only) A thorough hazardous waste inspection should be conducted for a subject TSD facility with more stringent requirements.
<http://www.epa.state.oh.us/dhwm/quidancedocs.html#closure>*

a.	Were generated hazardous wastes handled in accordance with all applicable requirements of Chapter 3745-52 of the Administrative Code?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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23.	Will there be building demolition or renovation? If yes:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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	Has a <i>Notification of Demolition and Renovation Form</i> been submitted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: Facility demolition work (even partial demolition) requires notification to Ohio EPA or local air agency regardless of whether asbestos is involved as required by the National Emission Standard for Hazardous Air Pollutants (NESHAPS) Standard for Asbestos. Notification requirements are found in OAC 3745-20-03 and 40 CFR

§61.145(b). The notification form is available from Ohio EPA's web page at <http://www.epa.state.oh.us/dapc/atu/asbestos/asbestos.html>

The inspector should check with DAPC or local air authority to determine if a notification form has been submitted. If notification was not submitted, the inspector should provide the form to the facility.

24.	Are there any wells on the property?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	If yes, where are the wells?	See file and records of VAP in DERR, NEDO.
	What are the wells used for?	Contamination investigation and remediation.
<i>NOTE: If a well is used for drinking water, the inspector should inform DDAGW.</i>		
25.	Is there open dumping of solid waste on the property?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: The inspector should inform DSIWM about open dumping of solid waste.</i>		

#6 and #13. The 90 day certification was received in February 2009. However, inspection identified debris and regulated substances needing removal and disposal. Materials verified removed with August 17, 2009 CRO submittal.

#21. Received "Generator Storage Area Closure" document dated September 2, 2009 for closure of known accumulation areas. Complete records of areas not always known/available. Relying on witnesses, records, existing containment and recent closure observations or ongoing VAP efforts that incorporate several unit areas of concern, it appears these areas meet DHWM closure performance standards. Facility is VAP eligible.