



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

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

Re: Schuck Metal Fabrication & Design
Hazardous Waste Inspection
Notice of Violation
Mercer County
OHR 000 037 242

April 13, 2007

Mr. Dan Schuck, Owner
Schuck Metal Fabrication & Design
8319 U.S. Route 127 North
Celina, Ohio 45822

Dear Mr. Schuck:

Thank you for accompanying me during the Ohio Environmental Protection Agency's (Ohio EPA's) March 21, 2007, hazardous waste compliance evaluation inspection of your facility located at the above address. I inspected Schuck Metal Fabrication & Design (SMFD) to determine its 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). Pollution prevention options were also discussed during this inspection. SMFD was operating as a conditionally exempt small quantity generator of hazardous waste at the time of this inspection.

SMFD designs and manufactures heavy towing hitches. In addition, SMFD manufactures conveyor systems for the automotive industry. SMFD generates a minimal quantity of hazardous waste solvent through their dip painting operation that is currently done on a few parts (D001, F003, F005, D035). Most of SMFD's painting is powder painting and it is contracted to a third party. At the time of this inspection, SMFD was operating as a conditionally exempt small quantity generator.

During this inspection, I found the following violations of Ohio's hazardous waste laws:

1. **OAC Rule 3745-52-11: Waste Evaluation**

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.

SMFD has failed to properly evaluate the spent fluorescent and other light bulbs generated at the facility.

Mr. Dan Schuck
April 13, 2007
Page Two

SMFD is currently disposing of their fluorescent bulbs in the trash. SMFD must cease immediately to dispose of their fluorescent bulbs and other light bulbs as non-hazardous waste in the local landfill until a proper waste evaluation has been completed **or** manage the used fluorescent light bulbs and other light bulbs as universal waste (recycling).

If SMFD chooses to conduct a waste evaluation, a representative sample of this waste must be taken and analyzed to show constituents present and at what concentrations. SMFD must ensure that the laboratory chosen to perform this sampling utilizes the proper method(s) to evaluate these bulbs.

SMFD must sample the fluorescent bulbs and other light bulbs to determine the concentration of mercury (D009), lead (D008) and cadmium (D006) as listed in the OAC Rule 3745-51-24 following the method as outlined in U.S. EPA's SW-846. SMFD may run total concentration for these constituents as a screening tool. If the concentration is detected for any of the listed heavy metals at or above the regulatory limit, a TCLP may be required to ensure these constituents are not present above the Ohio EPA regulatory levels.

If the bulbs are determined to be hazardous through a proper waste evaluation, SMFD will have to manage their bulbs either as 1) a universal waste (OAC Chapter 3745-273) or 2) as a hazardous waste under Ohio's generator standards (OAC Chapter 3745-52). SMFD may recycle their bulbs if they are hazardous or non-hazardous. Ohio EPA would encourage this option as a pollution prevention alternative.

To abate this violation, SMFD must inform me in writing as to how the facility plans on managing the spent fluorescent light bulbs and other light bulbs from now on.

Areas of Concern:

▶ **Waste Manifest/Disposal Receipts**

You stated the day of the inspection that copies of the hazardous waste disposal manifests or receipts for hazardous waste paint related waste (D001, F003, F005, D035) were not readily available for review because they were stored away somewhere in your facility and you did not know the exact location. I stated that you could locate the manifest and send me copies within the following week. It has been 19 days since I conducted the inspection and I have yet to receive copies of the manifests. You must locate copies of the hazardous waste manifest or receipts of disposal and send them to me within 15 days of receipt of this letter.

Mr. Dan Schuck
April 13, 2007
Page Three

As we discussed during the inspection, you may be able to find other ways to reduce the waste your company generates. If you would like more information on pollution prevention, you can visit the Ohio EPA's pollution prevention website at the following web address: <http://www.epa.state.oh.us/ocapp/sb/index.html>. If you find additional ways to recycle, reduce or altogether eliminate the amount of waste that your company generates you may be able to reduce treatment and disposal costs. In addition, you may possibly reduce your regulatory requirements.

The Division of Hazardous Waste Management has created an electronic news service to provide you with quick and timely updates on events and news related to hazardous waste activities in Ohio. If you haven't already, we encourage you to sign up for this free service. You can find more information at <http://www.epa.state.oh.us/dhwm/listserv.html>. Please feel free to share this information with your colleagues.

Should you have any questions, please feel free to contact me at (419)373-3015.

Sincerely,



Edgar V. Pulido

Division of Hazardous Waste Management

/cs

pc: Cindy Lohrbach, DHWM, NWDO
Colleen Weaver, DHWM, NWDO
DHWM, NWDO-File - Schuck Metal Fabrication & Design - Mercer County

ec: Ed Pulido, DHWM, NWDO

<p>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.</p>

CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS

CESQG: < 100 Kg. (approximately 25-30 gallons) of waste in a calendar month

SQG: Between 100 and 1,000 Kg. (about 25 to under 300 gallons) of waste in a calendar month

LQG: >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

POLLUTION PREVENTION

Note to the Inspector: This checklist has been developed to help the division in gathering general information about the pollution prevention (P2) practices that the company may have initiated or attempted to initiate. The checklist is also used to:

- ◇ Facilitate P2 discussions;
- ◇ Identify barriers to P2;
- ◇ Define the P2 universe;
- ◇ Identify the need for future P2 initiatives;
- ◇ Identify partnership opportunities; and
- ◇ Link companies with better P2 resources.

As a prelude to completing this checklist the inspector should use the following list of questions as a way to initiate a dialogue concerning P2:

1. Have you tried to reduce the volume of waste (hazardous and nonhazardous) that you generate?
2. What is the largest waste stream that you generate?
3. How important would it be to you to eliminate that waste stream?
4. Does your company understand the reduced regulatory burden and cost saving benefits that eliminating or reducing a waste stream can have?
5. Could you use better housekeeping practices to reduce the amount of waste that you generate?

If the company responds with one of the answers below, the appropriate box should be checked. If the company's response does not correspond to one of the options below, please record the answer in the space provided in the remarks section.

1. Has the company undertaken any P2 activities to reduce the amount of waste generated? Yes No N/A RMK#

a. If so, what has the company done to minimize waste generation?

- A change in the process resulting in less waste.
- A change in the product resulting in less waste.
- Use of fewer and less toxic hazardous raw materials.
- Better operations/improved housekeeping.
- On-site recycling/reuse of hazardous materials.
- Sending waste off-site for recycling/reuse.
- Other activities (specify):

b. **If so**, what wastes have been addressed?

- Solvents
- Paint related wastes
- Industrial process wastes (sludges, slags, contaminated wastes waters, etc.)
- Contaminated oils/hydraulic fluids
- Off-spec chemicals
- Shop rags
- Other (specify):

- Waste water
- Solid waste (paper, plastic, metal, wood, blasting material)
- Air emissions
- Energy use
- Fluorescent light bulbs
- Used batteries

c. If they haven't minimized waste are there barriers that are preventing them from doing it?

- Lack of information about practical alternatives.
- Lack of capital to make process changes.
- Lack of internal management support.
- The company does not generate enough waste to consider P2.
- Other reason given (specify):

2. Does the company plan to do P2 activities in the future? ___Yes ___X___ No ___N/A ___RMK#
3. Would the company be interested in receiving additional information from Ohio EPA about P2? ___Yes ___X___ No ___N/A ___RMK#
4. Did you give the company information about P2 during the inspection? ___Yes ___X___ No ___N/A ___RMK#

5: Would the company like a P2 assessment?

Yes No N/A RMK#

- A. If yes, provide information that makes the company a good candidate for an assessment (i.e., known specific P2 opportunities exist, the company is willing to cooperate and commit resources to the assessment, the company fully understands DHWM's P2 assessment process, etc.)
- B. If no, list the reasons the facility representative gave for not wanting an assessment.

If the company would like a P2 assessment done at their facility, the inspector must give the company representative a copy of the Pollution Prevention for Hazardous Waste Generators document and discuss it with them.

REMARKS

CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS

WASTE EVALUATION

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

GENERATOR CLASSIFICATION

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

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.*

NOTE: *To convert from gallons to pounds:*

Amount in gallons x Specific Gravity x 8.345 = Amount in pounds

OFF-SITE SHIPMENT OF HAZARDOUS WASTE

3. Does the CESQG ensure delivery of hazardous waste(s) to an off-site permitted TSD? [3745-51-05(G)(3)] Yes ___ No ___ N/A ___ RMK# 2

REMARKS

1 - Shuck Metal Fabrication & Design (SMFD) failed to evaluate their spent light bulbs before disposal.

2 - SMFD still need to submit manifests and/or disposal receipts.

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																		
2. Site EPA ID No.	EPA ID Number: OHR 000 037 242																				
3. Site Name	Name: Schuck Metal Fabrication & Design	Website (optional):	http://www.schuckhitches.com/																		
4. Site Location Information	Street Address: 8319 US 127																				
	City, Town, or Village: Celina	State: OH																			
	County Name: Mercer	Zip Code: 45822																			
5. Site Land Type (check only one)	<table border="1" 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>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Private	County	District	Federal	Indian	Municipal	State	Other	X									
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X																					
6. NAICS code(s) www.census.gov/epcd/www/naics.html	A. 333298		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: Dan		MI:	Last Name: Schuck																	
	Phone Number: 419-586-6431		Phone Number Extension:																		
	E-Mail Address:																				
	Fax Number: 419-738-6715		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: Dan Schuck		Date Became Owner (mm/dd/yyyy):																		
	Owner Type: Mark with an X	<table border="1" 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>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Private	County	District	Federal	Indian	Municipal	State	Other	X							
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	X																				
	Street or P.O. Box:																				
	City, Town, or Village:		Owner Phone #:																		
	State:		Country:	Zip Code:																	
	B. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):																		
	Operator Type: Mark with an X	<table border="1" 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>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Private	County	District	Federal	Indian	Municipal	State	Other	X							
	Private	County	District	Federal	Indian	Municipal	State	Other													
X																					
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																		
10. Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes.)																					
<input type="checkbox"/> Not Regulated																					

10. Type of Regulated Waste Activity (Mark "X" 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 checked="" 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

B. Universal Waste Activities	C. Used Oil Activities															
<input type="checkbox"/> 1. Small Quantity Handler of Universal Waste (Indicate types of universal waste generated and/or accumulated (check all boxes that apply):	<input type="checkbox"/> 1. Used Oil Generator															
<input type="checkbox"/> 2. Large Quantity Handler of Universal Waste (accumulates 5,000 kg or more).	<input type="checkbox"/> 2. Used Oil Transporter Indicate Type(s) of Activity(ies)															
<input type="checkbox"/> 3. Destination Facility for Universal Waste (Check all boxes below that apply for each of the three types of facilities above.)	<input type="checkbox"/> Transporter															
	<input type="checkbox"/> Transfer Facility															
	<input type="checkbox"/> 3. Used Oil Processor and/or Re-refiner Indicate Type(s) of Activity(ies)															
	<input type="checkbox"/> Processor															
	<input type="checkbox"/> Re-refiner															
<table border="1"> <thead> <tr> <th></th> <th>Generated</th> <th>Accumulated</th> </tr> </thead> <tbody> <tr> <td>A. Batteries</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>B. Pesticides</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. Thermostats</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>D. Lamps</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Generated	Accumulated	A. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	B. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	C. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	D. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4. Off-Specification Used Oil Burner
	Generated	Accumulated														
A. Batteries	<input type="checkbox"/>	<input type="checkbox"/>														
B. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>														
C. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>														
D. Lamps	<input type="checkbox"/>	<input type="checkbox"/>														
	<input type="checkbox"/> 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															

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 RCRA info source record, you do not need to list them all. Instead just indicate the date of the most recent source record.

D001	F005, F003	D035				
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12. Comments: Use this area to describe whether the inspection was announced, whether the waste is stored in tanks or containers, etc.

Y / N	Announced ?	Additional Facility Representatives:
Y / N	Tanks?	Other comments:
Y / N	Containers?	

13.	Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/ Time (mm-dd-yyyy) (HH:MM)
	Ed Pulido		3/21/2007

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)