



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: Jones Auto Shop  
Williams County  
DHWM, NWDO  
Complaint #2561  
Notice of Violation**

October 25, 2007

Mr. Coy Jones  
Jones Auto Shop  
509 East North Street  
West Unity, OH 43570

Dear Mr. Jones:

On October 11, 2007, Gary Deutschman and I investigated a complaint at Jones Auto Shop (JAS) located at 509 East North Street, West Unity, Ohio. According to the complaint received by the Ohio Environmental Protection Agency (Ohio EPA), the complainant alleged that JAS was dumping antifreeze down the drain and stored oil in barrels that were in poor condition and leaking. This letter will explain the validity of the complaint, the violation found at the facility, what you need to do to correct the outstanding violation, other general concerns found at the facility, and what you need to do to respond to our concerns.

JAS's conducts general automotive service such as brake work and minor engine work. Used oil is generated at this facility.

**Complaint**

Upon Ohio EPA's arrival to the site, you stated that you reuse antifreeze by mixing it with new antifreeze and placing it back into the vehicles. You stated that you do not dispose of antifreeze down the drain. Ohio EPA could not verify that antifreeze is being disposed of down the drain during the complaint investigation.

You stated that your used oil is stored in drums and in a tank. You showed Ohio EPA the tank behind the building, the 30 gallon drum inside the building, and the two 30 gallon drums outside the building in the driveway. All of these containers were in good

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condition and were not leaking at the time of the inspection. As such, I have found no evidence to substantiate the complaint allegation. This complaint is considered closed.

### Violation

As a result of the complaint investigation, Ohio EPA found the following violation of Ohio's used oil regulations. In order to correct the one outstanding violation you must do the following and send me the required information *within 30 days* of your receipt of this letter:

1. **OAC Rule 3745-279-22 (C)(1), Used Oil Storage Requirements for Generators:** Containers and aboveground tanks used to store used oil at generator facilities must be labeled or marked clearly with the words "Used Oil."

JAS failed to mark their used oil tank located behind the building and all used oil drums with the words "Used Oil."

In order to correct this violation, JAS must immediately mark the used oil tank and all used oil drums with the words "Used Oil." JAS must then document that this violation has been abated by photographing the tank and drums and sending a copy of these pictures to Ohio EPA's Northwest District Office within 30 days of receipt of this letter.

### General Concerns

- A. During the complaint investigation, Ohio EPA noted that the 30 gallon drum of used oil inside the building was located near a floor drain. The current location of the used oil drum could cause JAS to be liable for a release to the environment in the event that the drum of used oil spilled or leaked, causing a release to the floor drain.

To avoid this potential liability, Ohio EPA recommends that this drum immediately be moved to a different location inside the building that is not near drains, cracks, or other compromised areas of the floor. JAS should send a description of the new location of the drum to Ohio EPA within 30 days of receipt of this letter. If JAS chooses to place the used oil directly into the tank instead of using a drum inside the building, then JAS should state this in your response to Ohio EPA.

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- B. According to Ohio Administrative Code (OAC) Rule 3745-279-24, titled *Off-site shipments of used oil by generators*, "generators must ensure that their used oil is transported only by transporters who have obtained U.S. EPA identification numbers." Used oil generators have three options for handling their used oil: 1) Generators must have their used oil transported by an entity that has a U.S. EPA identification number and ensure their used oil is recycled; 2) Generators may transport less than 55-gallons of their own used oil to a registered used oil collection center; or 3) Generators may burn its own used oil in an on-site space heater as long as all applicable requirements are met.

During the inspection I spoke with you about taking your used oil to a registered used oil collection center. I also gave you the Registered Used Oil Collection Centers list dated May 19, 2005. JAS should submit the name of the registered used oil collection center that you plan on using. If JAS decides to handle their used oil in one of the other two ways listed above, then JAS should describe how this will take place.

For more information on used oil, I have enclosed the following used oil fact sheets: The Regulation of Used Oil: An Overview for Ohio Businesses Who Generate Used Oil, April 2006; The Regulation of Used Oil: Used Oil Burners, August 2005; and Used Oil Recyclers.

For other valuable information, I have also included the Small Business Assistance Office's October 2001 guide titled Environmental Compliance Guide for Auto Service Shops and the fact sheet Universal Waste Rules for Handlers of Lamps dated June 2005. Please be advised that a full compliance evaluation inspection was not conducted at this facility. Ohio EPA's failure to list specific deficiencies or violations in this letter does not relieve you from having to comply with all applicable regulations.

Ohio EPA will issue an EPA ID number to track our inspection activity at JAS. JAS can not use this number for manifesting hazardous waste shipments. If JAS wants to use an EPA ID number for manifesting and other hazardous waste, used oil or universal waste activities, JAS must complete and submit a Notification of Regulated Waste Activity form (EPA Form 9029 (Rev. 11/2002)) to Ohio EPA. This form is available on our Web page at <http://www.epa.state.oh.us/dhwm/notiform.html> or JAS can call me at (419) 373-3065 or the Division of Hazardous Waste Management, Central Office, RIS at (614) 644-2977 and we will mail you a copy.

You can find copies of the rules and other information on the division's web page at <http://www.epa.state.oh.us/dhwm>. Ohio EPA has helpful information about pollution

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prevention at the following web address: <http://www.epa.state.oh.us/ocapp/ocapp.html>.

Should you have any questions or if I can be of assistance, please contact me at (419) 373-3065.

Sincerely,

*Kara Reynolds*

Kara Reynolds  
Environmental Specialist  
Division of Hazardous Waste Management

/lb

Enclosure

cc: Colleen Weaver, DHWM, NWDO  
Kara Reynolds, DHWM, NWDO  
Cindy Lohrbach, DHWM, NWDO  
~~DHWM, NWDO-Williams County File: Williams County General~~

ec: Gary Deutschman, DHWM, NWDO

**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](mailto:tammy.mcconnell@epa.state.oh.us) or mail it to Tammy  
McConnell, Central Office

|  |   |                                     |                                      |  |                                     |                                       |                                       |                                   |                                   |
|--|---|-------------------------------------|--------------------------------------|--|-------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| 2. Site EPA ID No.   | EPA ID Number:  |                                     |                                      |  |                                     |                                       |                                       |                                   |                                   |
| 3. Site Name   | Name: Jones Auto Service  |                                     |                                      |  |                                     | Website:<br>(Optional)                |                                       |                                   |                                   |
| 4. Site Location Information   | Street Address: 509 East North Street                               |                                     |                                      |  |                                     |                                       |                                       |                                   |                                   |
|  | City, Town, or Village: West Unity                                  |                                     |                                      |  |                                     | State: OH                             |                                       |                                   |                                   |
|  | County Name: Williams   |                                     |                                      |  |                                     | Zip Code: 43570                       |                                       |                                   |                                   |
| 5. Site Land Type<br>(check only one)  | Private<br><input type="checkbox"/>                                 | County<br><input type="checkbox"/>  | District<br><input type="checkbox"/> | Federal<br><input type="checkbox"/>  | Indian<br><input type="checkbox"/>  | Municipal<br><input type="checkbox"/> | State<br><input type="checkbox"/>     | Other<br><input type="checkbox"/> |                                   |
| 6. NAICS code(s)<br><a href="http://www.census.gov/epcd/ww/w/naics.html">www.census.gov/epcd/ww/w/naics.html</a>   |   |                                     |                                      |  |                                     |                                       |                                       |                                   |                                   |
| 7. Facility Representative<br><br>Additional names can be recorded in number 12<br><br>Only provide address information if it is different than the site address | First Name: Coy   |                                     |                                      | MI:  | Last Name: Jones                    |                                       |                                       |                                   |                                   |
|  | 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<br>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):       |                                       |                                   |                                   |
|  | Owner Type:   | Private<br><input type="checkbox"/> | County<br><input type="checkbox"/>   | District<br><input type="checkbox"/>                                       | Federal<br><input type="checkbox"/> | Indian<br><input type="checkbox"/>    | Municipal<br><input type="checkbox"/> | State<br><input type="checkbox"/> | Other<br><input type="checkbox"/> |
|  | Street or P.O. Box:   |                                     |                                      |  |                                     |                                       |                                       |                                   |                                   |
|  | City, Town or Village:  |                                     |                                      |  | Owner Phone #:                      |                                       |                                       |                                   |                                   |
|  | State:  |                                     |                                      |  | Country:                            |                                       | Zip Code:                             |                                   |                                   |
|  | Name of Site's Operator:<br>Coy Jones                               |                                     |                                      |  |                                     | Date Became Operator (mm/dd/yyyy):    |                                       |                                   |                                   |
|  | Owner Type:   | Private<br><input type="checkbox"/> | County<br><input type="checkbox"/>   | District<br><input type="checkbox"/>                                       | Federal<br><input type="checkbox"/> | Indian<br><input type="checkbox"/>    | Municipal<br><input type="checkbox"/> | State<br><input type="checkbox"/> | Other<br><input type="checkbox"/> |
|  | Street or P.O. Box: 509 East North Street                           |                                     |                                      |  |                                     |                                       |                                       |                                   |                                   |
|  | City, Town or Village: West Unity                                   |                                     |                                      |  | Operator Phone #:                   |                                       |                                       |                                   |                                   |
|  | State: Ohio   |                                     |                                      |  | Country: USA                        |                                       | Zip Code: 43570                       |                                   |                                   |
| 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 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<br>(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))  |   |
|   | <b>Managed</b>               | <input checked="" 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No  |   |
| 13. Name of Inspector(s)  |                              | Name of Inspector(s)  | Date of Inspection/Time (mm/dd/yyyy) (hh:mm)  |
| Kara Reynolds   |                              | Gary Deutschman   | 10/11/2007 10:45 AM   |
| 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)   |
|   |                              |   |   |