



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: Sandusky County
Vickery Environmental, Inc.
RCRA Hazardous Waste
OHD 020 273 819
Ohio Permit No. 03-72-0191
Notice of Violation/Return to Compliance

October 16, 2009

Mr. Steve Lonneman, General Manager
Vickery Environmental, Inc.
3956 State Route 412
Vickery, Ohio 43464

Dear Mr. Lonneman:

On September 9 – 10, 2009, Gary Deutschman and I inspected Vickery Environmental, Inc.'s (VEI) facility located at 3956 State Route 412 in Vickery, Ohio. The inspection included a tour of the facility and a review of written documentation. We conducted this inspection to determine VEI's compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC), Chapter 3745 of the Ohio Administrative Code (OAC) and VEI's Ohio Hazardous Waste Facility Installation and Operation Permit (Permit) which was renewed on August 17, 2001.

VEI is a permitted commercial treatment, storage and disposal facility that accepts various liquid hazardous waste streams from many different generators. VEI treats and stores aqueous hazardous waste in tanks prior to deep well injection. The facility has been granted a no migration variance for deep well injection by the U.S. EPA in accordance with OAC Rule 3745-59-06. The facility's current permit expires on August 17, 2011. Compliance with Subparts AA, BB and CC and the Underground Injection Control (UIC) regulations was not determined during this inspection.

We found the following violations of Ohio's hazardous waste laws during the inspection:

1. **OAC Rule 3745-273-13(D)(1): Storage of Universal Waste Lamps:** A small quantity handler of universal waste lamps must contain any used lamp in a container or package that is structurally sound and adequate to prevent lamp breakage. The container or package must remain closed except when adding or removing lamps from the container or package.

On September 9, 2009, we observed several used fluorescent lamps in an unmarked open plastic drum located in the maintenance garage. Therefore, VEI failed to store universal waste lamps in a closed container.

On September 10, 2009, a follow up inspection was conducted and all spent fluorescent lamps were properly stored in closed containers. VEI also initiated Universal Waste training for all employees on September 11, 2009. With this information, this violation is considered abated.

2. **OAC Rule 3745-273-14(E): Labeling of Universal Waste Lamp Containers:** A small quantity handler of universal waste lamps must store used lamps in a closed container that is marked or labeled with the wording "Universal Waste Lamp(s)", "Waste Lamp(s)", or "Used Lamp(s)". The small quantity handler must also track the accumulation of the spent lamps to ensure spent lamps are not stored for greater than 365 days. This can be accomplished with recycling receipts or by marking the container with the accumulation start date (the day the first lamp is placed in the container).

Mr. Steve Lonneman
October 16, 2009
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On September 9, 2009, we observed several used fluorescent lamps in an unmarked open plastic drum located in the maintenance garage. Therefore, VEI failed to store universal waste lamps in a properly marked or labeled container.

On September 10, 2009, a follow up inspection was conducted and all spent fluorescent lamps were properly stored in labeled containers. VEI also initiated Universal Waste training for all employees on September 11, 2009. With this information, this violation is considered abated.

Enclosed you will find a copy of the checklists that we completed as a result of the inspection. Should you have any questions, please feel free to call me at (419)547-6033. You can find copies of the rules and other information at <http://www.epa.ohio.gov/dhwm>.

Sincerely,



Mary Ann Miller
Division of Hazardous Waste Management

/cs

Enclosures

pc: Tammy McConnell, DHWM, IT&TSS, CO (w/enc)
Gary Deutschman, DHWM, NWDO
Cindy Lohrbach, DHWM, NWDO
Dave Pollick Sandusky County Health Commissioner (w/enc)
Jeremy Carroll, DHWM, CO
DHWM, NWDO File - Vickery General File (w/enc)

ec: John Pasquarette, DHWM, NWDO
Gary Deutschman, DHWM, NWDO
Colleen Weaver, DHWM, NWDO
Mary Ann Miller, DHWM, NWDO
Chuck Lowe, DDAGW, CO
Deborah Mersereau, Sandusky County Health Department

NOTE: Ohio EPA's failure to list specific deficiencies or violations in this communication does not relieve the owner(s) of Vickery Environmental, Inc. 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. Site Name Site Location Information	EPA ID Number: OHD020273819 Name: Vickery Environmental Inc. Website: wm.com(Optional)	
	Street Address: 3956 State Route 412 City, Town, or Village: Vickery State: OH County Name: Sandusky Zip Code: 43464	
Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	Private County District Federal Indian Municipal State Other <input checked="" type="checkbox"/> <input type="checkbox"/>	
	562211 562219	
Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Brett MI: Last Name: Miller Phone Number: 419-547-7791 Phone Number Extension: 3305 E-Mail Address: bmiller@wm.com Fax Number: 419-547-6144 Fax Number Extension:	Street or P.O. Box: 3956 State Route 412 City, Town or Village: Vickery State: OH Zip Code: 43464
	Name of Site's Legal Owner: Vickery Environmental Inc. Date Became Owner (mm/dd/yyyy): 03/21/2000 Owner Private County District Federal Indian Municipal State Other Type: <input checked="" type="checkbox"/> <input type="checkbox"/>	
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	Street or P.O. Box: 3956 State Route 412 City, Town or Village: Vickery State: Oh Owner Phone #: (419)547-7791 Country: USA Zip Code: 43464	
	Name of Site's Operator: Vickery Environmental, Inc. Date Became Operator (mm/dd/yyyy): 03/21/2000 Owner Private County District Federal Indian Municipal State Other Type: <input checked="" type="checkbox"/> <input type="checkbox"/>	
Street or P.O. Box: 3956 State Route 412 City, Town or Village: Vickery State: Oh Operator Phone #: 419-547-7791 United States Zip Code: 43464		

VIOLATIONS CITED? Yes No

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

<input type="checkbox"/> Not a HW Generator <input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<input checked="" 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 checked="" 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 checked="" 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 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.

See Part A
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:	Steve Lonneman
Tanks	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Other Comments:	Waste Codes to Numerous to List Above
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)
Mary Ann Miller	Gary Deutschman	9/9&10/2009

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)

**SMALL QUANTITY UNIVERSAL WASTE HANDLER REQUIREMENTS
BATTERIES & LAMPS**

Large Quantity Universal Waste Handler (LQUWH) = 5,000 Kg or more

Small Quantity Universal Waste Handler (SQUWH) = 5,000 Kg or less

PROHIBITIONS

1.	Did the SQUWH dispose of universal waste? [3745-273-11(A)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Did the SQUWH dilute or treat universal waste, except when responding to releases as provided in 3745-273-17 or managing specific wastes as provided in 3745-273-13? [3745-273-11(B)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

WASTE MANAGEMENT & LABELING/MARKING

UNIVERSAL WASTE BATTERIES

3.	Are battery(ies) that show evidence of leakage, spillage or damage that could cause leaks contained? [3745-273-13(A)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
4.	If batteries are contained, are the containers closed and structurally sound, compatible with the contents of the battery and lack evidence of leakage, spillage or damage that could cause leakage? [3745-273-13(A)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
5.	Does the SQUWH conduct any of the following activities:				
	a. Sort batteries by type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	b. Mix battery types in one container?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	c. Discharge batteries to remove the electric charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	d. Regenerate used batteries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	e. Disassemble them into individual batteries or cells?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	f. Remove batteries from consumer products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	g. Remove the electrolyte from the battery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	If so, are the casings of the batteries breached, not intact, or open (except to remove the electrolyte)? [3745-273-13(A)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
6.	If the electrolyte is removed or other waste generated, has it been determined whether it is a hazardous waste? [3745-273-13(A)(3)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	a. If the electrolyte or other waste is characteristic, is it managed in compliance with 3745-50 through 3745-69? [3745-273-13(A)(3)(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	b. If the electrolyte or other waste is not hazardous, is it managed in compliance with applicable law? [3745-273-13(A)(3)(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

7.	Are the battery(ies) or container(s) of batteries labeled with the words "Universal Waste - Batteries" or "Waste Battery(ies)" or "Used Battery(ies)"? [3745-273-14(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
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UNIVERSAL WASTE LAMPS

8.	Does the SQGUHW contain lamps in containers or packages that are structurally sound, adequate to prevent breakage, and are compatible with contents of the lamps? Are containers or packages closed and do they lack evidence of leakage, spillage or damage that could cause leakage? [3745-273-13(D)(1)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
9.	Are lamps that show evidence of breakage, leakage or damage that could cause a release of mercury or hazardous constituents into the environment immediately cleaned up? Are they placed into a container that is closed, structurally sound, compatible with the contents of the lamps, and lack evidence of leakage, spillage or damage that could cause leakage or releases of mercury or hazardous waste constituents to the environment? [3745-273-13(D)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
10.	Are the lamps or containers or packages of lamps labeled with the words "Universal Waste - Lamp(s)" or "Waste Lamp(s)" or "Used Lamp(s)"? [3745-273-14(E)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: Treatment (such as crushing) by a UWH is prohibited under this rule unless the facility is permitted for such activities [3745-273-31(B)]. A generator crushing lamps must manage lamps according to hazardous waste rules (OAC Chapter 3745-52). Lamp crushing is a form of generator treatment (OAC 3745-52-34). Crushed lamps must be transported by a registered hazardous waste transporter to a permitted hazardous waste facility under a hazardous waste manifest.

ACCUMULATION TIME

11.	Is the waste accumulated for less than one year? [3745-273-15(A)] If not:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	a. Was the waste accumulated over one year in order to facilitate proper recovery, treatment or disposal? (Burden of proof is on the handler to demonstrate) [3745-273-15(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: Accumulation is defined as date generated or date received from another handler.

12.	Is the length of time the universal waste is stored documented by one of the following: [3745-273-15(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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	a. Marking or labeling the container with the earliest date when the universal waste became a waste or was received? [3745-273-15(C)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	b. Marking or labeling individual item(s) of universal waste with the earliest date that it became a waste or was received? [3745-273-15(C)(2)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	c. Maintaining an inventory system on-site that identifies the date the universal waste became a waste or was received? [3745-273-15(C)(3)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	d. Maintaining an inventory system on-site that identifies the earliest date that any universal waste in a group of universal waste items or a group of containers became a universal waste or was received? [3745-273-15(C)(4)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	e. Placing the universal waste in a specific accumulation area and identifying the earliest start date or date received? [3745-273-15(C)(5)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	f. Any other method which clearly demonstrates the length of time the universal waste has been accumulated from the date it became a waste or was received? [3745-273-15(C)(6)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

EMPLOYEE TRAINING

13.	Are employees who handle or have the responsibility for managing universal waste informed of waste handling/emergency procedures, relative to their responsibilities? [3745-273-16]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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RESPONSE TO RELEASES

14.	Are releases of universal waste and other residues immediately contained? [3745-273-17(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
15.	Is the material released characterized? [3745-273-17(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
16.	If the material released is a hazardous waste, is it managed as required in OAC Chapters 3745-50 through 3745-69? (If the waste is hazardous, the handler is considered the generator of the waste and is subject to Chapter 3745-52.) [3745-273-17 (B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

OFF-SITE SHIPMENTS

NOTE: *If a SQUWH self-transport waste, then they must comply with the Universal Waste transporter requirements.*

17.	Are universal wastes sent to either another handler, destination facility or foreign destination? [3745-273-18(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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NOTE: SQUWHs are prohibited to send waste to any other facility.

18.	If the universal waste meets the definition of hazardous material under 49 CFR 171-180, are DOT requirements met with regard to package, labels, placards and shipping papers? [3745-273-18(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
19.	Prior to shipping universal waste off-site, does the receiver agree to receive the shipment? [3745-273-18(D)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
20.	If the universal waste shipped off-site is rejected by another handler or destination facility does the originating handler do one of the following:				
	a. Receive the waste back? [3745-273-18(E)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	b. Agree to where the shipment will be sent? [3745-273-18(E)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
21.	If a handler rejects a partial or full load from another handler, does the receiving handler contact the originating handler and discuss one of the following:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	a. Sending the waste back to the originating handler? [3745-273-18(F)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	b. Sending the shipment to a destination facility? (If both the originating and receiving handler agree) [3745-273-18(F)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
22.	If the handler received a shipment of hazardous waste that was not universal waste, did the SQUWH immediately notify Ohio EPA? [3745-273-18(G)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
23.	If the handler received a shipment of nonhazardous, non-universal waste, was the waste managed in accordance with applicable law? [3745-273-18(H)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

EXPORTS

24.	Is waste being sent to a foreign destination? If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	a. Does the small quantity handler comply with primary exporter requirements in OAC 3745-52-53, 3745-52-56, and 3745-52-57? [3745-273-20(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	b. Is waste exported only upon consent of the receiving country and in conformance with U.S. EPA's "Acknowledgment of Consent" as defined in 3745-52-50 to -52-57? [3745-273-20(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	c. Is a copy of U.S. EPA's "Acknowledgment of Consent" provided to the transporter? [3745-273-20(C)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

REMARKS:

*VICKERY ENVIRONMENTAL, INC.
OHD 020 273 819
03-72-0191*

*STATE PART B HAZARDOUS WASTE PERMIT
INSPECTION CHECKLIST*

*DIVISION OF HAZARDOUS WASTE MANAGEMENT
OHIO EPA
September 2001*

**OHIO PART B PERMITTED FACILITY
RCRA INSPECTION CHECKLIST**

Facility: Vickery Environmental, Inc. Ohio Permit: 03-72-0191
 Address: 3956 State Route 412 USEPA ID: OHD 020 273 819
 Vickery, Ohio 43464
 County: Sandusky Facility Phone: 419.547.7791
 Inspection Date: September 9 & 10, 2009

Advance notice of inspection given? (Yes) _____ (No) X _____

If so, how far in advance? _____

	<u>Name</u>	<u>Agency/Title</u>	<u>Phone</u>
Inspectors:	Mary Ann Miller	Ohio EPA	419.547.6033
	Gary Deutschman	Ohio EPA	419.373.3056
Facility:	Brett Miller	Vickery	419.547.7791

Is facility operating as a generator? (Yes) X _____ (No) _____

If so, complete the applicable sections of the Generator Requirements checklist for wastes being managed under generator status.

PERMIT STATUS

Permit Issued: October 24, 1994
 Permit Effective Date: October 24, 1994
 Permit Renewal Date: August 17, 2001
 Permit Expiration Date: August 17, 2011

AUTHORIZED ACTIVITIES

STORAGE		TREATMENT		DISPOSAL
Container		Incinerator		Surface Impoundment
✓ Tank		Thermal Treatment		Landfill
Waste Pile	✓	Tank	✓	Injection Well
Surface Impoundment	✓	Miscellaneous		Land Application
(Closure)		Treatment (Filtration)		

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PROCESS, WASTE, P2 SUMMARY SHEET

Facility Name: Vickery Environmental, Inc. **Facility Type:** LQG/TSD **Date of Inspection:** September 9-10, 2009 **EPA ID#:** OHD 020 273 819

Process/Activity Generating Waste (e.g., plating bath, machining, baghouse, painting, general maintenance, etc.)		Waste Generated		On- or Off-Site Management		P2 Activities	
		Waste Description (e.g., sludge, solvent, ash, used oil, spent lamps, etc.) and EPA Waste Code, if applicable	QTY Generated per Month, Type of Accumulation (container, tank, etc.) and location of waste accumulation area	Type of On-Site Treatment (recycle, wwt, etc.)	Name, state and type of activity occurring at the off-site facility.	Current P2 Activities	P2 Opportunities
1	Landfill Primary & Secondary Leachate Collection Systems	Leachate F039	3.37 tons (Tank storage @ T-Tanks area)	Filtration	On-site deep well injection	None	None
2	Filter Cake/ Miscellaneous Debris	Sludge – See Part A application for waste codes.	81.67 tons (Roll-off containers accumulation @ roll-off <90 days accumulation pad)	None	Landfill @ Clean Harbors Environmental Services, Inc. – London, Ontario and Sarnia, Ontario Canada [and] Stablex Canada, Inc. – Blainville, Quebec	None	None
3	Scrubber	Waste Water – See Part A application for waste codes.	8.328 tons (Tank storage @ T-Tanks area)	Filtration	On-site deep well injection	None	None
4	Truck Waste / Floor Waste & Pipe Cleanout / non-hazardous wastes from off-site/ rinse water/ lab/ rain water collected on site	Waste Water – See Part A application for waste codes.	1,244.72 tons (Tank storage @ lab tanks and T-Tanks area)	Filtration	On-site deep well injection	None	None

REMARKS – GENERAL INFORMATION

General Process Information:

Vickery is a hazardous waste treatment, storage and deep well injection disposal facility. Hazardous waste is brought on site by tanker truck. Hazardous waste is sampled and pumped into permitted hazardous waste storage tanks. Hazardous waste is blended in the tanks and transferred via piping to a filter press to remove solids. From the filter press, the liquids are pumped through polishing filters and then deep well injected.

Regulatory/Enforcement History: (if applicable)

Not Applicable

Additional P2 remarks and information: Vickery Environmental, Inc. continuously evaluates P2 opportunities on its own for economic and environmental benefit.

Would this facility be interested in a P2 assessment? **No**

Office of Compliance Assistance and Pollution Prevention – 1-800-329-7518 or
p2mail@epa.state.oh.us or www.epa.state.oh.us or www.epa.state.oh.us/ocapp/ocapp.html

Other:

Not Applicable

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? **Yes**
2. What is the largest waste stream that you generate? **Liquid: Site generated waste water (includes non-hazardous waste streams); solid waste: Filter Cake**
3. How important would it be to you to eliminate that waste stream? **Very important, but nearly impossible.**
4. Does your company understand the reduced regulatory burden and cost saving benefits that eliminating or reducing a waste stream can have? **Yes**
5. Could you use better housekeeping practices to reduce the amount of waste that you generate? **No**

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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK # _____
	a. If so, what has the company done to minimize waste generation? <input type="checkbox"/> A change in the process resulting in less waste. <input type="checkbox"/> A change in the product resulting in less waste. <input type="checkbox"/> Use of fewer and less toxic hazardous raw materials. <input checked="" type="checkbox"/> Better operations/improved housekeeping. <input type="checkbox"/> On-site recycling/reuse of hazardous materials. <input checked="" type="checkbox"/> Sending waste off-site for recycling/reuse. <input checked="" type="checkbox"/> Other activities (specify): constant evaluation of incoming waste streams and compatibility				

b. <i>If so</i> , what wastes have been addressed?					
<input type="checkbox"/> Solvents	<input type="checkbox"/> Waste water				
<input type="checkbox"/> Paint related wastes	<input type="checkbox"/> Solid waste (paper, plastic, metal, wood, blasting material)				
<input type="checkbox"/> Industrial process wastes (sludges, slags, contaminated waste waters, etc.)	<input type="checkbox"/> Air emissions				
<input type="checkbox"/> Contaminated oils/hydraulic fluids	<input type="checkbox"/> Energy use				
<input type="checkbox"/> Off-spec chemicals	<input checked="" type="checkbox"/> Fluorescent light bulbs				
<input type="checkbox"/> Shop rags	<input type="checkbox"/> Used batteries				
<input checked="" type="checkbox"/> Other (specify): incoming waste streams					
c. If they haven't minimized waste are there barriers that are preventing them from doing it?					
<input type="checkbox"/> Lack of information about practical alternatives.					
<input type="checkbox"/> Lack of capital to make process changes.					
<input type="checkbox"/> Lack of internal management support (lamp recycling)					
<input type="checkbox"/> The company does not generate enough waste to consider P2.					
<input type="checkbox"/> Other reason given (specify):					
2.	Does the company plan to do P2 activities in the future?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Would the company be interested in receiving additional information from Ohio EPA about P2?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Did you give the company information about P2 during the inspection?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Would the company like a P2 assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	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 full understands DHWM's P2 assessment process, etc.)				
	b. If no, list the reasons the facility representative gave for not wanting an assessment.	They are aware of waste streams and ways to reduce waste volumes			

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 Assessments for Hazardous Waste Generators document and discuss it with them (Attachment III of the P2 Assessment Procedures Manual at: <http://www.epa.state.oh.us/dhwm/pdf/P2AssessmentHWGenerators.pdf>).

A. GENERAL CONDITIONS OF PERMIT

GENERAL PERMIT COMPLIANCE AND ACTIVITIES

1.	Is the expiration date of the permit passed? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Is the Permittee continuing any activity regulated by the permit after the expiration date of the permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Has the facility submitted an application for a permit renewal to the Director no later than 180 days prior to the expiration date of the permit? (or upon a later date if the Permittee can demonstrate good cause for late submittal) [Condition A.6.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: The Permittee may continue to operate in accordance with the terms and conditions of the expired permit until a renewal permit is issued or denied if:

- (i) **The Permittee has submitted a timely and complete application for a renewal permit under OAC Rule 3745-50-40, and;**
- (ii) **Through no fault of the Permittee, a new permit has not been issued pursuant to OAC Rule 3745-50-40 on or before the expiration date of the permit. [Condition A.6.(b)]**

2.	Has the Permittee submitted the annual permit fee, payable to the Treasurer of the State, to the Ohio EPA on or before the anniversary of the date of issuance during the term of the permit? [Condition A.26.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Is the Permittee conducting any hazardous waste management activities (not otherwise exempt by law) which are not authorized by the permit? [Conditions A.1.(b) and A.5.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Have any provisions of the permit been identified as invalid? [Condition A.4.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	In circumstances where the Permittee has needed to unload waste during "off hours" (from 11:00 p.m. to 7:00 a.m.): Has prior notice been provided to Ohio EPA, NWDO? [Condition A.30.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
6.	Has the facility identified any instances of non-compliance with the permit, ORC Chapter 3734 or the rules adopted thereunder, which may endanger human health or the environment? If so,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

(a)	Did the facility report the incident to Ohio EPA's Division of Emergency and Remedial Response within two hours of becoming aware of the circumstances? [Condition A.21.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(b)	After initial notification, did the facility immediately report to Ohio EPA's Emergency Response Section any subsequent changes in the situation as conditions warranted until such time as all information was required by Condition A.21.(b) was submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: See Condition A.21.(b) for the specific information the Permittee is required to report.

7.	Did the Permittee provide a written report to the Ohio EPA Emergency Response Section and DHWM, NWDO within five (5) days of the time the Permittee became aware of the circumstances reported in Question 6? [Condition A.21.] If so, did the report contain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(a)	A description of the non-compliance (including exact dates and times)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(b)	Whether the non-compliance has been corrected and, if not, the anticipated time non-compliance is expected to continue? and;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(c)	Steps taken or planned to minimize the impact on human health and the environment and to reduce and prevent recurrence of the non-compliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: The Permittee need not comply with the five-day written report requirement if the Director, upon good cause shown by the Permittee, waives that requirement and the Permittee submits a written report within fifteen days of the time the Permittee becomes aware of the circumstances. [Condition A.21.(c)]

8.	Has the Permittee expeditiously taken all steps necessary to minimize or correct any adverse impact on the environment or public health resulting from non-compliance with the permit? [Condition A.8.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
9.	Has the Permittee identified any other instances of non-compliance not provided for in Question #6?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

	(a) If so, did the Permittee report these instances to the Ohio EPA, DHWM within 30 days of becoming aware of the non-compliance? [Condition A.22.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Do the reports provided contain the information set forth in Condition A.20? [Condition A.22.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Has the Permittee expeditiously taken all steps necessary to minimize or correct any adverse impact on the environment or public health resulting from non-compliance with the permit? [Condition A.8.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
10.	Has the Permittee planned any changes in the permitted facility or activity which may result in non-compliance with the conditions of the permit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, has the facility provided Ohio EPA with advance notice of such changes? [Condition A.15.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: Such notification does not waive the Permittee's duty to comply with the permit pursuant to Conditions A.5. and A.15.

PERMIT MODIFICATION, REVISION, REVOCATION

11.	Has the Permittee filed a request for a permit modification, revision or revocation since issuance of the permit? [Condition A.2.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #1
12.	Has the permit been transferred to a new owner or operator? [Condition A.18.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, has the transfer been conducted in accordance with R.C. Chapter 3734 and the rules adopted thereunder? Condition A.18.(a); and,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Before transferring ownership did the Permittee notify the new owner in writing of the requirements of R.C. Chapter 3734 and the rules adopted thereunder and the applicable Ohio hazardous waste rules? [Condition A.18.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: The Permittee's failure to notify the new owner or operator of the requirements of the applicable Ohio law or hazardous waste rules does not relieve the new owner or operator of its obligation to comply with all applicable requirements. [Condition A.18.(b)]

13.	Has the Permittee submitted reports of compliance or non-compliance with, or any progress reports on the requirements contained in any compliance schedule of the permit to the Ohio EPA no later than 14 days following each scheduled date, unless otherwise specified? [Condition A.19.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
14.	Has the Permittee furnished relevant information which the Ohio EPA has requested to determine whether cause exists for modifying, revising, revoking or suspending the permit, or to determine compliance with the permit? [Condition A.10.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
15.	Has the facility furnished Ohio EPA, upon request, with copies of records required to be kept by the permit? [Condition A.10.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
16.	Has the Permittee become aware that it failed to submit any relevant facts in the permit or issuance proceedings or that it submitted incorrect or incomplete information in permit issuance proceedings or other submissions to Ohio EPA or the HWFB? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the Permittee promptly submitted such facts or corrected information to the appropriate entity? [Condition A.24.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
17.	Is the Permittee maintaining records of all data used to complete the approved application and any amendments, supplements, revisions or modifications to the application? [Condition A.14.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
18.	Is the Permittee retaining a complete copy of the approved application on-site? [Condition A.14.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
19.	Is the Permittee planning any physical alternations or additions to the permitted unit(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, has the Permittee given notice to the Director of such alterations/additions? [Condition A.15.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Have such changes been made in accordance with OAC Rule 3745-50-51? [Condition A.15.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

SITE ENTRY – AVAILABILITY OF RECORDS

20.	As specified in Condition A.11, has the Permittee allowed the Director or an authorized representative, upon proper identification and upon stating the purpose and necessity of an inspection, to:				
	(a) Enter at reasonable times upon the premises where a regulated activity is located or where records are kept under the conditions of the permit? Condition A.11.(a)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Have access to and copy any records required to be kept under the conditions of the permit? [Condition A.11.(a)(ii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Inspect and photograph at reasonable times facilities, equipment (including control and monitoring equipment), practices or other operations regulated under the conditions of the permit? Condition A.11.(a)(iii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Sample or monitor any substance or parameter at any location of the facility to assure compliance with the permit or as otherwise authorized by R.C. Chapter 3734 and the rules adopted thereunder? [Condition A.11.(a)(iv)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
21.	Has the Permittee furnished Ohio EPA with requested records and retained requested records at the facility? [Condition B.21.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REMARKS:

1. VEI submitted a class I permit modification (PITS # 080828-1-1) to Ohio EPA dated August 28, 2008 seeking administrative and informational changes in the general permit conditions. Ohio EPA acknowledged the permit modification on September 17, 2008.

VEI submitted a series of class I permit modifications (PITS # 090202-1-1; # 090202-1-2; and # 090202-1-3) to Ohio EPA dated January 23, 2009, seeking administrative and informational changes to update their closure and post-closure estimates. Ohio EPA acknowledged these modifications on March 5, 2009.

VEI submitted a class I modification (PITS # 090224-1-1 to Ohio EPA dated February 18, 2009, seeking administrative and informational changes in the general permit conditions. Ohio EPA is reviewing this modification.

Vickery Environmental, Inc.

OHD 020 273 819

03-72-0191

TSDF INSPECTION CHECKLIST
(General Conditions of Permit)

Page 7

B. RECORD KEEPING REQUIREMENTS

CONFIDENTIALITY

1.	Has the Permittee requested confidentiality of any information of the permit in accordance with R.C. Chapter 3734 and the rules adopted thereunder? [Condition A.25.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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OPERATING RECORD

2.	Is the Permittee maintaining a written operating record at the facility as set forth in OAC Rules 3745-54-73 and 3745-54-74 which contains the following elements: [Condition B.22.]				
	(a) A description and the quantity of each hazardous waste received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Method(s) and date(s) of treatment, storage or disposal at the facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) The location of each hazardous waste within the facility and the quantity at each location?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Is the Permittee maintaining, until closure is complete and certified, the following documents and amendments, revisions and modifications to these documents: [Condition A.28.]				
	(a) Waste analysis plan in accordance with OAC Rule 3745-54-13 and the conditions of the permit? [Condition A.28.(a)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Contingency plan in accordance with OAC Rule 3745-54-53 and the conditions of the permit? [Condition A.28.(a)(ii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Closure plan in accordance with OAC Rule 3745-55-12 and the conditions of the permit? [Condition A.28.(a)(iii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Post-Closure plan as required by OAC Rule 3745-55-18(A) and the conditions of the permit? [Condition A.28.(a)(viii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(e) Cost estimate for facility closure in accordance with OAC Rule 3745-55-42 and the conditions of the permit? (estimate only – adequacy of estimate will be evaluated by C.O. financial assurance personnel) [Condition A.28.(a)(iv)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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TSDf INSPECTION CHECKLIST
(Record Keeping Requirements)

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	(f) Personnel training plan and records required by OAC Rule 3745-54-16 and the conditions of the permit? [Condition A.28.(a)(v)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(g) Inspection schedules developed in accordance with OAC Rules 3745-54-15 and 3745-55-74 and the conditions of the permit? [Condition A.28.(a)(vii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(h) Annually-adjusted cost estimate for facility closure required by OAC Rules 3745-55-42 and 3745-55-44 and the conditions of the permit? [Condition A.28.(a)(ix)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) Operating record required by OAC Rule 3745-54-73 and the conditions of the permit? [Condition A.28.(a)(vi)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(j) All other documents by the permit? [Condition A.28.(a)(x)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Have any of the documents identified in Question #3 been revised as required by the permit? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the Permittee submitted the revisions to the Ohio EPA? [Condition A.28.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Has the Permittee received approval in accordance with Ohio hazardous waste rules to make such changes? [Condition A.28.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Is the Permittee maintaining copies of all inspection logs at the facility for a period of at least three years from date of inspection? [Condition A.28.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Is the Permittee maintaining Corrective Action reports and records as required by Conditions E.5. and E.8.? [Conditions A.28.(d) & A.14.(e)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Are these reports and records being maintained for at least 3 years after all activities have been completed? [Conditions A.28.(d) and A.14.(e)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
7.	Is the Permittee maintaining records for all groundwater monitoring wells and associated ground water surface elevations for the active life of the facility? [Condition A.14.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

8.	Has the Permittee maintained all monitoring information, including calibration and maintenance records, copies of all reports and records required by this permit, the certification required by OAC 3745-54-73(B)(9), and records of all data used to complete the application for this permit, for a period of at least 3 years? [Condition A.14.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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ANNUAL REPORT REQUIREMENT

9.	Is the Permittee complying with annual report requirements set forth in OAC Rule 3745-54-75 and the additional report requirements set forth in OAC Rule 3745-54-77 and the conditions of the permit? [Condition B.25.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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SAMPLING/MONITORING RECORD KEEPING REQUIREMENTS

10.	In compliance with Condition A.12.(b) of the permit, do the Permittee's records of monitoring information specify the:				
	(a) Date(s), exact place(s) and time(s) of sampling or measurements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Individual(s) who performed the sampling or measurements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Date(s) analyses were performed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Individual(s) who performed the analyses?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(e) Analytical technique(s) or method(s) used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(f) Results of such analyses?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
11.	Have the methods used to obtain a representative sample of the waste to be analyzed included the appropriate SW-846 method or an equivalent method specified in the approved waste analysis plan? [Condition A.12.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
12.	Has Ohio EPA requested submittal of any reports or other information required by the conditions of the permit from the Permittee? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Have the submittals been signed and certified according to OAC Rule 3745-50-42? [Condition A.13.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

WASTE MINIMIZATION REQUIREMENTS

13.	Did the Permittee submit a current executive summary of the waste minimization and treatment plan within 180 days of journalization of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the Permittee submitted a Waste Minimization Report to Ohio EPA meeting the requirements of Condition A.29. of the permit every 3 years? [Condition A.29.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

OFF-SITE SHIPMENTS/MANIFEST REQUIREMENTS

14.	Is all hazardous waste transported from the facility by a properly registered transporter of hazardous in accordance with all applicable laws, rules and standards? [Condition A.16.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
15.	Is the Permittee complying with the following manifest requirements set forth in OAC Chapter 3745-52 and OAC Rules 3745-54-70, 3745-54-71, 3745-54-72 and 3745-54-76:[Condition B.24.]				
	(a) All hazardous wastes shipped off-site have been accompanied by a completed manifest, USEPA form 8700-22 and, if necessary, USEPA form 8700-22A in compliance with OAC Rule 3745-52-20(A)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) The manifest form used contains all information required by OAC Rule 3745-52-20 and the minimum number of copies required by OAC Rule 3745-52-22?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) The facility has designated at least one permitted disposal facility and has/will designate an alternate facility or instructions to return waste in compliance with OAC Rule 3745-52-20(C)(D)(E)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Prepared manifests have been signed by the facility and initial transporter in compliance with OAC Rule 3745-52-23?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
16.	Has the Permittee received a return copy of each completed manifest within 35 days of the date the waste was accepted by the initial transporter?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If not, has the Permittee complied with the manifest exception reporting requirements of OAC Rule 3745-52-42?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
17.	Has the Permittee discovered a significant discrepancy in a manifest since the date of last inspection? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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	(a) Did the Permittee reconcile the discrepancy within 15 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) If the discrepancy was not reconciled within 15 days, did the Permittee submit a manifest discrepancy report along with a copy of the manifest to the Director in accordance with OAC Rule 3745-54-71? [Condition B.24.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
18.	Has the Permittee accepted any hazardous waste from off-site without a manifest since the date of last inspection?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, did the Permittee submit an unmanifested waste report to the Director within 15 days of receipt of the waste? [Condition B.24.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #2
19.	Are signed copies of all hazardous waste manifests and any documentation required for exception reports retained for at least 3 years at the facility as required by OAC Rule 3745-52-40?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
20.	Has the Permittee received any hazardous waste on-site from a foreign source? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Did the Permittee notify the Director in writing at least four weeks in advance as required by OAC Rule 3745-54-12(A)? [Condition B.2.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: Notice of subsequent shipments of the same waste from the same foreign source is not required. [Condition B.2.(a)]

21.	Has the Permittee received waste from an off-site source? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Did the Permittee inform the generator that the facility has the appropriate permits to accept the waste which is being shipped? [Condition B.2.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Is the Permittee maintaining a copy of the written notice(s) as part of the operating record? [Condition B.2.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: The above requirements are not applicable if the Permittee is also the off-site generator. [See Condition B.2.(b)]

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GENERAL REQUIREMENTS

22.	Does the Permittee have a detailed chemical and physical analysis of waste streams which contains all information which is necessary to properly treat, store or dispose of the waste in accordance with OAC Chapters 3745-54 to 3745-57 and Condition B.3 of the permit? [3745-54-13(A)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
23.	Since the last inspection, were there any wastes generated by the facility which were unable to be characterized through process knowledge? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Were the waste analysis procedures described in Appendix 1 of the approved permit application followed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
24.	Is the Permittee following the procedures described in the approved waste analysis plan (Appendix 1 of the approved permit application) and the requirements of OAC Rule 3745-54-13? [Condition B.3.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
25.	Is the Permittee using a contract laboratory?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, has the Permittee informed the laboratory in writing that it must operate under the waste analysis conditions set forth in the permit? [Condition B.3.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REMARKS:

2. Unmanifested Waste Reports (September 2008 – February 2009)

- a. November 4, 2008 Safety-Kleen Systems, Inc.
- b. February 19, 2009 Chemtron Corporation.

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C. WASTE ANALYSIS

QUALITY ASSURANCE REQUIREMENTS

1.	Is the Permittee verifying the analysis of each waste stream annually as part of its quality assurance program in accordance with SW-846? [Condition B.3.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	In accordance with Condition B.3. of the permit, does the Permittee's quality assurance plan ensure that the Permittee is, at a minimum: [Condition B.3.]				
(a)	Maintaining proper functional instruments?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(b)	Using approved sampling/analytical methods?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(c)	Verifying the validity of sampling and analytical procedures and performance of correct calculations?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

WASTE PROFILES

3.	Prior to accepting a waste stream does the Permittee obtain:				
(a)	Generator name, USEPA identification number, profile number? [Condition B.3.(a)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(b)	Common or generic name of the hazardous waste? [Condition B.3.(a)(ii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(c)	Process generating the hazardous waste or the source of the hazardous waste? [Condition B.3.(a)(iii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(d)	Physical description of the hazardous waste? [Condition B.3.(a)(iv)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(e)	Major chemical or physical components of the hazardous waste by percent of the component per 100 percent of the hazardous waste? [Condition B.3.(a)(v)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(f)	Documentation supporting the generator's knowledge of the waste, analytical data, or a combination of the two which adequately characterizes the waste such that it may be treated, stored or disposed of in accordance with this permit, Chapters 3745-54 to 57, 3745-218 and 3745-270 of the Ohio Administrative Code? [Condition B.3.(a)(vi)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

	(g) RCRA hazardous waste description? [Condition B.3.(a)(vii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(h) Specific handling instructions needed to manage the waste in accordance with the Permittee's permit? [Condition B.3.(a)(viii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) Date and signature of the generator certifying that the information is correct? [Condition B.3.(a)(ix)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NEW WASTE MANAGEMENT PROCEDURES

4.	Has the Permittee initiated a new procedure for nitric acid? [Condition B.42.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, did the Permittee notify the Ohio EPA prior to initiating the new waste management procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NITRIC ACID WASTE STREAM/SPECIAL REQUIREMENTS

5.	Upon receipt of nitric acid waste streams at the facility, is the Permittee complying with the following procedures as outlined in Condition B.43.:				
	(a) Does the lab assess the millivolt potential to determine the compatibility of the waste stream to the storage tank?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Prior to blending nitric acid streams, approval is obtained from the lab manager or his/her qualified designee?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) <i>If an approval signature cannot be obtained prior to blending:</i> The verbal approval of the lab manager or designee is obtained and the Waste Compatibility Worksheet is signed the next working day?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

ACCEPTANCE OF "P" WASTE CODES

6.	Has the Permittee received approval from Ohio EPA prior to receipt of any "P-coded" waste streams in accordance with ORC 3734.141 and Condition B.4. of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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NOTE: The Permittee may only accept P-coded waste streams that follow the derived from or carry through provisions or that the Permittee can render innocuous prior to deep well injection. Approval of a waste stream by Ohio EPA as part of the Waste Product Review satisfies all notification requirements of ORC 3734.141. [Condition B.4.]

REMARKS:

D. LAND DISPOSAL RESTRICTIONS

GENERAL REQUIREMENTS FOR LAND DISPOSAL RESTRICTIONS

1.	Did the Permittee comply with all regulations regarding land disposal prohibitions and restrictions as required by OAC 3745-270? [Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Does the Permittee mix restricted waste with nonrestricted waste? [OAC Rule 3745-270-03(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, is the mixture treated as a restricted waste? [OAC Rule 3745-51-03(B)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Does the Permittee dilute a restricted waste or a treatment residue from a restricted waste? [Condition B.40.(a) & OAC Rule 3745-270-03(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, is it done as a substitute for adequate treatment to achieve compliance with LDR treatment standards?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) If so, is it done to circumvent the effective date of a prohibition?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) If so, is it to avoid a prohibition in OAC 3745-270-30 through 3745-270-35?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) If so, is it to avoid a prohibition imposed by Section 3004 of RCRA?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Does the Permittee test any waste generated at the facility, or use knowledge of the waste, to determine if the waste is restricted from land disposal? [Condition B.40.(a) & OAC Rule 3745-270-07(A)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Does the Permittee comply with all the applicable notification, certification and record keeping requirements as described in OAC Rule 3745-270-07? [Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Does the Permittee comply with all the applicable prohibitions on storage of restricted waste as specified in OAC Rule 3745-270-50? [Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
7.	Did the Permittee store restricted wastes in tanks solely for the purpose of the accumulation of such quantities of hazardous wastes as necessary to facilitate proper recovery, treatment or disposal? [Condition B.40.(a) & OAC Rule 3745-270-50(A)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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	(a) If so, was each tank clearly marked with a description of its contents, the quantity of each hazardous waste received and the date each period of accumulation begins, or such information for each tank is recorded and maintained in the operating record at that facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	Has the Permittee stored restricted wastes for up to one year? [Condition B.40.(a) & OAC Rule 3745-270-50(B)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, was such storage for the sole purpose of accumulating such quantities necessary to facilitate proper recovery, treatment or disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
9.	Has the Permittee stored restricted wastes beyond one year? [Condition B.40.(a) & OAC Rule 3745-270-50(C)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, was such storage for the sole purpose of accumulating such quantities necessary to facilitate proper recovery, treatment or disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
10.	Has the Permittee stored any liquid containing PCBs at concentrations greater than or equal to 50 ppm? [Condition B.40.(a)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, was it stored according to 40 CFR 761.65(b) and removed from storage and treated or disposed of as required by OAC Rule 3745-270-50(F) within one year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

WASTE EVALUATION REQUIREMENTS

11.	Has the facility adequately evaluated all wastes to determine if they are restricted from land disposal? [OAC Rule 3745-270-07(A) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) For determinations based solely on knowledge of the waste: Is supporting data used to make this determination being retained on-site? [OAC Rule 3745-270-07(A)(5) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) For determinations based upon analytical testing: Is a copy of waste analysis data being retained on-site? [OAC Rule 3745-270-07(A)(5) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

12.	Has the generator determined the correct "treatability group" for each waste restricted from land disposal (e.g., wastewater, non-wastewater, high arsenic, low arsenic, high zinc, low zinc, etc.)? [OAC Rule 3745-270-07(A) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
13.	Has the generator correctly determined if restricted wastes meet or exceed treatment standards? [OAC Rule 3745-270-07(A) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
14.	Does the entity generate any listed waste(s) which are restricted from land disposal? If so:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Do such wastes also exhibit hazardous waste characteristics as identified in OAC Rules 3745-51-20 to 3745-52-24?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) For listed wastes which also exhibit a characteristic: Does the generator also identify the appropriate treatment standard for the constituent(s) which cause the waste to exhibit the characteristic(s)? [OAC Rule 3745-270-09(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: The generator is not required to identify the treatment standard for the characteristic if the listing covers the associated characteristic (e.g., a F019/D007 hazardous waste – F019 being listed due to chromium content and D007 being the characteristic waste code for chromium). [See OAC Rule 3745-270-09(B)]

NOTIFICATION/CERTIFICATION

15.	For wastes that do not meet treatment standards: With the initial shipment of waste to each off-site treatment or storage facility, does the generator send a one-time written notice to each treatment or storage facility that indicates that the wastes being received do not meet the treatment standards? [OAC Rule 3745-270-07(A)(2) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	If so, does the notification include the following:				
	(a) EPA hazardous waste number? [OAC Rule 3745-270-07(A)(2) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Appropriate treatment standard for the waste? [OAC Rule 3745-270-07(A)(2) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) The manifest number associated with the shipment of waste? [OAC Rule 3745-270-07(A)(2) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

	(d) Waste analysis data, where available? [OAC Rule 3745-270-07(A)(2) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
16.	Is the on-time written notice identified in Question 15 submitted with the initial shipment of waste? [OAC Rule 3745-270-07(A)(2) & Condition B.40.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REMARKS:

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E. INSPECTION AND SECURITY

GENERAL INSPECTION REQUIREMENTS

1.	Is the Permittee following the inspection procedures and schedules described in Appendix 2 of the approved permit application and the requirements of OAC Rule 3745-54-15? [Condition B.6.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Does the Permittee inspect the facility with such regularity as to identify problems resulting from deterioration, malfunctions, operator errors or discharges which may lead to a release of hazardous waste to the environment or a threat to human health? [OAC Rule 3745-54-15(A)(1)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Is the Permittee following the approved inspection schedule for inspecting: monitoring equipment, safety equipment, emergency equipment, security devices and operating and structural equipment as specified in OAC Rule 3745-54-15(1)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Is the schedule kept at the facility? [OAC Rule 3745-54-15(B)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Does the schedule identify the types of problems which are to be looked for during the inspection? [OAC Rule 3745-54-15(B)(3)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Does the schedule include inspection of areas subject to spills daily when in use and according to other applicable regulations when not in use? [OAC Rule 3745-54-15(B)(4)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Does the Permittee remedy deterioration or any malfunctions discovered by an inspection as required by OAC Rule 3745-54-15(C)? [Condition B.6.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Is the Permittee maintaining records of inspections for a minimum of three years? [Condition B.6.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	In accordance with OAC Rule 3745-54-15(D) and Condition B.6. of the permit, do inspection records contain the following information:				
	(a) Date and time of inspection?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Signature of inspector?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Notation of observations made?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Date/nature of any repairs or other remedial actions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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SECURITY PROVISIONS/FACILITY OPERATION

7.	Is the Permittee complying with the security provisions of OAC Rule 3745-54-14 and Section F of the approved permit application, including the following: [Condition B.5.]				
	(a) Does the Permittee have a 24-hour surveillance system which continuously monitors and controls entry onto the active portion of the facility; or,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) An artificial or natural barrier (in good repair) which completely surrounds the active portion of the facility; or,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) A means to control entry, at all times, through gates or other entrances, to the active portion of the facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	In accordance with OAC Rule 3745-54-14(C), does the Permittee have signs reading "Danger-Unauthorized Personnel Keep Out" posted at each entrance and at other locations and in sufficient numbers to be seen when approaching the active portion of the facility? [Condition B.5.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
9.	Is construction, maintenance and operation of the facility being conducted to minimize the possibility of a fire, explosion or unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, ground or surface waters? [Condition B.1.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
10.	Is the Permittee maintaining adequate aisle space to allow for the unobstructed movement of equipment and personnel through the facility in the event of an emergency as required by OAC Rule 3745-54-35? [Condition B.12.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

PERSONNEL TRAINING

11.	Is the facility conducting personnel training in accordance with Section H, Appendix 4 of the approved permit application and the following requirements of OAC Rule 3745-54-16: [Condition B.7.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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	(a) The facility provides personnel training which includes instruction in safe equipment operation and emergency procedures and implementation of the contingency plan? [OAC Rule 3745-54-16 (A)(B)(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) The facility provides personnel training to new employees within 6 months after their date of employment as required by OAC Rule 3745-54-16(B)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) The facility provides an annual refresher training course as required by OAC Rule 3745-54-16(B)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
12.	Is the Permittee maintaining personnel training records as required by OAC Rule 3745-54-16(D) and of the approved application, including; written job titles, job descriptions and documented employee training records? [Condition B.7.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REQUIRED EQUIPMENT

13.	Is the Permittee, at a minimum, maintaining the equipment set forth in the approved permit application (Sections F and G and Appendix 3) at the facility? [Condition B.9.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
14.	Is the Permittee inspecting, testing and maintaining the equipment specified in Question #13 to assure its proper operation as specified in OAC Rule 3745-54-33, the inspection plans and the approved permit application? [Condition B.10.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
15.	Whenever hazardous waste is being managed at the facility, has the Permittee provided all personnel involved in the operation with immediate access to an internal alarm or emergency communication device as required by OAC Rule 3745-54-34 and Section F of the approved permit application? [Condition B.11.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REMARKS:

F. CONTINGENCY PLAN REQUIREMENTS

EMERGENCY PROCEDURES

1.	In compliance with Condition B.13.(a), does the Permittee:				
	(a) Familiarize the emergency response agencies likely to respond to an emergency at the facility with:				
	(i) The layout of the facility? [Condition B.13.(a)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(ii) Properties of hazardous waste managed at the facility and associated hazards? [Condition B.13.(a)(iii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(iii) Places where facility personnel will normally be working? [Condition B.13.(a)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(iv) Entrances to and roads inside the facility? [Condition B.13.(a)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(v) Evacuation routes as depicted in Section G of the permit application? [Condition B.13.(a)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(vi) Inform emergency response agencies of safety equipment, supplies, proper emergency procedures that are applicable to the facility, and any further requirements imposed by the permit? [Condition B.13.1(a)(ii)] and;	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(vii) Familiarize local ambulance services, fire department, hospitals and any other local emergency services with the properties of hazardous waste managed at the facility and the types of injuries or illness which could result from fires, explosions or a release or hazardous wastes at the facility? [Condition B.13.(a)(iii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

EMERGENCY AUTHORITIES

2.	Has a state or local agency declined to enter into the arrangements set forth in OAC Rule 3745-54-37(A)? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Has the Permittee documented the refusal in the operating record as required by OAC Rule 3745-54-37(B)? [Condition B.13.(b)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

4.	Has the Permittee, in accordance with OAC Rule 3745-54-53 submitted a copy of the approved contingency plan (including amendments, revisions or changes) to all local authorities, agencies and response contractors designated in the approved contingency plan? [Condition B.18.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Has the Permittee notified the agencies in Question #3, in writing, within ten days of the effective date of any amendments or revisions to the plan? [Condition B.18.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Has the Permittee submitted a copy of the approved contingency plan and all revisions, amendments and modifications to the Ohio EPA, Division of Emergency & Remedial Response in accordance with OAC Rule 3745-54-53? [Condition B.18.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

EMERGENCY COORDINATOR

7.	In accordance with OAC Rule 3745-54-55 and Condition B.19. of the permit, is an emergency coordinator on premises or on call at all times?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	In accordance with OAC Rule 3745-54-55 and Condition B.19. of the permit, is/are the emergency coordinator(s) at the facility familiar with the following:				
	(a) Contingency plan?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Facility layout?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Waste characterization and locations?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Locations of all records in the facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
9.	In accordance with OAC Rule 3745-54-55, does/do the emergency coordinator(s) have the authority to commit the resources needed to carry out the contingency plan? [Condition B.19.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

CONTENT OF CONTINGENCY PLAN

10.	Does the Permittee have a contingency plan for the facility which contains the following elements as required by Condition B.15. and OAC Rule 3745-54-52:				
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	(a) Describes the actions facility personnel shall take to comply with OAC Rules 3745-54-51 through 3745-54-56 in response to fires, explosions or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Describes arrangements agreed to by local police, fire departments, hospitals, contractors and Ohio EPA and the local emergency response team?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Includes an up-to-date list of names, addresses and phone numbers (office and home) of all persons qualified to act as emergency coordinator in the order that they will assume responsibility for coordination of emergency response?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Includes a list of all emergency equipment, including fire extinguishing systems, spill control equipment, communications and alarm systems and decontamination equipment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

AMENDMENT OF PLAN

11.	Is the Permittee reviewing the approved contingency plan regularly and amending the plan immediately if needed in compliance with OAC Rule 3745-54-54? [Condition B.17.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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NOTE: Also see Question #4 of Record Keeping Requirements to verify that any changes to the contingency plan were submitted in accordance with OAC Rule 3745-50-51.

IMPLEMENTATION OF PLAN

12.	Has there been a fire, explosion or release of hazardous waste or hazardous waste constituents at the facility since date of last inspection as described by Condition B.14. of the permit? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
13.	Did the Permittee immediately implement the approved contingency plan and follow the emergency procedures described in OAC Rule 3745-54-56? [Condition B.14.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
14.	Has the Permittee had any of the following situations since date of last inspection:				
	(a) fire involving hazardous waste?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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	(b) explosion involving hazardous waste?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) any uncontrolled hazardous waste reaction that produces or has the potential to produce hazardous conditions, including noxious, poisonous, flammable and/or explosive gases, fumes or vapors; harmful dust; or explosive conditions?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) any fire or explosion that has an increased potential to threaten human health or the environment due to its proximity to a hazardous waste management unit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(e) any hazardous waste released, outside of a secondary containment system, that causes or has the potential to cause off-site soil and/or surface water contamination?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(f) any hazardous waste release that produces or has a potential to produce hazardous conditions, including noxious, poisonous, flammable and/or explosive gases, fumes or vapors; harmful dust; or explosive conditions?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(g) when No _x emissions from anywhere within the facility are visually observed by site personnel leaving the facility property?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
15.	If yes, to any situation in Number 14 above, was the Contingency Plan implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
16.	Did the Permittee collect and manage released material, emergency response material and by-products [unless making a demonstration that such waste is not hazardous in accordance with OAC Rules 3745-51-03(C)&(D)]? [Condition B.16.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(a) Within 15 days of the incident did the Permittee submit, to the Director, a written report of the incident? If so,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) Did the report contain the elements set forth in OAC Rule 3745-54-56(J)? [Condition B.23.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Did the Permittee note in the operating record the time, date and details of any incident that required the implementation of the approved contingency plan? [Condition B.23.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

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ADDITIONAL REQUIREMENTS

17.	Is the Permittee following the Surface Water Management Plan as outlined in Section F of the approved application? [Condition B.41.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
18.	Has the Permittee accepted and unloaded any loads that have created a public nuisance pursuant to Ohio Revised Code 3734.02(I)? [Condition B.44.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REMARKS:

G. CLOSURE REQUIREMENTS

GENERAL CLOSURE REQUIREMENTS

1.	Is the Permittee maintaining at the facility, the approved closure plan which contains the elements set forth in OAC Rule 3745-55-12? [Condition B.29.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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AMENDMENT OF CLOSURE PLAN

2.	Has the Permittee amended the closure plan?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, has the plan been amended in accordance with OAC Rule 3745-55-12(C)? [Condition B.28.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: Also see Record Keeping Requirements (Question #4) in order to verify that any changes to the closure plan were submitted in accordance with OAC Rule 3745-50-51.

	(b) If so, has the Permittee revised the closure cost estimate? [Condition B.36.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) If so, has the Permittee submitted to Ohio EPA the latest cost estimate? [Condition B.36.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

CLOSURE PROCEDURES

3.	Has the Permittee closed the facility? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Was closure conducted in accordance with the closure performance standard of OAC Rule 3745-55-11 and the approved closure plan as set forth in the permit application? [Conditions B.26., B.27.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) <i>Within 120 days prior to closure:</i> Did the Permittee submit to Ohio EPA, NWDO a sampling and analysis plan (SAP) for obtaining background sample data? [Condition B.30.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) After receiving the final volume of hazardous waste, did the Permittee remove from the facility all hazardous waste and complete closure activities in accordance with the schedule specified in the approved closure plan and as required by OAC Rule 3745-55-13? [Condition B.31.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

(d)	Has the Permittee decontaminated and/or disposed of all facility equipment, structures and soils as required by OAC Rule 3745-55-14 and the approved closure plan? [Condition B.32.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(e)	Did the Permittee notify Ohio EPA, NWDO within five working days prior to all rinseate and soil sampling? [Condition B.32.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(f)	Has the Permittee certified that the facility has been closed in accordance with the specifications in the approved closure plan as required by OAC Rule 3745-55-15? [Condition B.33.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

REQUIREMENTS FOR IGNITABLE, REACTIVE OR INCOMPATIBLE WASTES

4.	Is the Permittee in compliance with the requirements of OAC Rule 3745-54-17 (for ignitable, reactive and incompatible wastes), the approved application and conditions of the permit? [Condition B.8.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Does the Permittee provide electrical grounding for all containers and tanks during the handling of ignitable, reactive and incompatible wastes? [Condition B.8.(e)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Does the Permittee provide and require the use of spark-proof tools during all operations involving the handling of flammable and combustible wastes? [Condition B.8.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
7.	Does the Permittee prohibit smoking and open flames in areas where hazardous wastes are managed and post appropriate signs? [Condition B.8.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	Where applicable, does all wiring and electrical equipment at the container storage building meet the National Fire Protection Association, "National Electric Code" National Fire Codes, 1985 Edition, Vol. 3, Chapter 5, Special Occupancies, Articles 500 - 503, pp. 176 - 189.)? [Condition B.8.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REMARKS:

H. TANK SYSTEM REQUIREMENTS

A description of the Permittee's tank system operations, including the Integrated Aqueous Waste Treatment System (IAWTS), truck unloading operation, waste storage/treatment system, filtration operations, pump houses and yard piping is included in Module D of the permit.

GENERAL REQUIREMENTS

1.	Is the Permittee limiting the total volume of waste managed in the tank systems to the maximum volume for each tank as authorized by Condition D.1.?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Does the Permittee store and treat in tanks only those hazardous wastes as specified in the approved Part B permit application and Condition D.1. of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Does the Permittee have on file a written statement by a qualified, independent, registered professional engineer stating the new tanks are suitable for handling hazardous wastes? [Condition D.2.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

CONTAINMENT/DETECTION REQUIREMENTS

4.	Is the secondary containment system for each tank system designed, installed and operated in accordance with OAC Rule 3745-55-93 and the terms and conditions of the permit? [Condition D.3.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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GENERAL OPERATING REQUIREMENTS

5.	Does the Permittee prevent the placement of hazardous waste in the tank if such placement could cause the unit to leak or fail? [Condition D.4.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Does the Permittee use appropriate controls and practices to prevent spills or overflows from the tank in accordance with Condition D.4(b) of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

RESPONSE TO LEAKS AND SPILLS

7.	Has a leak or spill occurred from the tank system or has the system become unfit for continued use? [Condition D.6.] If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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	(a) Did the Permittee follow the emergency procedures as required by OAC Rule 3745-55-93(C)(4) and OAC Rule 3745-55-96?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) Did the Permittee stop the flow of hazardous waste into the tank system or secondary containment system and inspect the system to determine the cause of the release? [Condition D.6.(a)(i)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(ii) Did the Permittee remove waste and accumulated precipitation from the system within 24 hours of the detection of the leak or at an earlier practicable time to prevent further release and to allow inspection and repair of the tank/containment system to be performed? [Condition D.6.(a)(ii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(iii) Did the Permittee contain visible releases to the environment and immediately conduct a visual inspection of all releases to the environment and base that inspection on: (1) preventing further migration of the leak or spill to soils or surface water and (2) remove and properly dispose of any visible contamination of the soil or surface water? [Condition D.6.(a)(iii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Did the Permittee report the leak/spill to the Director in accordance with the procedures as outline in Condition D.7. of the permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
8.	Has there been a leak or spill from a tank system or from a secondary containment system or has a system become unfit for continual use? [Condition D.6.(b)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has there been a release caused by a spill that has not damaged the integrity of the system? [Condition D.6.(b)(i)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) If so, has the Permittee removed the waste and made any necessary repairs before returning the tank system to service? [Condition D.6.(b)(i)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Has there been a release cause be a leak from the primary tank system to the secondary containment system? [Condition D.6.(b)(ii)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

	(i) If so, has the Permittee repaired the primary system prior to returning it to service? [Condition D.6.(b)(ii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Has there been a release to the environment caused by a leak from a component of the tank system that is below ground and does not have secondary containment? [Condition D.6.(b)(iii)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) If so, has the Permittee provided this component with secondary containment before the component was returned to service? [Condition D.6.(b)(iii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(d) Has there been a release to the environment caused by a leak from aboveground portion of the tank system that does not have secondary containment and can be visually inspected? [Condition D.6.(b)(iv)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) If so, has the Permittee repaired the tank system before returning it to service? [Condition B.6.(b)(iv)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(e) Has there been a release to the environment caused by a leak from a portion of the tank system that is not readily available for visual inspection? [Condition D.6.(b)(v)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) If so, has the Permittee provided secondary containment that meets the requirements of OAC Rule 3745-55-93 before returning the component to service? [Condition D.6.(b)(v)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(f) Has the Permittee replaced a component of the tank system to eliminate a leak?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) If so, does that component satisfy the requirements for a new tank system? [Condition D.6.(b)(vi)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
9.	Have there been any major repairs to eliminate leaks or restore the integrity of the tank system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(a) If so, has the Permittee obtained a certification by an independent, qualified, registered professional engineer? [Condition D.6.(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

RECORD KEEPING AND REPORTING

10.	Has the Permittee reported to the Director within 24 hours of a leak or spill from the tank system or secondary containment system to the environment? [Condition D.7.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
11.	Has the Permittee reported the following within thirty days of detecting a release to the environment from a tank or secondary containment system to the environment? [Condition D.7.(b)]				
	(a) Likely route of migration of the release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Characteristics of the surrounding soil?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Results of any monitoring or sampling conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(d) Proximity of downgradient drinking water, surface water and populated areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(f) Description of response actions take or planned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
12.	Has the Permittee submitted to the Director all certifications of major repair within seven days after returning the system to use? [Condition D.7.(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
13.	Does the Permittee obtain and keep on file the written statement by those persons required to certify the design and installation of the tank system? [Condition D.7.(d)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

INSPECTIONS

14.	Is the Permittee inspecting the tank system in accordance with the approved inspection plan, Condition D.6. of the permit, and the following requirements of OAC Rule 3745-55-95: [Condition D.5.]				
	(a) Inspection of overfill controls in accordance with the procedures and schedule in the Part B permit application? [Condition D.5.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Daily inspection of the aboveground portion of the tank system to detect corrosion or release? [Condition D.5.(c)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Daily inspection of construction materials and area immediately surrounding the tank to detect erosion or signs of release? [Condition D.5.(c)(ii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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	(d) Reviewing data gathered from monitoring and leak detection equipment (e.g., pressure/temperature gauges) to ensure that the tank system(s) are being operated according to design specifications? [Condition D.5.(c)(ii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
15.	Is the Permittee maintaining documentation of the tank system inspections in the operating log of the facility as required by OAC Rule 3745-55-95 (D)? [Condition D.5.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

TANK SYSTEM/SPECIAL REQUIREMENTS

16.	Prior to placement of hazardous waste in tanks that previously held an incompatible waste and/or material: Does the Permittee ensure that the tank system is decontaminated prior to placement of waste in the unit and that any additional procedures as outlined in the permit application are followed? [Conditions D.10.(a) and D.9.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
17.	Prior to the placement of ignitable or reactive waste in a tank system: Does the Permittee ensure that the procedures as specified in the approved permit application are followed? [Condition D.9.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
18.	Does the Permittee document compliance with the requirements specified in Questions 16 and 17 as noted above in the facility's operating record? [Conditions D.10.(b) & D.9.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: The Permittee is also responsible for maintaining protective distances between waste management areas and public ways as required by Tables 2-1 through 2-6 of the National Fire Protection Association's "Flammable and Combustible Liquids Code" (1977 or 1981) incorporated by reference in OAC Rule 3745-50-11. [Condition D.9.(b)]

CLOSURE AND POST-CLOSURE

19.	At closure of the tank system, did the Permittee follow the procedures set forth in the approved closure plan? [Condition D.8.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
20.	During closure, if the Permittee could not demonstrate that all contaminated soils could be removed: Did the Permittee close the unit and perform post-closure care following a plan approved by the Ohio EPA? [Condition D.8.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

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TSDF INSPECTION CHECKLIST
(Tank System Requirements)

INJECTION WELL NO. 4 OPERATIONS

21.	Did the Permittee conduct integrity testing of the entire pipeline that leads from Filter Building No. 1 to Pump House No. 2 prior to transferring waste through the pipeline if the pipeline has not been used to transfer waste liquids for 30 calendar days? [Condition D.11.(a)] If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK # 3
	(a) Did the integrity testing include pressuring the pipeline with clean water to a minimum of one and one-half (1½) times the working pressure of the pipeline? [Condition D.11.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) During the integrity test, did the pressure drop more than 10% in one hour? [Condition D.11.(a)] If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) Did the Permittee consider the integrity test a failure and not use the pipeline for waste transfer until the leak has been repaired and the pipeline has passed the integrity test? [Condition D.11.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Following the completion of the integrity test, did the Permittee visually inspect the construction materials and the area around the pipeline for evidence of leaks prior to waste transfer? [Condition D.11(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(i) If so, and evidence of leaks was detected during the visual inspection, did the Permittee use the pipeline for waste transfer prior to repairing the leak and the pipeline passing the integrity test? [Condition D.11.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
22.	Has the Permittee conducted at least one integrity test [as described in Permit Condition D.11(a)] of the entire pipeline that leads from Filter Building No. 1 to Pump House No. 2 in any calendar year that the pipeline is used for waste transfer? [Condition D.11.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
23.	Has the pipeline that leads from Filter Building No. 1 to Pump House No. 2 been used to transfer waste liquids during the last 30 calendar days? [Condition D.11.(c)] If not,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

	(a) Did the Permittee flush the entire pipeline that leads from Filter Building No. 1 to Pump House No. 2 with a minimum of 2,100 gallons of clean water or brine solution within 37 calendar days of the pipeline's last use? [Condition D.11.(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
24.	Has the pipeline that leads from Filter Building No. 1 to Pump House No. 2 been used to transfer waste liquids during the last 30 calendar days? If not, and the current time period is between November 1 and April 30, [Condition D.11.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Did the Permittee drain the pipeline between Filter Building No. 1 and Pump House No. 2 to the extent possible using normal site methods and within 45 calendar days of the pipeline's last use? [Condition D.11.(d)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
25.	Has the Permittee maintained on-site surface water management gates A-4, A-5, A-6, A-8, A-9, A-10, B-3, C-2, C-4, E-1, E-3, E-4 and E-6 in the closed position while transferring waste through the pipeline that leads from Filter Building No. 1 to Pump Injection Well No. 4? [Condition D.11(e)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: The on-site surface water management gates are identified on Drawing 19 of Appendix 14 of the approved Part B permit application.

26.	Has the Permittee documented compliance with permit conditions D.11.(a) through D.11.(e) in the facility operating record? [Condition D.11.(f)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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REMARKS:

3. Since the last CEI inspection, the following Injection Well #4 (IW-4) operations occurred:
 - A. IW-4 pipeline from filter bldg. #1 to pump house #2 drained and brined 10-7-08; idle until 3-24-09. Pressure tested on 03-24-09. Been operational since that date.

I. CORRECTIVE ACTION

RCRA FACILITY INVESTIGATION

1.	Has the Permittee discovered any new waste management units? [Condition E.5.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, has a RFI Workplan been submitted? [Condition E.5.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) If so, has Ohio EPA provided written comments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(ii) If so, has the Permittee within forty-five days submitted an amended or new RFI Workplan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
2.	Has the Permittee implemented the RFI Workplan according to the terms and schedule in the approved RFI Workplan? [Condition E.5.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Has the RFI been completed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, was the final report submitted to Ohio EPA within sixty days? [Condition E.5.(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) If so, does the final report describe the procedures, methods and results of the RFI? [Condition E.5.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) If so, has Ohio EPA provided written comments on the RFI? [Condition E.5.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) If so, did the Permittee submit either an amended or new RFI Report? [Condition E.5.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) If so, has Ohio EPA approved or modified and approved the amended or new RFI Report? [Condition E.5.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
4.	Has Ohio EPA required the Permittee to develop and implement an interim measures workplan? [Condition E.6.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

DETERMINATION OF NO FURTHER ACTION

5.	Has the Permittee submitted a Class 3 permit modification to terminate the Corrective Action task of the Schedule of Compliance? [Condition E.7.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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CORRECTIVE MEASURES STUDY

6.	Has Ohio EPA notified the Permittee that a CMS must be conducted? [Condition E.8.]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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	(a) If so, has a CMS Workplan been submitted within ninety days? [Condition E.8.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) If so, did Ohio EPA comment on the CMS Workplan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) If so, did the Permittee submit either an amended or new CMS Report that incorporates Ohio EPA's comments within forty-five days? [Condition E.8.(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Has Ohio EPA approved or modified and approved the amended or new CMR Report? [Condition E.8.(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
9.	Has Ohio EPA initiated a permit modification to require implementation of the corrective measures? [Condition E.9.(i)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
10.	Has the Permittee provided financial assurance in the amount necessary to implement the corrective measures? [Condition E.9.(ii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NEWLY IDENTIFIED WMUs OR RELEASES

11.	Has a new WMU been identified at the facility?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) If so, has the Permittee submitted the following to the Ohio EPA?				
	(i) The location of the unit on the site topographic map? [Condition E.10.(a)(i)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(ii) Designation of the type of unit? [Condition E.10.(a)(ii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(iii) General dimensions and structural description? [Condition E.10.(a)(iii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(iv) Dates when the unit was operated? [Condition E.10.(a)(iv)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(v) Specifications of all wastes that have been managed at the unit? [Condition E.10.(a)(v)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
12.	Has the Permittee submitted to Ohio EPA within thirty days all available information pertaining to any release of hazardous waste or hazardous constituents? [Condition E.10.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

REMARKS:

J. MISCELLANEOUS TREATMENT REQUIREMENTS

Filtration units at the facility have been categorized as miscellaneous units. The filtration system consists of Basket Strainers, Bag Filters, Filter Press, Primary and Secondary Cartridge Filters and By-Pass Cartridge Filters. These individual units may either be used in series or parallel. The Thief Pole Rinsing System has also been categorized as a miscellaneous unit. [Permit Module F.]

GENERAL REQUIREMENTS

1.	Does the Permittee ensure that no more than 126,000,000 gallons of waste is processed per year through the treatment system? [Condition F.1.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Does the Permittee ensure that no more than 650,000 gallons of waste is processed per day through the treatment system? [Condition F.1.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Has a leak or spill occurred from the miscellaneous unit or has the unit become unfit for continued use? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Did the Permittee follow the emergency procedures as required by OAC Rule 3745-55-93(C)(4) and OAC Rule 3745-55-96?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) Did the Permittee stop the flow of hazardous waste into the miscellaneous unit or secondary containment system and inspect the system to determine the cause of the release? [Condition F.6.(a)(i)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(ii) Did the Permittee remove waste and accumulated precipitation from the system within 24 hours of the detection of the leak or at an earlier practicable time to prevent further release and to allow inspection and repair of the miscellaneous unit or containment system to be performed? [Condition F.6.(a)(ii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

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TSDf INSPECTION CHECKLIST
(Miscellaneous Treatment Requirements)

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	(iii) Did the Permittee contain visible releases to the environment and immediately conduct a visual inspection of all releases to the environment and base that inspection on: (1) preventing further migration of the leak or spill to soils or surface water and (2) remove and properly dispose of any visible contamination of the soil or surface water? [Condition F.6.(a)(iii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Did the Permittee report the leak/spill to the Director in accordance with the procedures as outlined in Condition F.7. of the permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

CONTAINMENT/DETECTION REQUIREMENTS

4.	Is the secondary containment system of each unit designed, installed and operated to prevent any migration of waste or accumulated liquid out of the system to soil, groundwater or surface water? [Condition F.3.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Is the secondary containment system of each unit capable of detection and collecting releases and accumulated liquids until the collected material is removed? [Condition F.3.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

GENERAL OPERATING REQUIREMENTS

6.	Does the Permittee prevent the placement of hazardous waste in the filter system if it could cause the filter, ancillary equipment or containment system to rupture, leak, corrode or otherwise fail? [Condition F.4.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
7.	Does the Permittee use appropriate controls and practices to prevent spills or overflows from filters or containment systems in accordance with Condition F.4.(b) of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	Does the Permittee operate all miscellaneous units in accordance with manufacturer's instructions and accepted industry practice? [Condition F.4.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

INSPECTIONS

9.	Is the Permittee inspecting the miscellaneous units in accordance with the Inspection Schedule? [Condition F.5.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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10.	Is the Permittee inspecting the following:				
	(a) Inspection of overfill controls? [Condition F.5.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Aboveground portions of the miscellaneous units for corrosion or releases of waste? [Condition f.5.(c)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Is data gathered from monitoring and leak detection equipment to ensure that miscellaneous units are being operated according to design? [Condition F.5.(c)(ii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Are the construction materials and the area immediately surrounding the externally accessible portion of the unit inspected? [Condition F.5.(c)(iii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

MISCELLANEOUS UNIT SPECIAL REQUIREMENTS

11.	Prior to placement of hazardous waste in a miscellaneous unit that previously held an incompatible waste and/or material: Does the Permittee ensure that the miscellaneous unit is decontaminated prior to placement of waste in the unit and that any additional procedures as outlined in the permit application are followed? [Condition F.9.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
12.	Prior to the placement of ignitable or reactive waste in a miscellaneous unit: Does the Permittee ensure that the procedures as specified in the approved permit application are followed? [Condition F.9.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

CLOSURE AND POST-CLOSURE

13.	At closure of the miscellaneous unit, did the Permittee follow the procedures set forth in the approved closure plan? [Condition F.10.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
14.	During closure, if the Permittee could not demonstrate that all contaminated soils could be removed: Did the Permittee close the miscellaneous unit and perform post-closure care following a plan approved by the Ohio EPA? [Condition F.10.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

REMARKS:

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TSDF INSPECTION CHECKLIST
(Miscellaneous Treatment Requirements)

K. GROUND WATER DETECTION MONITORING

1.	Is the Permittee maintaining a ground water monitoring system as specified in Permit Condition J.2.?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Is the Permittee monitoring upgradient background wells and downgradient wells for the parameters and constituents listed in Permit Condition J.3.? [Condition J.3.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Is the Permittee following Permit Condition J.4. when obtaining and analyzing samples from ground water monitoring wells and the capillary drain sampling point? [Conditions J.4. & J.7.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Has the Permittee determined the elevation of the ground water at each well each time the ground water has been sampled? [Condition J.5.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Has the Permittee recorded the total depth of any newly installed wells? [Condition J.5.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Has the Permittee conducted a statistical evaluation for:				
	(a) The eight bedrock monitoring wells? [Condition J.6.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) The capillary drain using trend analysis? [Condition J.6.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
7.	Is the Permittee determining the ground water quality at each well and the capillary drain; semi-annually during the post-closure period of the Closure Cell? [Condition J.7.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	Is the Permittee determining the ground water flow rate and direction on the uppermost aquifer at least annually? [Condition J.7.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
9.	Has the Permittee determined if there is a statistically significant increase over the background values for each parameter identified in Permit Condition J.3.(a) each time ground water quality is determined at the compliance point? [Condition J.7.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
10.	Has the Permittee performed the evaluation described in Permit Condition J.7. within sixty days after completion of sampling? [Condition J.7.(e)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
11.	Has the Permittee entered all the information obtained on Permit Condition J.7. in the Operation Record? [Condition J.8.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

12.	Does the Permittee maintain a copy of the QA/QC report containing at a minimum the information required in Permit Condition J.8.(b)? [Condition J.8.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
13.	Has the Permittee submitted the ground water annual report to the Ohio EPA by March 1 st ? [Condition J.8.(c)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
14.	Has the Permittee submitted the analytical results required by Permit Conditions J.7.(b), J.7.(c) and J.7.(d) by July 1 st and January 1 st of each year? [Condition J.8.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
15.	Is the Permittee in compliance with OAC Rule 3745-54-95? [Condition J.9.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

SPECIAL REQUIREMENTS

16.	Since the last inspection, has the Permittee determined, pursuant to Permit Condition J.6., that there is statistically significant evidence of contamination by any constituent listed in Permit Condition J.3.? [Condition J.10.] If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the Permittee notified Ohio EPA in writing within seven days of the determination? [Condition J.10.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Did the Permittee immediately sample ground water in all wells and determine the concentration of all constituents identified in the Appendix to OAC Rule 3745-54-98? [Condition J.10.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Has the Permittee re-sampled affected wells within one month and repeated the analysis for any compound identified in the Appendix to OAC 3745-54-98 that was detected? [Condition J.10.(c)] If so,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) If the second analysis confirmed the initial results, were the detected compounds used to form the basis for compliance monitoring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(ii) If the Permittee elected not to re-sample, were the detected compounds used to form the basis for compliance monitoring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

	(d) Did the Permittee submit a permit modification to Ohio EPA, within ninety days, to establish a compliance monitoring program in accordance with OAC Rule 3745-54-99? [Condition J.10.(d)] If so, did the application include:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(i) The identification of the concentration of each Appendix to OAC Rule 3745-54-98 constituent found in the ground water at each well at the compliance point? [Condition J.10.(d)(i)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(ii) Any proposed changes to the ground water monitoring system at the facility necessary to meet the requirements of compliance monitoring? [Condition J.10.(d)(ii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(iii) Any proposed changes to the monitoring frequency, sampling and analysis procedures or methods or statistical procedures used at the facility necessary to meet the requirements of compliance monitoring and the Ground Water Protection Standard? [Condition J.10.(d)(iii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(iv) The compliance point, a proposed concentration limit under OAC Rule 3745-54-94(A)(1) or (A)(2), or a notice of intent to seek an alternate concentration limit for a hazardous constituent? [Condition J.10.(d)(iv)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(v) Has the Permittee begun sampling and analyzing for the new constituent at the next regularly schedule sampling event following the event in which they were determined to be present? [Condition J.10.(d)(v)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(e) Has the Permittee submitted to the Director a corrective action feasibility plan or all data necessary to satisfactorily justify an alternate concentration limit within 180 days of determining a statistically significant increase? [Condition J.10.(e)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

	(f) Since the last inspection, has the Permittee determined, pursuant to Permit Condition J.7., there is a statistically significant increase above the background values for the parameters specified in Permit Condition J.3.(a)? [Condition J.10.(f)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	If so, the Permittee may demonstrate that a source other than a regulated unit caused the increase or that the increase resulted from error in sampling, analysis or evaluation. In such cases, did the Permittee:				
	(i) Notify the Director in writing within seven days of determining a statistically significant increase that he intended to make a demonstration? [Condition J.10.(f)(i)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(ii) Within 90 days of determining a statistically significant increase, submit a report to the Director which successfully demonstrated that a source other than a regulated unit caused the increase, or that the increase resulted from error in sampling, analysis or evaluation? [Condition J.10.(f)(ii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(iii) Within 90 days of determining a statistically significant increase, submit to the Director an application for a permit modification to make appropriate changes to the detection monitoring program at the facility? [Condition J.10.(f)(iii)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(iv) Has the Permittee continued to monitor in accordance with the detection monitoring program at the facility? [Condition J.10.(f)(iv)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
17.	Has the Permittee or Ohio EPA determined that the detection monitoring program no longer satisfies the requirements of the regulations? [Condition J.11.] If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Within 90 days of the determination, submit an application for a permit modification to make any appropriate changes to the program? [Condition J.11.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

REMARKS:

L. POST-CLOSURE CARE

POST-CLOSURE CARE

The Permittee is currently required to perform post-closure care for the Closure Cell. The Closure Cell was constructed in the vicinity of where Ponds 4, 5 and 7 had existed. Upon cell construction materials removed from Ponds 4, 5 and 7 were transferred to the Closure Cell. Materials from Ponds 11 and 12 were stabilized in place before transferring to the Closure Cell.

GENERAL POST-CLOSURE REQUIREMENTS

1.	Is the Permittee maintaining the secondary leachate collection system as described in Section E of the approved permit application? [Condition M.8.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	During the period of post-closure care, is the Permittee maintaining a groundwater monitoring system in accordance with OAC Rule 3745-54-90 through 3745-54-99? [Condition M.3.(c)(iii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Is the Permittee maintaining the integrity and effectiveness of the final cover, including making any necessary repairs to the cap? [Condition M.3.(c)(i)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	<i>While leachate is still being detected:</i> Is the Permittee continuing operation of its leachate collection and removal system? [Condition M.3.(c)(ii)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Does the Permittee prevent run-on and run-off from eroding or otherwise damaging the final cover? [Condition M.3.(c)(iv)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Does the Permittee protect and maintain surveyed benchmarks? [Condition M.3.(c)(v)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
7.	Is the Permittee complying with the security requirements for the unit(s) in post-closure as specified in the permit application? [Condition M.3.(d)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	Is the Permittee preventing any use of the unit(s) in post-closure care in a manner which would contribute to damage to the final cover, liner or any other system components? [Condition M.3.(e)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
9.	Is the Permittee conducting post-closure care activities in accordance with the post-closure plan and OAC Rules 3745-55-17(D) and 3745-55-18 (B)? [Condition M.3.(f)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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TSDf INSPECTION CHECKLIST

(Post-Closure Care)

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10.	Is the Permittee conducting post-closure care for each hazardous waste management unit in Permit Condition M.2.? [Condition M.3.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
11.	Is the Permittee maintaining and monitoring the ground water monitoring system and complying with all applicable requirements of OAC Rules 3745-54-90 through 99 and OAC Rule 3745-55-01 & 02 during the post-closure period? [Condition M.3.(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
12.	Does the Permittee, owner or operator wish to remove hazardous wastes and hazardous waste residues, the liner or contaminated soil? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the Permittee, owner or operator demonstrated that the removal of hazardous waste satisfies the criteria of OAC Rule 3745-55-17(C)? [Condition M.5.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Has the Permittee, owner or operator requested a modification to the post-closure permit in accordance with the applicable requirements in OAC Chapter 3745-50? [Condition M.5.(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

INSPECTIONS

13.	Is the Permittee inspecting the components, structure and equipment at the site in accordance with the Inspection Schedule in the Part B application? [Condition M.4.]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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NOTICES AND CERTIFICATION

14.	Have any post-closure care periods for any hazardous waste disposal units been completed? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the Permittee submitted to the Director, within 60 days, a certification that the post-closure care for the hazardous waste disposal unit was performed in accordance with the specifications in the approved Post-Closure Plan? [Condition M.5.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Was the certification signed by the Permittee and an independent, registered professional engineer from the State of Ohio? [Condition M.5.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

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FINANCIAL ASSURANCE

15.	Is the Permittee maintaining financial assurance during the post-closure period and complying with all applicable requirements of OAC Rule 3745-55-40 through 51? [Condition M.6.(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
16.	Has the Permittee requested a release of funds? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(a)	Has the Permittee demonstrated to the Director that the value of the financial assurance mechanism exceeds the remaining cost of post-closure? [Condition M.6.(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(b)	Has the Permittee submitted itemized bills to the Director when requesting reimbursement? [Condition M.6.(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

MODIFICATIONS

17.	Has the Permittee requested modification of the Post-Closure Plan? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(a)	Has the request been made in accordance with applicable requirements of OAC Chapter 3745-50? [Condition M.7.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(b)	Did the request include a copy of the proposed amended Post-Closure Plan for approval by the Director? [Condition M.7.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(c)	Has the Permittee requested a permit modification whenever changes in operating plans or facility design affects the approved Post-Closure Plan, there is a change in the expected year of final closure, or other events occur during the active life of the facility that affect the approved Post-Closure Plan? [Condition M.7.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(d)	Has the Permittee submitted a written request for a permit modification at least 60 days prior to the proposed change in facility design or operation, or no later than 60 days after an unexpected event has occurred which has affected the Post-Closure Plan? [Condition M.7.]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

REMARKS:

LARGE 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.

GENERAL REQUIREMENTS

1.	Have all wastes generated at the facility been adequately evaluated? [3745-52-11]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Has the generator obtained a U.S. EPA identification number? [3745-52-12]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Were annual reports filed with Ohio EPA on or before March 1 st ? [3745-52-41(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Has the generator transported or caused to be transported hazardous waste to other than a facility authorized to manage the hazardous waste? [ORC 3734.02(F)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
5.	Has the generator disposed of hazardous waste on-site without a permit or at another facility other than a facility authorized to dispose of the hazardous waste? [ORC 3734.02(E) & (F)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
6.	Does the generator accumulate hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: If the LQG does not accumulate or treat hazardous waste, it is not subject to 52-34 standards. All other requirements still apply; e.g., annual reports, manifest, marking, record keeping, LDR, etc.

7.	Has the generator accumulated hazardous waste on-site <u>in excess</u> of 90 days without a permit or an extension from the director? [ORC 3734.02(E) & (F)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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NOTE: If F006 waste is generated and accumulated for >90 days and is recycled, see 3745-52-34(G) & (H).

8.	Does the generator treat hazardous waste in a: [ORC 3734.02(E) & (F)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Container that meets 3745-66-70 to 3745-66-77?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Tank that meets 3745-66-90 to 3745-66-101 except 3745-66-97(C)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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(c)	Drip pads that meet 3745-69-40 to 3745-69-45?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(d)	Containment building that meets 3745-256-100 to 3745-256-102?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: Complete appropriate checklist for each unit.

NOTE: If waste is treated to meet LDRs, use LDR checklist.

9.	Does the generator export hazardous waste? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(a)	Has the generator notified U.S. EPA of export activity? [3745-52-53(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(b)	Has the generator complied with special manifest requirements? [3745-52-54]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(c)	For manifests that have not been returned to the generator: has an exception report been filed? [3745-52-55]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
(d)	Has an annual report been submitted to U.S. EPA? [3745-52-56]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
(e)	Are export related documents being maintained on-site? [3745-52-57(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

MANIFEST REQUIREMENTS

10.	Have all hazardous wastes shipped off-site been accompanied by a manifest? (U.S. EPA Form 8700-22) [3745-52-20(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
11.	Have items (1) through (20) of each manifest been completed? [3745-52-20(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: U.S. EPA Form 8700-22(A) (the continuation form) may be needed in addition to Form 8700-22. In these situations, items (21) through (35) must also be completed. [3745-52-20(A)]

12.	Does each manifest designate at least one facility which is permitted to handle the waste? [3745-52-20(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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NOTE: The generator may designate on the manifest one alternate facility to handle the waste in the event of an emergency which prevents the delivery of waste to the primary designated facility. [3745-52-20(C)]

13.	If the transporter was unable to deliver a shipment of hazardous waste to the designated facility, did the generator designate an alternate TSD facility or give the transporter instructions to return the waste? [3745-52-20(D)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
14.	Have the manifests been signed by the generator and initial transporter? [3745-52-23(A)(1) & (2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: Remind the generator that the certification statement they signed indicates: 1) they have properly prepared the shipment for transportation and 2) they have a program in place to reduce the volume and toxicity of the waste they generate.

15.	If the generator did not receive a return copy of each completed manifest within 35 days of the waste being accepted by the transporter did the generator contact the transporter and/or TSD facility to check on the status of the waste? [3745-52-42(A)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
16.	If the generator has not received the manifest within 45 days, does the generator file an exception report with Ohio EPA? [3745-52-42(A)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
17.	Are signed copies of all manifests and any exception reports being retained for at least three years? [3745-52-40]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: Waste generated at one location and transported along a publicly accessible road for temporary consolidated storage or treatment on a contiguous property also owned by the same person is not considered "on-site" and manifesting and transporter requirements must be met. To transport "along" a public right-of-way the destination facility has to act as a transfer facility or have a permit because this is considered to be "off-site." For additional information see the definition of "on-site" in OAC Rule 3745-50-10.

PERSONNEL TRAINING

18.	Does the generator have a training program which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to their positions? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
19.	Does the personnel training program include instructions to ensure that facility personnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment and emergency systems (where applicable)? [3745-65-16(A)(3)(a-f)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

20.	Is the personnel training program directed by a person trained in hazardous waste management procedures? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
21.	Do new employees receive training within six months after the date of hire (or assignment to a new position)? [3745-65-16(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
22.	Does the generator provide annual refresher training to employees? [3745-65-16(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
23.	Does the generator keep records including: job titles [D(1)], job descriptions [D(2)], type and amount of training given to each person [D(3)] and documentation of completed training or job experience required [D(4)]? [3745-65-16(D)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
24.	Are training records for current personnel kept until closure of the facility and are training records for former employees kept for at least three years from the date the employee last worked at the facility? [3745-65-16(E)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: The following section can be used by the inspector to document that all personnel who are involved with hazardous waste management have been trained. The employees who need training (written and/or on-the-job) may include the following: environmental coordinators, drum handlers, emergency coordinators, personnel who conduct hazardous waste inspections, emergency response teams, personnel who prepare manifests, etc.

<u>Job Performed</u>	<u>Name of Employee</u>	<u>Date Trained</u>

CONTINGENCY PLAN

25.	Does the owner/operator have a contingency plan to minimize hazards to human health or the environment from fires, explosions or any unplanned release of hazardous waste? [3745-65-51(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
26.	Does the plan describe the following:				
	(a) Actions to be taken in response to fires, explosions or any unplanned release of hazardous waste? [3745-65-52(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Arrangements with emergency authorities? [3745-65-52(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

SATELLITE ACCUMULATION AREA REQUIREMENTS

40.	Does the generator ensure that satellite accumulation area(s):				
	(a) Are at or near a point of generation? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) Are under the control of the operator of the process generating the waste? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Do not exceed one quart of acutely hazardous waste at any one time? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Containers are closed, in good condition, and compatible with wastes stored in them? [3745-52-34(C)(1)(a)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(e) Containers are marked with the words "Hazardous Waste" or other words identifying the contents? [3745-52-34(C)(1)(b)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
41.	Is the generator accumulating hazardous waste(s) in excess of the amounts listed in the preceding question? If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Did the generator comply with 3745-52-34 (A)(1) through (4) or other applicable generator requirements within three days? [3745-52-34(C)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Did the generator mark the container(s) holding excess with the accumulation date when the 55-gallon (one quart) limit was exceeded? [3745-52-34(C)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Do not exceed a total of 55 gallons of hazardous waste per waste stream? [3745-52-34(C)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: The satellite accumulation area is limited to 55 gallons of hazardous waste accumulated from a distinct point of generation in the process under the control of the operator of the process generating the waste (less than 1 quart for acute hazardous waste). There could be individual waste streams accumulated in an area from different points of generation.

USE AND MANAGEMENT OF CONTAINERS IN <90-DAY ACCUMULATION AREAS

42.	Has the generator marked containers with the words "Hazardous Waste?" [3745-52-34(A)(3)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
43.	Is the accumulation date on each container? [3745-52-34(A)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

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44.	Are hazardous waste stored in containers which are:				
	(a) Closed (except when adding/removing wastes)? 3745-66-73(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) In good condition? [3745-66-71]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(c) Compatible with wastes stored in them? [3745-66-72]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(d) Handled in a manner which prevents rupture/leakage? [3745-66-73(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: Record location on process summary sheets and photograph the area.

45.	Is the container accumulation area(s) inspected weekly? [3745-66-75] Per ORC §1.44(A) "Weekly" means seven (7) consecutive days.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Are inspections recorded in a log or summary? [3745-66-74]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
46.	Are containers of ignitable or reactive wastes located at least 50 feet (15 meters) from the facility's property line? [3745-66-76]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
47.	Are containers of incompatible wastes stored separately from each other by means of a dike, berm, wall or other device? [3745-66-77(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
48.	If the generator places incompatible wastes, or incompatible wastes and materials in the same container, is it done in accordance with 3745-65-17(B)? [3745-66-77(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
49.	If the generator places hazardous waste in an unwashed container that previously held an incompatible waste, is it done in accordance with 3745-65-17(B)? [3745-66-77(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: OAC 3745-65-17(B) requires that the generator treat, store or dispose of ignitable or reactive waste, and the mixture or commingling of incompatible wastes, or incompatible wastes and materials so that it does not create undesirable conditions or threaten human health or the environment.

50.	If the generator has closed a <90-day accumulation area, does the closure appear to have met the closure performance standard of 3745-66-11? [3745-52-34(A)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
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NOTE: Please provide a description of the unit and documentation provided by the generator to demonstrate that closure was completed in accordance with the closure performance standards. If the generator has closed a <90-day tank, closure must also be completed in accordance with OAC 3745-66-97 (except for paragraph C of this rule). [3745-52-34]

PRE-TRANSPORT REQUIREMENTS

51.	Does the generator package/label its hazardous waste in accordance with the applicable DOT regulations? [3745-52-30, 3745-52-31 and 3745-52-32(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
52.	Does each container <110 gallons have a completed hazardous waste label? [3745-52-32(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
53.	Before off-site transportation, does the generator placard or offer the appropriate DOT placards to the initial transporter? [3745-52-33]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

REMARKS:

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LDR CHECKLIST

GENERAL LDR REQUIREMENTS

1.	Has the generator adequately evaluated all wastes to determine if they are restricted from land disposal? [3745-270-07(A)(1)] If so:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) For determinations based solely on knowledge of the waste: Is supporting data retained on-site? [3745-270-07(A)(6)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(b) For determinations based upon analytical testing: Is waste analysis data retained on-site? [3745-270-07(A)(6)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
2.	Has the generator determined each EPA hazardous waste code applicable to the waste? [3745-270-07(A)(2), Table 1]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Has the generator determined the correct "treatability group(s)" (e.g., wastewater, non-wastewater, etc.)? [3745-270-07(A), Table 1]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
4.	Does the generator generate a characteristic hazardous waste? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Have all underlying hazardous constituents (UHCs) been identified? [3745-270-09(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: If the waste is D001 non-wastewater treated by CMBST, RORGS, POLYM in Table 1 of Rule 3745-270-42, UHCs do not need to be identified.

5.	Does the generator generate listed waste(s) which also exhibit hazardous characteristics? [3745-270-09] If so:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the generator also identified the appropriate treatment standard(s) for the constituent(s) which cause the waste to exhibit a characteristic? [3745-270-09(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: The generator is not required to identify the treatment standard for the characteristic if the listing covers the associated characteristic (e.g., a F019/D007 hazardous waste - F019 being listed due to chromium content and D007 being the characteristic waste code for chromium). [See OAC Rule 3745-270-09(B)]

6.	Has the generator correctly determined if restricted wastes meet or do not meet treatment standards? [3745-270-07(A)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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NOTE: Wastes with EPA hazardous waste numbers K174 and K175 (chlorinated aliphatic wastes) have specific requirements in Rule 3745-270-33. Wastes with EPA hazardous waste numbers K176, K177 and K178 (inorganic chemical wastes) have specific requirements in Rule 3745-270-36.

7.	Does the owner/operator ensure that restricted wastes or treatment residues are not diluted as a method of achieving/circumventing LDR treatment standards? [3745-270-03]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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NOTE: A generator may dilute a waste (that is hazardous only because it exhibits a characteristic) in a treatment system that discharges to waters of the State pursuant to an NPDES Permit (§402 of CWA), that treats waste in a CWA-equivalent treatment system, or that treats waste for the purposes of pre-treatment requirements under §307 of CWA, unless a method other than DEACT is specified or the waste is a D003 reactive cyanide wastewater or non-wastewater. [3745-270-03(B)]

8.	Is combustion of any of the wastes identified in the Appendix to Rule 3745-270-03 occurring without meeting one or more of the criteria under Rule 3745-270-03(C) upon generation or after treatment? [3745-270-03(C)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
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NOTE: In other words, is combustion a legitimate treatment method.

9.	Has the generator added iron to lead-containing hazardous waste in order to achieve LDR treatment standards for lead? [3745-270-03(D)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
10.	Does the facility have a case-by-case extension to the effective date to land dispose of hazardous waste? [3745-270-05] If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) The facility can dispose of hazardous waste in an on-site landfill or surface impoundment. [3745-270-05]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
11.	Does the facility have an extension to allow for a restricted waste to be land disposed? [3745-270-06] If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) The facility can land dispose of the waste. [3745-270-06]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
12.	Does the facility treat wastes that are otherwise prohibited from land disposal, in a surface impoundment? If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the facility complied with 3745-270-04?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTIFICATION AND CERTIFICATION REQUIREMENTS

13.	If a generator's waste or contaminated soil does not meet the treatment standards, does the generator have the paperwork required in Column A of Table 1 of 3745-270-07? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
14.	If a generator's waste or contaminated soil meets the treatment standard at the original point of generation, does the generator have the paperwork required in Column B of Table 1 of 3745-270-07? [3745-270-07(A)(3)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
15.	If a generator's waste is exempt (under 3745-270-05, 3745-270-06, national capacity or case-by-case variance, etc.), does the generator have the paperwork required in Column C of Table 1 of 3745-270-07? [3745-270-07(A)(4)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
16.	If a generator manages a lab pack containing hazardous waste using the alternative treatment standard in 3745-270-42, does the generator have the paperwork required in Column D of Table 1 of 3745-270-07? [3745-270-07(A)(9)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
17.	Does the generator produce a waste that is hazardous waste from the point of generation, but subsequently excluded from regulation under OAC 3745-51-02 through 3745-51-06? [3745-270-07(A)(7)] If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Is a one-time notice placed in the facility's file stating such generation, subsequent exclusion or exemption, and disposition of the wastes? [3745-270-07(A)(7)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: Examples include hazardous wastes discharged to a POTW or to a surface water under a NPDES permit. (See 270-07(A)(7))

18.	Does the generator retain on-site a copy of all notices, certifications, demonstrations and waste analysis data for at least three years from the last shipment of waste sent off-site? [3745-270-07(A)(8)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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GENERATORS TREATING HAZARDOUS WASTE

19.	Is treatment of hazardous waste occurring to meet the treatment standards in 3745-270-40?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
20.	If so, does the generator have a waste analysis plan containing the following requirements? [3745-270-07(A)(5)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

	(a) A detailed chemical and physical analysis of a representative sample of the wastes being treated? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) All information necessary to treat the waste(s) in accordance with the requirements of 3745-270, including the selected frequency? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
21.	Is the WAP on-site in the facility's files and available to inspectors? [3745-270-07(A)(5)(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
22.	Has the generator followed their WAP? [3745-270-07(A)(5)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
23.	Have the treated wastes met the applicable treatment standards in 3745-270-40?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: If the waste is a characteristic waste which has been treated to render it nonhazardous and subsequently sent to a solid waste landfill, proceed to questions 7 and 8.

24.	Has the generator sent a notification and certification with the initial shipment of waste? [3745-270-07(A)(5)(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
25.	Does each notification/certification form completed, contain the information found in Table 1 of 3745-270-07? [3745-270-07(A)(5)(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
26.	Has the generator who is treating a characteristic waste submitted a notification and certification to the director which contains the following:				
	(a) Name and address of the facility receiving the waste? [3745-270-09(D)(1)(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) A description of the waste, including EPA hazardous waste codes and treatability group, and UHCs? [3745-270-09(D)(1)(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: If the waste will be treated and monitored for all UHCs then they do not need to be listed on the notice.

27.	Has the process/operation generating the waste or the solid waste landfill facility changed? If so:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(a) Has the notification and certification been updated in the generator's and treat's files? [3745-270-09(D)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Has the director been notified of such changes? [3745-270-09(D)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: The director need only be notified on an annual basis but no later than December 31.

28.	Is the facility treating contaminated soil using the alternative treatment standards in 3745-270-49? If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the facility treated the contaminated soil to less than 10 times the Universal Treatment Standards or has a 90% reduction in the total constituent concentrations occurred? [3745-270-49(C)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
29.	Does each notification/certification form completed contain the information found in Table 1? [3745-270-07(A)(3)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: If the waste will be treated and monitored for all constituents, there is no need to put them all on the LDR notice.

HAZARDOUS DEBRIS

30.	Does the material in question meet the definition of hazardous debris as defined in Rule 3745-270-02(A)(3)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
31.	Is the hazardous debris being treated to the waste-specific treatment standard in 3745-270-40 to 3745-270-49? (If yes, use the generator checklist.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
32.	Is the hazardous debris being treated by the alternative treatment standards in 3745-270-45? If so:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(a) Have the debris or mixtures of debris been treated for each contaminant subject to treatment (toxicity, listed waste and cyanide reactive debris) using one or more of the treatment technologies found in Table 1 in 3745-270-45? [3745-270-45(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

NOTE: If immobilization has been used in a treatment train, it must be the last treatment technology used.

33.	Was the hazardous debris a listed waste treated by an immobilization technology in Table 1? [3745-270-45(A)(1)] If so:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(a) Was immobilization the last treatment technology used? [3745-270-45(A)(3)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
34.	Is the waste a PCB waste under 40 CFR Part 761? If so:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

	(a) Has the waste been treated to the most stringent standard in 40 CFR 761 or 3745-270-45? [3745-270-45(A)(5)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
35.	Has the residue from the treatment of hazardous debris been disposed of in accordance with 3745-270-40 to 3745-270-49? [3745-270-45(D)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
36.	Does the owner/operator of a treatment facility that claims the debris is excluded from regulation as a hazardous waste under 3745-51-03(F)(1) maintain the following information?				
	(a) Records of all inspections, evaluations and analyses of treated debris? [3745-270-07(D)(3)(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Records of key operating parameters of the treatment unit? [3745-270-04(D)(3)(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) A certification statement for each shipment of treated debris? (See 270-07(D)(3)(c) for exact wording.) [3745-270-07(D)(3)(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
37.	Do the notifications and certifications of an owner/operator who first claims the debris is excluded under 3745-51-03(F)(1) have the following information? [3745-270-07(D)(3)]				
	(a) Name and address of the licensed solid waste landfill receiving the treated debris? [3745-270-07(D)(1)(a)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Description of hazardous debris as initially generated with applicable waste codes? [3745-270-07(D)(1)(b)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Technology used from Table 1? [3745-270-07(D)(1)(c)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
38.	Has the above notification been sent to the director? [3745-270-07(D)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

TREATING FACILITIES WHICH TREAT WASTE TO MEET LDR STANDARDS

39.	Does the treating facility test waste according to their waste analysis plan as required in 3745-54-13 or 3745-65-13? [3745-270-07(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
40.	Has a one-time notification been sent with the initial shipment of waste or contaminated soil to the land disposal facility? [3745-270-07(B)(3)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

NOTE: No further notification is necessary until such time that the waste changes or the receiving facility changes.

41.	Does the one-time notification and certification contain the information listed in Table 2 of 3745-270-07? [3745-270-07(B)(3)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
42.	Are wastes or treatment residues being sent to another TSD to be further managed? If so:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Has the facility complied with the generator notification/certification requirements? [Table 1, 3745-270-07(B)(5)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
43.	Are recyclable materials used in a manner constituting disposal and subsequently subject to 3745-266-20? If so:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(a) Has the treatment facility (recycler) sent a notification (found at 3745-270-07(B)(4)), excluding the manifest number, with each shipment of waste? [3745-270-07(B)(6)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Has the treatment facility (recycler) sent a certification found in 3745-270-07(B)(4)? [3745-270-07(B)(6)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Has a copy of the notification and certification been sent to the director? [3745-270-07(B)(6)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
44.	Does the recycling facility maintain records of the name and location of each entity receiving the hazardous waste-derived products? [3745-270-07(B)(6)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
45.	Does the owner or operator of any land disposal facility disposing of waste subject to regulation under 3745-270 have:				
	(a) Copies of all notifications and certifications required in 3745-270?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Test results indicating all waste, extracts of waste or treatment residue are in compliance with 3745-270-40 to 3745-270-49?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) The testing frequency specified in the facility's WAP and have they following the protocol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

REMARKS:

USED OIL INSPECTION CHECKLIST (Short Version)

NOTE: This checklist does not include requirements for used oil transporters and transfer facilities, processors and re-refiners, burners and marketers.

PROHIBITIONS

1.	Is used oil being managed in a surface impoundment or waste pile? If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Is the surface impoundment or waste pile being regulated under OAC 3745-54 to 3745-57 and 3745-205 or 3745-65 to 3745-69 and 3745-256? [3745-279-12(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
2.	Is used oil being used as a dust suppressant? [3745-279-12(B)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
3.	Is off-specification used oil fuel burned for energy recovery only in devices specified in 3745-279-12 (C)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

USED OIL GENERATOR STANDARDS

4.	Does the generator mix hazardous waste with used oil only as provided in 3745-279-10(B)? [3745-279-21(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
5.	Does the generator of a used oil containing greater than 1,000 ppm total halogens manage the used oil as a hazardous waste unless the presumption is rebutted successfully? [3745-279-21(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
6.	Does the generator only store used oil in tanks, containers or units subject to OAC 3745-54 to 3745-57 and 3745-205 or 3745-65 to 3745-69 and 3745-256? [3745-279-22(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
7.	Are containers and aboveground tanks used to store used oil in good condition with no visible leaks? [3745-279-22(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
8.	Are containers, aboveground tanks and fill pipes used for underground tanks clearly labeled or marked "Used Oil?" [3745-279-22-(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
9.	Has the generator, upon detection of a release of used oil, done the following: [3745-279-22(D)]				
	(a) Stopped the release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Contained the release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Cleaned up and properly managed the used oil and other materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

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	(d) Repaired or replaced the containers or tanks prior to returning them to service, if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
10.	Does the generator burn used oil in used fired space heaters? [3745-279-23] If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
	(a) Does the heater burn only used oil that the owner/operator generates or used oil received from household do-it-yourself (DIY) used oil generators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(b) Is the heater designed to have a maximum capacity of not more than 0.5 million BTU per hour?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
	(c) Are the combustion gases from the heater vented to the ambient air?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
11.	Does the generator have the used oil hauled only by transporters that have obtained U.S. EPA ID#, unless the generator qualifies for an exemption pursuant to 3745-279-24 (self transportation or tolling agreements)? [3745-279-24]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #

USED OIL COLLECTION CENTERS AND AGGREGATION POINTS

12.	Is the DIY used oil collection center in compliance with the generator standards in 3745-279-20 to 3745-279-24? [3745-279-30]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
13.	Is the non-DIY used oil collection center registered with Ohio EPA? [3745-279-31]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #
14.	Is the used oil aggregation point in compliance with the generator standards in 3745-279-20 to 3745-279-24? [3745-279-32]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK #

WASTE EVALUATION

15.	Have all wastes generated at the facility been evaluated? [3745-52-11]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK #
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REMARKS: