



Environmental
Protection Agency

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

Re: MD Automotive Machine Shop
Lucas County
Hazardous Waste
OHR000037549
NOV

December 1, 2011

Mr. Michael Stacy
MD Automotive Machine Shop
2430 Tremainsville Road
Toledo, Ohio 43613

Dear Mr. Stacy:

On November 15, 2011, you spoke with Melissa Boyers and me during the Ohio Environmental Protection Agency's (Ohio EPA's) hazardous waste compliance evaluation of your facility, MD Automotive Machine Shop (hereafter referenced as MDA) located in Toledo, Ohio. Specifically, we inspected the shop area to determine its compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC), and Chapter 3745 of the Ohio Administrative Code. This letter will explain the violations found and what you need to do to correct these violations.

MDA performs top end engine work on trucks and cars. This includes drums, rotors, fly wheels, etc. Wastes generated include spent parts washer fluid which is part of Safety-Kleen's continued use program, caustic hot water wash also serviced by Safety-Kleen (non-hazardous), and spent glass bead shot and spent glass bead media. Fluorescent lamps were being stored at the time of inspection. You stated that you will begin to recycle and manage these as universal waste.

I found the following violations of Ohio's hazardous waste laws. In order to correct these violations you must do the following and send me the required information within 30 days of your receipt of this letter:

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

Any person who generates a waste must determine if that waste is a hazardous waste by using generator knowledge or by testing the waste.

- a) At the time of the inspection, MDA did not have waste evaluation documentation for the spent sandblast sand. MDA has historically disposed of this spent material as a non-hazardous waste. MDA must immediately cease disposing of the sandblast sand as non-hazardous waste until a proper waste evaluation has been completed.

MDA must obtain a representative sample of the sandblast sand and have it analyzed for Toxic Characteristic Leaching Procedure (TCLP) Resource Conservation and Recovery Act (RCRA) metals (SW-846 Method 1311/6010). I have enclosed a list of laboratories that I have become aware of that may be able to conduct the analysis for you.

To abate this violation, MDA must submit a copy of the analytical results to me. Once analytical results have been reviewed, I will advise you on proper disposal options as well as plans for the future management of this waste stream.

I will review the submitted waste evaluation information and determine if there is a change in MDA's generator status. Additional violations may be cited based upon your determined generator status. You will be notified of any additional violations in a separate letter.

- b) At the time of the inspection, MDA did not have waste evaluation documentation for the spent glass bead media. MDA has historically disposed of this spent material as a non-hazardous waste. MDA must immediately cease disposing of the spent glass bead media as non-hazardous waste until a proper waste evaluation has been completed.

MDA must obtain a representative sample of the spent glass bead media and have it analyzed for Toxic Characteristic Leaching Procedure (TCLP) Resource Conservation and Recovery Act (RCRA) metals (SW-846 Method 1311/6010). I have enclosed a list of laboratories that I have become aware of that may be able to conduct the analysis for you.

To abate this violation, MDA must submit a copy of the analytical results to me. Once analytical results have been reviewed, I will advise you on proper disposal options as well as plans for the future management of this waste stream.

I will review the submitted waste evaluation information and determine if there is a change in MDA's generator status. Additional violations may be cited based upon your determined generator status. You will be notified of any additional violations in a separate letter.

2. Universal Waste Management, OAC Rule 3745-273-13(D)(1):

Universal waste lamps must be in closed containers which are adequate to prevent breakage.

MDA had three lamps not in a container or box.

To abate this violation, MDA must submit to me a photo of the area showing the spent lamps in a box or container.

3. Universal Waste Labeling, OAC Rule 3745-273-14(E):

All lamps, containers or packages must be labeled with the words "universal waste lamps", "waste lamps" or "used lamps".

MDA did not have the three lamps in a box or container labeled properly.

To abate this violation, MDA must submit to me a photo showing the box properly labeled. This can be done via email or snail mail.

Michael Stacy
December 1, 2011
Page 3

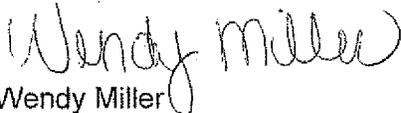
I gave you a copy of the fact sheet, Fluorescent Lamps: What You Should Know, with information on how to properly manage lamps in the future. I have also included a list of recyclers. Your current waste hauler may also offer this service.

You can find copies of the rules and other information on the division's web page at <http://www.epa.ohio.gov/dhwm>. Ohio EPA also has helpful information about pollution prevention at the following web address: <http://www.epa.ohio.gov/opp>.

The Division of Materials and Waste Management has created an electronic news service to provide you with quick and timely updates on events and news related to hazardous waste activities in Ohio. If you haven't already, we encourage you to sign-up for this free service. You can find more information at Web link <http://www.epa.ohio.gov/dhwm> (click on the link for DHWM Electronic Mailing List).

Should you have any questions or if I can be of assistance, please contact me at (419) 373-3114.

Sincerely,



Wendy Miller
Division of Materials and Waste Management

/lir

Enclosures

pc: Cindy Lohrbach, DMWM, NWDO
Colleen Weaver, DMWM, NWDO (w/original)

Ec: Colleen Weaver, DMWM, NWDO
Wendy Miller, DMWM, NWDO

Send to Central Office <input type="checkbox"/>	Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM	For Ohio EPA use only
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Completed verification forms required to be submitted to CO should be e-mailed to brad.hauser@epa.state.oh.us.

Site EPA ID No. Site Name	EPA ID Number: Name: MD Automotive Machine Shop	Website: (Optional)								
Site Location Information	Street Address: 2430 Tremainsville Road									
Site Land Type (check only one)	City, Town, or Village: Toledo	State: OH								
NAICS code(s) www.census.gov/epcd/www/naics.html	County Name: Lucas	Zip Code: 43613								
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black;">Private <input checked="" type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">County <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">District <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Federal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Indian <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Municipal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">State <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Other <input type="checkbox"/></td> </tr> </table>	Private <input checked="" type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	
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Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Michael MI: Last Name: Stacy Title: Owner
	Phone Number: Phone Number Extension: E-Mail Address: Fax Number: Fax Number Extension:
	Street or P.O. Box: City, Town or Village: State: Zip Code:

Legal Owner And Operator of the Site. List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black;">Owner Type: <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Private <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">County <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">District <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Federal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Indian <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Municipal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">State <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Other <input type="checkbox"/></td> </tr> </table>	Owner Type: <input type="checkbox"/>	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	Date Became Owner (mm/dd/yyyy): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black;">Federal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Indian <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Municipal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">State <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Other <input type="checkbox"/></td> </tr> </table>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
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	Street or P.O. Box: City, Town or Village: State: Owner Phone #: Zip Code:	Country: Zip Code:														
	Name of Site's Operator: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black;">Operator Type: <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Private <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">County <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">District <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Federal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Indian <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Municipal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">State <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Other <input type="checkbox"/></td> </tr> </table>	Operator Type: <input type="checkbox"/>	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	Date Became Operator (mm/dd/yyyy): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black;">Federal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Indian <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Municipal <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">State <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Other <input type="checkbox"/></td> </tr> </table>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
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	Street or P.O. Box: City, Town or Village: State: Operator Phone #: Zip Code:	Country Zip Code:														

VIOLATIONS CITED?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF HANDLER - MARK "X" AS APPROPRIATE

<input type="checkbox"/> Not a HW Generator	<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11 <input type="checkbox"/> Short-Term/Temporary Generator (generates from a short-term or one-time event and not from on-going processes). <i>Check the box for the applicable generator status and provide a comment.</i>	<input type="checkbox"/> Large Quantity Generator (LQG) <input type="checkbox"/> Small Quantity Generator (SQG) <input checked="" 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
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TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN ALL OF THE APPROPRIATE BOXES)

- | | |
|---|--|
| <input type="checkbox"/> Hazardous Waste Transporter | <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace |
| <input type="checkbox"/> Hazardous Waste Transfer Facility | <input type="checkbox"/> Small Quantity On-Site Burner Exemption |
| <input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste | <input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption |
| <input type="checkbox"/> Recycler of Hazardous Waste | <input type="checkbox"/> Underground Injection Control Facility |
| <input type="checkbox"/> 72-Hour Recycler | <input type="checkbox"/> Receives Hazardous Waste from Off-site |

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

- Batteries
 Pesticides
 Mercury containing equipment
 Lamps

USED OIL ACTIVITIES (INDICATE TYPE(S) OF ACTIVITY(S))

- Used Oil Generator
 Used Oil Transporter
 Used Oil Transfer Facility
 Used Oil Processor
 Used Oil Re-refiner
 Off-Specification Used Oil Burner
 Used Oil Fuel Marketer who directs shipment of Off-Spec Used Oil
 Used Oil Fuel Marketer who first claims the Used Oil meets the specifications

Eligible Academic Entities with Laboratories: Facility has previously notified that they are opting into managing laboratory hazardous waste pursuant to OAC rules 3745-52-200 through 3745-52-218. Check the box(es) below to indicate the laboratory type.

- College or University
 Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university
 Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

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 or list them in the comments if more space is needed. If the waste codes are the same as listed in the most recent RCRAInfo source record, you do not need to list them. Instead just indicate the date of the most recent source record.

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

- | | | | |
|------------|---|--|--------------------------------------|
| Announced | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Additional Facility Representatives: |
| Tanks | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Containers | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

Name of Inspector(s)
Melissa Boyers

Name of Inspector(s)
Wendy Miller

Date of Inspection/Time
(mm/dd/yyyy) (hh:mm)
11/15/2011 10:55

Comments:
52-11 cited for sandblast sand and glass bead media.

PROCESS, WASTE, P2 SUMMARY SHEET

Facility Name: MD Automotive Machine Shop **Facility Type:** CESQG **Date of Inspection:** 11/15/11 **EPA ID#:** OHR000037549

Waste Generated			On- or Off-Site Management		P2 Activities	
Process/Activity Generating Waste <small>(e.g. plating bath, machining, baghouse, painting, general maintenance, etc)</small>	Waste Description <small>(e.g. sludge, solvent, ash, used oil, spent lamps, etc.) and EPA Waste Code, if applic.</small>	QTY Generated per Month, Type of Accumulation (container, tank, etc) and location of waste accumulation area	Type of On-Site Treatment <small>(recycle, wwt, etc)</small>	Name, state, and type of activity occurring at the off-site facility.	Current P2 Activities	P2 Opportunities
1	Parts Washing	Parts washer solvent – continuous use	Service per quarter		Safety Kleen, continued use program	
2	Shot blast	Spent glass bead media	10 gal/ per year		Solid waste	
3	Lighting/Power Sources	lamps /batteries			Plan to recycle as universal waste	
4	Sand blast	Spent sand	10 gal/per year		Solid waste	
5						
6						
7						
8						

**CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS
COMPLETE AND ATTACH A PROCESS, WASTE, P2 SUMMARY SHEET**

CESQG: ≤100Kg. (Approximately 25-30 gallons) of waste in a calendar month or < 1 Kg. of acutely hazardous waste.
 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.

Safety Equipment Used:

WASTE EVALUATION

1.	Have all wastes generated at the facility been adequately evaluated? [3745-52-11]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
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GENERATOR CLASSIFICATION

2.	Does the generator produce <100 kg. of hazardous waste per month? [conditionally exempt small quantity generator ("CESQG")]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: If quantities of hazardous waste accumulated on-site at any one time exceed 1,000 Kg. - or the generator produces between 100 and 1,000 Kg. of hazardous waste per month, it is operating as a Small Quantity Generator ("SQG"). If so, complete the Small Quantity Generator Requirements checklist.

OFF-SITE SHIPMENT OF HAZARDOUS WASTE

3.	Does the CESQG ensure delivery of hazardous waste(s) to an off-site permitted TSD? [3734.02(F)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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TREATMENT OF HAZARDOUS WASTE

4.	Does the generator treat hazardous waste in a:	
	a. Container that meets 3745-66-70 to 3745-66-77?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Tank that meets 3745-66-90 to 3745-66-101 except 3745-66-97(C)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c. Drip pads that meet 3745-69-40 to 3745-69-45?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	d. Containment building that meets 3745-256-100 to 3745-256-102?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: Complete appropriate checklist for each unit.

NOTE: If the CESQG conducts treatment they are subject to the LQG requirements.

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

MIX HAZARDOUS WASTE WITH USED OIL

5.	Does the CESQG mix its hazardous waste with used oil for the purpose of burning for energy recovery? [3745-51-05(J)] If so:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. Does the CESQG manage the mixture in accordance with 3745-279-21?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>