



State of Ohio Environmental Protection Agency

401 East Fifth Street
Dayton, Ohio 45402-2911

Southwest District
TELE: (937)285-6357 FAX: (937)285-6245
www.epa.state.oh.us

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

November 28, 2007

Mr. Jeff Miller
Greif Industrial Packaging & Services LLC
526 Markwith Avenue
Greenville, Ohio 45331

Re: **Greif Industrial Packaging & Services LLC
Large Quantity Generator; OHD004253803
Darke County, Full RTC**

Dear Mr. Miller:

Thank you for your November 12, 2007 response to Ohio EPA's October 22 Notice of Violation (NOV) letter. Your response included Greif Industrial Packaging & Services' updated contingency plan. A review of this update verifies that it now includes a listing and map of all emergency equipment.

Therefore, Greif Industrial Packaging & Services (GIP) has **abated** the **remaining violation** discovered during Ohio EPA's October 2, 2007 compliance evaluation inspection (CEI) as listed below.

Letter Citation #	Rule Citation
6	OAC Rule 3745-65-52(E), Content of Contingency Plan

Violations 1, 2, 3, 4 and 5 were **corrected** during Ohio EPA's October 22, 2007 compliance evaluation inspection. GIP also addressed the concerns identified in Ohio EPA's October 22, 2007 NOV letter. I have filled out *Section 10.B.* of the **RCRA Subtitle C Site Identification/Verification Form** (copy enclosed) until now that GIP has identified the types of universal waste generated.

If you should have any questions, please feel free to contact me at (937) 285-6091.

Sincerely,

Pam Hull
District Representative
Division of Hazardous Waste Management

cc: Dinah Crawford, SWDO-DHWM/SWDO file
SWDO-file: Greif Industrial Packaging & Services LLC, LQG, Darke County, OHD004253803

PH/rif

E-mail this completed form to tammy.mcconnell@pa.state.oh.us or mail it to Tammy McConnell, Central Office	Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM		For Ohio EPA use only						
2. Site EPA ID No.	EPA ID Number: OHD004253803								
3. Site Name	Name: Greif Industrial Packaging & Services LLC		Website (optional):						
4. Site Location Information	Street Address: 526 Markwith Ave.								
	City, Town, or Village: Greenville	State: OH							
	County Name: Darke	Zip Code: 45331							
5. Site Land Type (check only one)	Private <input checked="" type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	
6. NAICS code(s) www.census.gov/epcd/www/naics.html	A. 332439		B.						
	C.		D.						
7. Facility Representative Additional names can be recorded in number 12. Only provide address information if it is different than the site address.	First Name: Theresa		MI: A	Last Name: Hyde					
	Phone Number: 937-548-4111			Phone Number Extension: 13					
	E-Mail Address: terry.hyde@greif.com								
	Fax Number: 937-548-8029			Fax Number Extension:					
	Street or P.O. Box: 526 Markwith Ave.								
	City, Town or Village: Greenville								
	State: OH		Country: USA			Zip Code: 45331			
8. Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page.	A. Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy): 03/12/2001						
	Greif Industrial Packaging & Services								
	Owner Type: Mark with an X	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"/>
	Street or P.O. Box: 425 Winter Rd.								
	City, Town, or Village: Delaware			Owner Phone #:					
	State: OH			Country: USA		Zip Code: 43015			
	B. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):						
	Greif Industrial Packaging & Services		03/12/2001						
	Operator Type: Mark with an X	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"/>
	Street or P.O. Box: 425 Winter Rd.								
City, Town, or Village: Delaware			Operator Phone #:						
State: OH			Country: USA		Zip Code: 43015				
9. Violations Cited?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes.)									
<input checked="" type="checkbox"/> Not Regulated									

10. Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes.)

A. Hazardous Waste Activities		3. Treater, Storer or Disposer of Hazardous Waste																
(choose only one of the following categories)		4. Recycler of Hazardous Waste																
<input type="checkbox"/>	UNKNOWN: Cited for violation of 3745-52-11	5. Exempt Boiler and/or Industrial Furnace																
<input checked="" type="checkbox"/>	a. Large Quantity Generator (LQG):	<input type="checkbox"/> a. Small Quantity On-site Burner Exemption																
<input type="checkbox"/>	b. Small Quantity Generator (SQG)	<input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption																
<input type="checkbox"/>	c. Conditionally Exempt Small Quantity Generator	6. Underground Injection Control Facility																
<input type="checkbox"/>	d. United States Importer of Hazardous Waste	7. Hazardous Waste Transporter																
<input type="checkbox"/>	e. Mixed Waste (hazardous and radioactive) Generator																	
B. Universal Waste Activities		C. Used Oil Activities																
<input checked="" type="checkbox"/>	1. Small Quantity Handler of Universal Waste	<input checked="" type="checkbox"/>	1. Used Oil Generator															
(Indicate types of universal waste generated and/or accumulated (check all boxes that apply):		2. Used Oil Transporter Indicate Type(s) of Activity(ies)																
2. Large Quantity Handler of Universal Waste (accumulates 5,000 kg or more).		<input type="checkbox"/> Transporter																
3. Destination Facility for Universal Waste (Check all boxes below that apply for each of the three types of facilities above.)		<input type="checkbox"/> Transfer Facility																
		3. Used Oil Processor and/or Re-refiner Indicate Type(s) of Activity(ies)																
		<input type="checkbox"/> Processor																
		<input type="checkbox"/> Re-refiner																
		<input type="checkbox"/> 4. Off-Specification Used Oil Burner																
		5. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)																
		<input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Oil																
		<input type="checkbox"/> b. Used Oil to Off-Specification Used Oil Burner																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Generated</th> <th>Accumulated</th> </tr> </thead> <tbody> <tr> <td>A. Batteries</td> <td style="text-align:center">X</td> <td style="text-align:center">X</td> </tr> <tr> <td>B. Pesticides</td> <td></td> <td></td> </tr> <tr> <td>C. Thermostats</td> <td></td> <td></td> </tr> <tr> <td>D. Lamps</td> <td style="text-align:center">X</td> <td style="text-align:center">X</td> </tr> </tbody> </table>			Generated	Accumulated	A. Batteries	X	X	B. Pesticides			C. Thermostats			D. Lamps	X	X		
	Generated	Accumulated																
A. Batteries	X	X																
B. Pesticides																		
C. Thermostats																		
D. Lamps	X	X																

11. Waste Codes for Federally Regulated Hazardous Wastes. Please list the codes for the federally regulated hazardous waste handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more space is needed. If there are more than 7 waste codes and they are the same as listed in the most recent RCRA info source record, you do not need to list them all. Instead just indicate the date of the most recent source record.

SEE	2006	Annual	Report	Information	for	Codes
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12. Comments: Use this area to describe whether the inspection was announced, whether the waste is stored in tanks or containers, etc.

Y / <input checked="" type="checkbox"/> N	Announced?	Additional Facility Representatives:	Jeff Miller, John Paulk
Y / <input checked="" type="checkbox"/> N	Tanks?	Other comments: Theresa Hyde wasn't present for the CEI. Her supervisor, Jeff Miller, and coworker, John Paulk, were. Jeff asked that I send him the letter so he can go over the identified violations with Theresa and John.	
<input checked="" type="checkbox"/> / N	Containers?		

13.	Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/ Time (mm-dd-yyyy).(HH:MM)
	Pam Hull		10/2/07 @ ~09:30

14. OPTIONAL CERTIFICATION. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and Title (Print)	Date (mm-dd-yyyy)