



**Environmental
Protection Agency**

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

February 29, 2012

**RE: VAN DORN DEMAG CORP.
CONDITIONALLY EXEMPT
SMALL QUANTITY GENERATOR
OHD 089 895 171
CUYAHOGA COUNTY
NOV**

Mr. Gary Spencer
Van Dorn Demag Corp.
11792 Alameda Drive
Strongsville, Ohio 44149

Dear Mr. Spencer:

Thank you for accompanying me during Ohio EPA's February 13, 2012 inspection of Van Dorn Demag Corporation (VDD) in Strongsville, Ohio. I inspected VDD to determine its compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC). My inspection included a review of company operations and written documentation. In addition to the inspection for compliance with Ohio's hazardous waste rules, the facility was inspected for compliance with Ohio's universal hazardous waste rules.

VDD's Strongsville facility is primarily a parts supplier for Van Dorn plastic injection-molding machines. Manufacturing has largely ceased at this facility. The facility does do injection molding machine rebuilding projects for customers requesting this service. As part of the rebuilding process, some paint work is done in a paint booth. The spent paint and gun cleaner is managed as a hazardous waste (D001, F003) and is generated infrequently at a rate of less than 100 kg/month. The rate of generation makes VDD a conditionally exempt small quantity generator of hazardous waste. VDD also generates universal waste lamps. At the time of my inspection, no universal waste lamps were being accumulated. You indicated that the facility's waste lamps were recycled through a VDD employee who took the lamps home with him and gave them to his home city, Lorain, Ohio, for disposal as household waste.

The following violation of Ohio's hazardous waste rules was found during this inspection.

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

Any person who generates a waste must evaluate the waste to determine if it is a hazardous waste in accordance with the criteria set forth in OAC Chapter 3745-51. VDD violated this regulation by disposing of waste lamps (primarily fluorescent lamps) through an employee managing the waste as household waste without determining whether or not the waste lamps are a hazardous waste. The waste fluorescent lamps contain mercury and may contain other hazardous metals. These may therefore be a hazardous waste. To abate this violation, submit documentation of VDD's evaluation of the waste lamps in compliance with Ohio's hazardous waste regulations.

Mr. Gary Spencer
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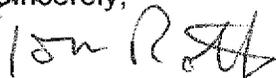
As an alternative to determining whether your particular waste lamps are hazardous waste, you may wish to manage them as Universal Waste. In general, this would involve saving the waste lamps in a properly labeled and closed container and having them recycled by a lamp recycler. If VDD chooses to manage the waste lamps as Universal Waste and recycle the lamps through an approved lamp recycler, indicate this in your response letter.

VDD needs to immediately take the necessary measures to return to compliance with Ohio's environmental laws. Within 14 days of receipt of this letter, VDD is requested to provide documentation to this office including the steps taken to abate the violation cited above. Documentation of steps taken to return to compliance includes written correspondence, updated policies, and photographs, as appropriate, and may be submitted via the postal service or electronically to tom.roth@epa.ohio.gov.

Please be advised that the violation cited above will continue until the violation has been properly abated. Failure to comply with Chapter 3734 of the Ohio Revised Code and rules promulgated thereunder may result in a civil penalty of up to \$10,000 per day for each violation. It is imperative that you return to compliance. If circumstances delay the abatement of the violation, VDD is requested to submit written correspondence of the steps that will be taken by date certain to attain compliance.

Enclosed you will find a copy of the checklists that I completed as a result of the inspection. Should you have any questions, please feel free to call me at (330) 963-1231. You can find copies of the rules and other information on the Division of Materials and Waste Management's web page at: <http://www.epa.state.oh.us/dhwm/>.

Sincerely,



Tom Roth
District Representative
Division of Materials and Waste Management

TR/cl
Enclosure

ec: Jeff Mayhugh, DMWM, CO
Nyall McKenna, DMWM, NEDO
Natalie Oryshkewych, DMWM, NEDO
Marlene Kinney, DMWM, NEDO

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 Site Location Information Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	EPA ID Number: OHD 089 895 171 Name: Van Dorn Demag Corp. Website: www.vandorndemag.com (Optional) Street Address: 11792 Alameda Dr. City, Town, or Village: Strongsville State: OH County Name: Cuyahoga Zip Code: 44149 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Private <input checked="" type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">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: Gery MI: Last Name: Spencer Title: Procurement Manager Phone Number: 440-876-8960 Phone Number Extension: E-Mail Address: gary.spencer@dpg.com Fax Number: 449-238-4668 Fax Number Extension: Street or P.O. Box: City, Town or Village: State: Zip Code:
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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;">Owner Type:</td> <td style="text-align: center;">Private <input type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: State: Zip Code: Date Became Owner (mm/dd/yyyy): Owner Phone #: Country: Zip Code: Name of Site's Operator: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Operator Type:</td> <td style="text-align: center;">Private <input type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: State: Zip Code: Date Became Operator (mm/dd/yyyy): Operator Phone #: Country: Zip Code:	Owner Type:	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"/>	Operator Type:	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"/>
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VIOLATIONS CITED? Yes No

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 3745-52-216. 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

D001 F003

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)
Tom Roth

Name of Inspector(s)

Date of Inspection/Time
(mm/dd/yyyy) (hh:mm)
02-13-2012

Comments:

**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 checked="" type="checkbox"/> N/A <input 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"/>