



**Environmental  
Protection Agency**

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

October 19, 2011

**GALLIA COUNTY  
GENERAL FILE  
(EASTERN AUTO SALES, LLC)  
DMWM/SEDO  
OHR000165480**

Mr. Jim Mink  
Owner  
Eastern Auto Sales, LLC  
1725 Eastern Ave.  
Gallipolis, Ohio 45631

Dear Mr. Mink:

On September 12, 2011, Ohio EPA received a complaint alleging that hazardous waste was being improperly managed on your property. On October 11, 2011, Donna Goodman and I performed a complaint investigation of your company to determine the validity of the complaint and to determine its compliance with Ohio's hazardous waste laws and regulations as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC).

During the investigation, we found that the 12 five-gallon cans of paint that were stored next to the auto shop were no longer there. You stated that you did not know where the cans were taken, that you hired a man by the name of Mike Spencer to "clean up" the property and that he took them. As we discussed, these wastes are hazardous wastes and must be transported and disposed properly.

Therefore, based on our investigation, we observed the following violation of the hazardous waste regulations, please provide the information requested below within 14 days of receipt of this letter:

**(1) OAC rule 3745-52-11 Hazardous waste determination.**

Any person who generates a waste, as defined in rule 3745-51-02 of the Administrative Code, must determine if that waste is a hazardous waste using the following method...determine if the waste is listed as a hazardous waste in rules 3745-51-30 to 3745-51-35, and then determine whether the waste is identified in rules 3745-51-20 to 3745-51-24 of the Administrative Code by either: (1) Testing the waste according to the methods set forth in rules 3745-51-20 to 3745-51-24 of the Administrative Code, or according to an equivalent method approved by the Region V Administrator of U.S. EPA pursuant to 40 CFR 260.21; or (2) Applying knowledge of the hazardous characteristic of the waste in light of the materials or the processes used.

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Please provide copies of the receipts you have from when Safety-Kleen collected these paint wastes. Also provide MSDS sheets for the paint thinners/solvents that were recently used in the auto shop. This information will help determine the correct waste-codes and therefore proper treatment needed for these wastes.

**Additional Compliance Issues:**

As we discussed, as the property owner where the wastes were generated, you must find the paint wastes and ensure they are properly transported to a hazardous waste disposal company. You must provide all information you have on where those wastes are located now. Please contact me immediately at the number provided below when you receive any additional information.

If you have any questions, please call me at (740) 380-5278.

Sincerely,



Richard Stewart  
District Representative  
Division of Materials and Waste Management

RS/mlm

**NOTICE:**

Ohio EPA's failure to list specific deficiencies or violations in this letter does not relieve your company from having to comply with all applicable regulations.

Send to Central Office <input checked="" type="checkbox"/>	<b>Ohio Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE</b> <b>IDENTIFICATION/VERIFICATION FORM</b>	For Ohio EPA use only
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Completed verification forms required to be submitted to CO should be e-mailed to [paula.canter@epa.state.oh.us](mailto:paula.canter@epa.state.oh.us).

<b>Site EPA ID No.</b>	EPA ID Number: <b>OHR000165480</b>	
<b>Site Name</b>	Name: <b>Eastern Auto Sales, LLC</b>	Website: (Optional)
<b>Site Location Information</b>	Street Address: <b>8 Berger Ave</b>	
	City, Town, or Village: <b>Gallipolis</b>	State: <b>OH</b>
	County Name: <b>Gallia</b>	
<b>Site Land Type</b> (check only one) <b>NAICS code(s)</b> <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>	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 checked="" type="checkbox"/>	Other <input type="checkbox"/>

<b>Facility Representative</b>  Additional names can be recorded in number 12  Only provide address information if it is different than the site address	First Name: <b>Jim</b>	MI:	Last Name: <b>Mink</b>	
	Title: <b>owner</b>			
	Phone Number: <b>740-441-9580</b>		Phone Number Extension:	
	E-Mail Address:			
	Fax Number:		Fax Number Extension:	
	Street or P.O. Box: <b>1725 Eastern Ave.</b>			
	City, Town or Village: <b>Gallipolis</b>		Zip Code: <b>45631</b>	
	State: <b>OH</b>			

<b>Legal Owner And Operator of the Site.</b> List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):	
	Owner Type:	Private <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:			
	City, Town or Village:		Owner Phone #:	
	State:		Country:	Zip Code:
	Name of Site's Operator: <b>Greg Carter</b>		Date Became Operator (mm/dd/yyyy):	
	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"/>		
Street or P.O. Box:				
City, Town or Village:		Operator Phone #:		
State:		Country:	Zip Code:	

<b>VIOLATIONS CITED?</b>	<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 checked="" type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<input type="checkbox"/> Large Quantity Generator (LQG)
	<input type="checkbox"/> Short-Term/Temporary Generator (generates from a short-term or one-time event and not from on-going processes). Check the box for the applicable generator status and provide a comment.	<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"/> 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 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.

**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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

<b>Name of Inspector(s)</b>	<b>Name of Inspector(s)</b>	<b>Date of Inspection/Time (mm/dd/yyyy) (hh:mm)</b>
Rich Stewart	Donna Goodman	10/11/11 13:15

**Comments:**



09/08/2011 01:06



09/08/2011 01:07