



State of Ohio Environmental Protection Agency

Northeast District Office

2110 East Aurora Rd.  
Twinsburg, Ohio 44087

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www.epa.state.oh.us

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

**CERTIFIED MAIL**

October 22, 2009

Mr. Steve Herold  
Herold Family Auto and Tire Center  
400 W Smith  
Medina, OH 44256

**RE: HEROLD FAMILY AUTO AND TIRE CENTER, OHD 093 933 729, MEDINA COUNTY  
CEI/NOV/RTC, SQG>CESQG**

Dear Mr. Herold:

On October 9, 2009, Ohio EPA conducted a compliance evaluation inspection of Herold Family Auto and Tire Center's (Herold Family) Medina facility to determine Herold Family's compliance with Ohio's hazardous waste laws and regulations as found under the Ohio Revised Code and the Ohio Administrative Code ("ORC" and "OAC" respectively). Herold Family was represented by you. The Ohio EPA was represented by Shannon Ryan and me. The Ohio EPA's compliance inspection included an inspection of the facility operations and a review of written documentation.

Based on this inspection, Ohio EPA has determined that Herold Family has violated at least the following state hazardous waste regulation:

**Violation:**

1. ***Used Oil Storage Requirements for Generators, OAC rule 3745-279-22(C):*** All containers and above ground tanks of used oil shall be clearly labeled or marked "Used Oil".

The used oil container in the shop was not labeled with the words "used oil". You labeled the container during the inspection.

No further action is required to address this violation.

In addition, during the inspection you stated that scrap tires are cut into quarters and placed in the dumpster. Per my discussions with the Division of Solid and Infectious Waste Management, scrap tires must be appropriately managed and cannot be chopped and send to a landfill for disposal. I have included a guidance document outlining the proper management of scrap tires. A list of 'approved' scrap tires transporters and processing facilities can be downloaded from <http://www.epa.ohio.gov/dsiwm/pages/general.aspx>. If you need additional information, you can contact Jamal Singh at (330) 963-1276 or the Medina County Health Department.

If you would like a free, non-regulatory on-site pollution prevention assessment or if you would like more information about pollution prevention, please contact Adrienne LaFavre at (330) 963-1250. Ohio EPA has helpful information about this at the following web address: <http://www.epa.ohio.gov/ocapp>. I have included a brochure for additional information.

HEROLD FAMILY AUTO AND TIRE CENTER  
OCTOBER 22, 2009  
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The Division of Hazardous Waste Management has created an electronic news service to provide you with updates related to hazardous waste activities in Ohio. You can find more information and sign up for this free service at the following Web link: [http://ohioepa.custhelp.com/cgi-bin/ohioepa.cfg/php/enduser/doc\\_serve.php?2=subscriptionpage](http://ohioepa.custhelp.com/cgi-bin/ohioepa.cfg/php/enduser/doc_serve.php?2=subscriptionpage).

You can find copies of the rules and other information on the division's web page at: <http://www.epa.ohio.gov/dhwm/>

Failure to list specific deficiencies and or violations in this communication does not relieve Herold Family from the responsibility of complying with all applicable laws, rules and regulations.

Be advised that the Ohio EPA reserves the right pursuant to ORC Chapters 3734 and 6111 and any other applicable state and federal laws or regulations, to require further site investigation and remediation to address any unpermitted releases of hazardous waste, hazardous substances, industrial wastes, pollutants, and or contaminants into the environment.

Further be advised that any instances of non-compliance can continue as subjects of pending or future enforcement actions.

Should you have any questions or require additional information, please contact Frank Popotnik, my supervisor, or me at (330) 963-1200.

Sincerely,



Karen L. Nesbit  
Division of Hazardous Waste Management

KLN:ddw

Enclosure

cc: Marlene Kinney, DHWM, NEDO  
Jarnal Singh, DSIWM, NEDO  
John Schoeni, RS  
Medina County Health Department  
ec: Harry Sarvis, DHWM, CO  
Frank Popotnik, DHWM, NEDO  
Natalie Oryshkewych, DHWM, NEDO

**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?<br>[3745-52-11] | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----|--|---|-----------------------------|------------------------------|

**GENERATOR CLASSIFICATION**

|    |  |   |                             |                              |
|----|--|---|-----------------------------|------------------------------|
| 2. | Does the generator produce <100 kg. of hazardous waste per month?<br>[conditionally exempt small quantity generator ("CESQG")] | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
|----|--|---|-----------------------------|------------------------------|

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 type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
|----|---|------------------------------|-----------------------------|---|

**TREATMENT OF HAZARDOUS WASTE**

|    |  |   |                              |                             |   |
|----|--|---|------------------------------|-----------------------------|---|
| 4. | Does the generator treat hazardous waste in a: |   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
|    | 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"/> |

HEROLD FAMILY AUTO  
AND TIRE [ ]  
CESQG/February 2009  
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12345

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](mailto:kristina.durnell@epa.state.oh.us)  
 or mail it to Kristina Durnell, Central Office

|   |  |
|---|--|
| <b>Site EPA ID No.</b><br><br><b>Site Name</b><br><br><b>Site Location Information</b><br><br><b>Site Land Type</b><br>(check only one)<br><b>NAICS code(s)</b><br><a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a> | <b>EPA ID Number: OHD 093 933 729 (ID# OF FORMER FACILITY - TO BE DE-ACTIVATED)</b><br><b>Name: HEROLD FAMILY AUTO AND TIRE CENTER</b><br><b>Website: (Optional)</b><br><b>Street Address: 400 W SMITH</b><br><b>City, Town, or Village: MEDINA</b><br><b>State: OH</b><br><b>County Name: MEDINA</b><br><b>Zip Code: 44256</b><br>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"/>   |
| <b>Facility Representative</b><br><br>Additional names can be recorded in number 12<br><br>Only provide address information if it is different than the site address  | <b>First Name: STEVE</b> MI: Last Name: <b>HEROLD</b><br><b>Phone Number: 330-725-2828</b> Phone Number Extension:<br><b>E-Mail Address:</b> Fax Number-Extension:<br><b>Fax Number:</b><br><b>Street or P.O. Box:</b><br><b>City, Town or Village:</b> Zip Code:<br><b>State:</b>   |
| <b>Legal Owner And Operator of the Site.</b><br>List Additional Owners and/or Operators in the Comment Section or on another copy of this form page   | <b>Name of Site's Legal Owner: HEROLD MEDINA LLC</b><br><b>Date Became Owner (mm/dd/yyyy):</b><br>Owner Private County District Federal Indian Municipal State Other<br>Type: <input checked="" type="checkbox"/> <input type="checkbox"/><br><b>Street or P.O. Box:</b><br><b>City, Town or Village:</b> Owner Phone #:<br><b>State:</b> Country: Zip Code:<br><b>Name of Site's Operator:</b> Date Became Operator (mm/dd/yyyy):<br>Operator Private County District Federal Indian Municipal State Other<br>Type: <input type="checkbox"/> <input type="checkbox"/><br><b>Street or P.O. Box:</b> Operator Phone #:<br><b>City, Town or Village:</b> United States Zip Code:<br><b>State:</b> |

**VIOLATIONS CITED?**  Yes  No

**TYPE OF HANDLER - A MINIMUM OF ONE BOX MUST BE CHECKED**

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Not a HW Generator | <input type="checkbox"/> UNKNOWN:<br>Cited for violation of 3745-52-11 | <input type="checkbox"/> Large Quantity Generator (LQG)<br><input type="checkbox"/> Small Quantity Generator (SQG)<br><input type="checkbox"/> Conditionally Exempt Small Quantity Generator<br><input type="checkbox"/> U.S. Importer of Hazardous Waste<br><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 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 type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste     |  |

| 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 |  |
|--|--|
| <input type="checkbox"/> Batteries   |  |
| <input type="checkbox"/> Pesticides  |  |
| <input type="checkbox"/> Mercury containing equipment                                  |  |
| <input 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.

| 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 | Other Comments: <b>THIS SITE WAS FORMERLY MEDINA COUNTY RUST</b> |
| Containers   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <b>PROOFING - SITE ID# SHOULD BE DEACTIVATED</b>                 |

|                      |                      |  |
|----------------------|----------------------|--|
| Name of Inspector(s) | Name of Inspector(s) | Date of Inspection/Time (mm/dd/yyyy) (hh:mm) |
| KAREN NESBIT         | SHANNON RYAN         | 10/9/2009 10:25                              |

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) |
|   |                        |                   |