



State of Ohio Environmental Protection Agency

Northeast District Office



2110 East Aurora Rd.  
Twinsburg, Ohio 44087

TELE: (330) 963-1200 FAX: (330) 487-0769  
www.epa.state.oh.us

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

October 22, 2007

George Malone  
Lifetime Brake and Lube  
2185 Romig Road  
Akron, OH 44320

**RE: LIFETIME BRAKE AND LUBE, NON-NOTIFIER, SUMMIT COUNTY  
COMPLAINT #6959, PARTIAL RETURN TO COMPLIANCE**

Dear Mr. Malone:

Thank you for your October 11, 2007 response to Ohio EPA's August 27, 2007 Notice of Violation. Your response did not include a letter but included photographs and disposal documentation.

Ohio EPA has reviewed your disposal documentation and determined that it is sufficient to abate the following violations:

- 1. Response to Releases of Used Oil  
OAC 3745-279-22(D)**
- 2. Used Oil Storage Requirements for Generators (Labels)  
OAC 3745-279-22(C)**
- 3. Universal Waste Management- Labeling (Batteries)  
OAC 3745-273-14**

The following violation remains outstanding:

- 4. Hazardous Waste Determination  
OAC 3745-52-11**

*Any person who generates a waste in the state of Ohio...shall determine if the waste is a listed hazardous waste...*

There were four 55-gallon steel drums located behind the tire shed that contained unknown liquids. You must properly characterize and dispose of these liquids. You must submit a copy of documentation that support the characterization and a copy of the disposal documentation.

To abate this violation you must submit the requested information **within 15-days** of the date of this letter.

LIFETIME BRAKE AND LUBE  
OCTOBER 22, 2007  
PAGE - 2 -

Failure to list specific deficiencies in this communication does not relieve Lifetime Brake and Lube from the responsibility of complying with all applicable Ohio EPA laws and regulations. Please be advised that present or past instances of non-compliance can continue as subjects of pending or future enforcement actions.

Please feel free to contact me at (330) 963-1170 if you have any questions about the inspection or this letter.

Sincerely,



Edward J. D'Amato  
Environmental Specialist  
Division of Hazardous Waste Management

EJD:ddw

ec: Frank Popotnik, DHWM, NEDO  
Shirley Phillips, DHWM, NEDO  
cc: Phil Rhodes, DSW, NEDO

RECEIVED

OCT 11 2007

Ohio Environmental Protection Agency  
RCRA SUBTITLE C SITE  
IDENTIFICATION/VERIFICATION FORM

For Ohio EPA use only

OHIO EPA NEDO

E-mail this completed form to  
tammy.mcconnell@epa.state.oh.us or mail it to Tammy  
McConnell, Central Office

2. Site EPA ID No.	EPA ID Number:									
3. Site Name	Name: <i>Lifetime Brake and Lube</i>					Website: (Optional)				
4. Site Location Information	Street Address: <i>2185 Riving Rd</i>									
	City, Town, or Village: <i>Akron</i>					State: OH				
	County Name: <i>Summit</i>					Zip Code: <i>44320</i>				
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) <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>										
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: <i>George</i>			MI:	Last Name: <i>Malone</i>					
	Phone Number: <i>(330) 745 2662</i>				Phone Number Extension:					
	E-Mail Address:									
	Fax Number:				Fax Number Extension:					
	Street or P.O. Box:									
	City, Town or Village:			State:			Country:		Zip Code:	
	Name of Site's Legal Owner:									
Date Became Owner (mm/dd/yyyy):										
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	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"/>	
	Street or P.O. Box:									
	City, Town or Village:				Owner Phone #:					
	State:				Country:		Zip Code:			
	Name of Site's Operator:					Date Became Operator (mm/dd/yyyy):				
	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"/>	
	Street or P.O. Box:									
	City, Town or Village:				Operator Phone #:					
State:				Country:		Zip Code:				
9. Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
10A. Type of Regulated Waste Activity (Mark 'X' in all of the appropriate boxes)										
<input type="checkbox"/> Not Regulated					<input type="checkbox"/> Conditionally Exempt Small Quantity Generator					
<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11					<input type="checkbox"/> United States Importer of Hazardous Waste					
<input type="checkbox"/> Large Quantity Generator (LQG)					<input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator					
<input type="checkbox"/> Small Quantity Generator (SQG)										
<input type="checkbox"/> Hazardous Waste Transporter					<input type="checkbox"/> Exempt Boiler and/or Industrial Furnace					
<input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste					<input type="checkbox"/> Small Quantity On-Site Burner Exemption					
<input type="checkbox"/> Recycler of Hazardous Waste					<input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption					
<input type="checkbox"/> Underground Injection Control Facility										

10B. 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"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more)	
<input type="checkbox"/> Destination Facility for Universal Waste			
Check all boxes below that apply for each of the three types of facilities above		10C. Used Oil Activities (Indicate Type(s) of Activity(ies))	
	Managed	<input checked="" type="checkbox"/> Used Oil Generator	<input type="checkbox"/> Off-Specification Used Oil Burner
Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/> Used Oil Transporter	<input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil
Pesticides	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transfer Facility	<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner
Mercury containing equipment	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Processor	
Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/> Used Oil Re-refiner	
11. 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.			
12. 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Other Comments:
Containers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
13. Name of Inspector(s)		Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
Ed D'Amato		Shirley Phillips	8/8/07
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)