



**Environmental  
Protection Agency**

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

May 15, 2012

**RE: IVANHOE EUCLID BUILDING  
OHD 986 985 257  
CUYAHOGA COUNTY  
NOV**

Frank Rendina  
P.O. Box 210144  
South Euclid, OH 44121

Dear Mr. Rendina:

On March 22, 2012, I sent you a letter regarding 1734 Ivanhoe Road, East Cleveland, Ohio, that requested a written response from you. I have not received such a response. On March 29 we spoke on the phone regarding the March 22 letter. In this letter, I will cite as a violation what was the subject of the March 22 letter. Please call me when you get this letter so that we can discuss this.

**1. OAC Rule 3745-52-11 – Hazardous waste determination.**

This rule requires that any person who generates a waste must determine if that waste is a hazardous waste using the following method: (A) Determine if it is excluded, (B) Determine if it is listed, and (C) Determine if it is characteristic.

Ivanhoe Euclid Building violated this rule by having waste stored at 1724 Ivanhoe Road that you have not evaluated as to whether they are hazardous wastes. An inventory of these wastes is enclosed. You must send me a written description of which materials you will use and how you will use them and which you will dispose. If helpful, you can indicate this on the enclosed inventory. For any material that you plan to dispose of, you must send me your determination as to whether it is a hazardous waste and include the documentation that was used to determine this.

A Material Safety Data Sheet (MSDS) will usually give a good indication as to whether something would be a hazardous waste. You may be able to obtain these from Artemus or from the manufacturer or supplier listed on the container. You may also have to sample some of the containers to determine whether they contain hazardous waste. You may want to talk to a hazardous waste disposal company and/or an environmental consultant regarding this.

I have also enclosed a RCRA Subtitle C Site Identification/Verification form for this location. Please fill out the following on the form and send it back to me:

Site Name, City, Zip Code, Facility Representative, and Legal Owner and Operator of the Site.

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I will then have these records updated.

You need to immediately take the necessary measures to return to compliance with Ohio's environmental laws. Within 14 days of receipt of this letter, you are requested to provide documentation to me including the steps taken to abate the violations cited above. Such documentation may include written correspondence, updated policies, and photographs, as appropriate.

Please be advised that violations cited above will continue until the violations have been properly abated. Failure to comply with Chapter 3734 (or 3714 for C&DD) 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. If circumstances delay the abatement of violations, you are requested to submit written correspondence of the steps that will be taken by date certain to attain compliance.

If you have any questions, please contact me at (330) 963-1217, or [robert.almquist@epa.state.oh.us](mailto:robert.almquist@epa.state.oh.us). I look forward to your prompt, written response.

Sincerely,



Robert Almquist  
Division of Materials and Waste Management

RA:cl  
Enclosure

ec: Frank Popotnik, DMWM, NEDO  
Natalie Oryshkewych, DMWM, NEDO  
Jeff Mayhugh, DMWM, CO  
Marlene Kinney, DMWM, NEDO  
Kathryn Crestani, NEORSD

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 [brad.hauser@epa.state.oh.us](mailto:brad.hauser@epa.state.oh.us).

<b>Site EPA ID No.</b>	EPA ID Number: <b>OHD986985257</b>	
<b>Site Name</b>	Name:	Website: (Optional)
<b>Site Location Information</b>	Street Address: <b>1734 Ivanhoe Rd.</b>	
	City, Town, or Village: <b>East Cleveland</b>	State: <b>OH</b>
	County Name: <b>Cuyahoga</b>	Zip Code: <b>44112</b>
<b>Site Land Type</b> (check only one)	<input type="checkbox"/> 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	
<b>NAICS code(s)</b> <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>		

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

<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:	<input type="checkbox"/> 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		
	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):	
	Operator Type:	<input type="checkbox"/> 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		
	Street or P.O. Box:			
	City, Town or Village:		Operator Phone #:	
	State:	Country:	Zip Code:	

**VIOLATIONS CITED?**     Yes     No

<b>TYPE OF HANDLER - MARK "X" AS APPROPRIATE</b>		
<input type="checkbox"/> Not a HW Generator	<input checked="" 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 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<br>(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       Yes       No      Additional Facility Representatives:  
 Tanks             Yes       No  
 Containers       Yes       No

Name of Inspector(s)  
**Robert Almquist**

Name of Inspector(s)

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

**Comments:**