



State of Ohio Environmental Protection Agency

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CA
File

Southwest District Office

401 E. Fifth St.
Dayton, Ohio 45402

TELE: (937) 285-6357 FAX: (937) 285-6249
www.epa.state.oh.us

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

July 17, 2008

Certified Mail

Mr. Chuck George
Interstate Ford
125 Alex Road
Miamisburg, Ohio 45342

RE: Partial Return to Compliance Letter
Interstate Ford - OHD986980274

Dear Mr. George:

On July 16, 2008, Ohio EPA conducted a return to compliance inspection of Interstate Ford. Diania Ringer and Dennis Dever represented Interstate Ford. Jeff Stark and I represented Ohio EPA. Based on the inspection, Interstate Ford has adequately abated the following violations discovered during the February 25, and March 6, 2008 inspections:

1. **Ohio Revised Code (ORC) 3734.02(E)(2)&(F)**
2. **Hazardous waste determination, Ohio Administrative Code (OAC) 3745-52-11**
3. **Manifest – general requirements, OAC 3745-52-20(A)**
4. **Testing, tracking, and recordkeeping requirements for generators, treaters, and disposal facilities, OAC 3745-270-07(A)**

The following violations were discovered during the return to compliance inspection:

1. **Accumulation time of hazardous waste, OAC 3745-52-34(D)(5)(b):** The generator must post the following information next to the telephone:
 - (i) The name and telephone number of the emergency coordinator;
 - (ii) Location of fire extinguishers and spill control material, and, if present, fire alarm(s); and
 - (iii) The telephone number of the fire department, unless the facility has a direct alarm.

Mr. Chuck George
July 17, 2008

Interstate Ford failed to comply with this regulation by not having the required information posted next to the telephone in the Body Shop. **Therefore, Interstate Ford is in violation of OAC 3745-52-34(D)(5)(b).**

During the inspection, Ms. Ringer posted the required information. **Therefore, Interstate Ford is no longer in violation of OAC 3745-52-34(D)(5)(b).**

2. **Inspections, OAC 3745-66-74:** The owner or operator must inspect areas where containers are stored, at least weekly, looking for leaks and for deterioration caused by corrosion or other factors. The owner or operator must record inspections in an inspection log or summary.

Interstate Ford failed to comply with this regulation by not including in the weekly inspection the hazardous waste container in the Body Shop. **Therefore, Interstate Ford is in violation of OAC 3745-66-74.**

To return to compliance, please submit to Ohio EPA two weeks worth of inspections.

I have enclosed two guidance documents on fluorescent lamps, "Fluorescent Lamps: What You Should Know" and "Universal Waste Rules for Handlers of Lamps."

If you have any questions, please call me at (937) 285-6093.

Sincerely,



Cathy L. Altman
Division of Hazardous Waste Management

cc: Dinah Crawford, DHWM-SWDO/SWDO File
Dennis Dever, Service Manager, Interstate Ford
Diania Ringer, Body Shop Manager, Interstate Ford

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.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Manifest Tracking Number

003422148 JJK

5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Clean Water Living

Facility's Phone:

Table with 6 columns: 9a HM, 9b U.S. DOT Description, 10. Containers (No., Type), 11. Total Quantity, 12. Unit Wt./Vol., 13. Waste Codes. Rows 1-4 are empty.

14. Special Handling Instructions and Additional Information

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true

Generator's/Offeror's Printed/Typed Name Signature Month Day Year

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name Signature Month Day Year

Transporter 2 Printed/Typed Name Signature Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Manifest Reference Number: U.S. EPA ID Number

18b. Alternate Facility (or Generator) U.S. EPA ID Number

Facility's Phone:

18c. Signature of Alternate Facility (or Generator) Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. 2. 3. 4.

20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name Signature Month Day Year

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY

| | | | | | | | | |
|---|---|--|--------------------------|--|---|-------------------------------------|-------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number OHD986980274 | 2. Page 1 of 1 | 3. Emergency Response Phone 3E 1-877-524-4093 | 4. Manifest Tracking Number 003422148 JJK | | | |
| 5. Generator's Name and Mailing Address INTERSTATE FORD 125 S. ALEX ROAD MIAMISBURG, OH 45342 Generator's Phone: 937-868-0781 | | | | Generator's Site Address (if different than mailing address) INTERSTATE FORD 125 S. ALEX ROAD MIAMISBURG, OH 45342 | | | | |
| 6. Transporter 1 Company Name PERMA FIX OF DAYTON | | | | U.S. EPA ID Number OHD004274031 | | | | |
| 7. Transporter 2 Company Name | | | | U.S. EPA ID Number | | | | |
| 8. Designated Facility Name and Site Address PERMA FIX OF DAYTON 300 CHEROKEE DRIVE DAYTON, OH 45427 Facility's Phone: 937-268-6501 | | | | U.S. EPA ID Number OHD004274031 | | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | |
| | | | No. | Type | | | | |
| | X | 1. Waste Paint related material 3. UN1263, PGI (D001) | 1 | DT | 55 | GAU | D001 | |
| | X | 2. Waste Paint related material (THINNERS, SOLVENTS), 3. UN1263, PGI (D001, F003, F005) | 3 | DT | 150 | GAU | D001, F003, F005 | |
| | | 3. Non-Regulated Material. | 10 | DT | 500 | GAU | | |
| | 4. Non-Regulated Material. | | | | | | | |
| 14. Special Handling Instructions and Additional Information 9a.1: AD57879 1 ERG 128 SO# 70100143 Ref# INTE57 9a.2: AD57870 2 ERG 128 Doc# 00125652 9a.3: AD57872 3 ERG Notes (if Any). 9a.4: AD57871 4 ERG | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | |
| Generator's/Offeror's Printed/Typed Name Dennis E. DeVer | | | | | | Signature <i>Dennis E. DeVer</i> | | |
| | | | | | | Month Day Year 3 13 08 | | |
| TRANSPORTER | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____ | | | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | |
| | Transporter 1 Printed/Typed Name Ken Bilko | | | | | | Signature <i>Ken Bilko</i> | |
| | | | | | | Month Day Year 3 13 08 | | |
| 18. Discrepancy | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| Manifest Reference Number: _____ | | | | | | | | |
| DESIGNATED FACILITY | 18b. Alternate Facility (or Generator) | | | | U.S. EPA ID Number | | | |
| | Facility's Phone: _____ | | | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a | | | | | | | | |
| Printed/Typed Name Kim Black | | | | | | Signature <i>Kim Black</i> | | |
| | | | | | | Month Day Year 10 3 08 | | |

| | | | | |
|---|------------------------|--------------|-----------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | 1. Generator ID Number | 2. Page 1 of | 3. Emergency Response Phone | 4. Manifest Tracking Number 00347249 JJK |
|---|------------------------|--------------|-----------------------------|--|

5. Generator's Name and Mailing Address _____ Generator's Site Address (if different than mailing address) _____

Generator's Phone: _____

6. Transporter 1 Company Name _____ U.S. EPA ID Number _____

7. Transporter 2 Company Name _____ U.S. EPA ID Number _____

8. Designated Facility Name and Site Address _____ U.S. EPA ID Number _____

Facility's Phone: _____

| 9a HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes |
|----------|--|----------------|------|--------------------|-------------------|-----------------|
| | | No. | Type | | | |
| 1. | | 1 | Drum | 50 | kg | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

14. Special Handling Instructions and Additional Information _____

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offoror's Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

Manifest Reference Number: _____ U.S. EPA ID Number _____

18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. _____ 2. _____ 3. _____ 4. _____

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

531A

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number <i>04107850274</i> | 2. Page 1 of | 3. Emergency Response Phone | 4. Manifest Tracking Number <i>003422148 JJK</i> | | | |
|--|--|--|--------------|--|---|-------------------|-----------------|-------------------|
| 5. Generator's Name and Mailing Address <i>INDUSTRIAL ENTERPRISE CO 401 S WING GLEN AVE CINCINNATI OH 45211</i> | | | | Generator's Site Address (if different than mailing address) | | | | |
| Generator's Phone: <i>513-251-1111</i> | | | | U.S. EPA ID Number | | | | |
| 6. Transporter 1 Company Name | | | | U.S. EPA ID Number | | | | |
| 7. Transporter 2 Company Name | | | | U.S. EPA ID Number | | | | |
| 8. Designated Facility Name and Site Address <i>INDUSTRIAL ENTERPRISE CO 401 S WING GLEN AVE CINCINNATI OH 45211</i> | | | | U.S. EPA ID Number | | | | |
| Facility's Phone: <i>513-251-1111</i> | | | | U.S. EPA ID Number | | | | |
| 9a HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | | No. | Type | | | | | |
| 1. | <i>1 DRUM (DOT)</i> | 1 | <i>DR</i> | 50 | <i>GA</i> | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information <i>1. THIS IS A DOT COMPLIANT EXPORT 2. EPA OVER PACKING 3. EPA MARSHAL 4. ERO</i> | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | |
| Generator's/Offendor's Printed/Typed Name <i>Leanne E. Duke</i> | | | | Signature <i>Leanne E. Duke</i> | | Month <i>3</i> | Day <i>3</i> | Year <i>98</i> |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____ | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | |
| Transporter 1 Printed/Typed Name <i>Leanne E. Duke</i> | | | | Signature <i>Leanne E. Duke</i> | | Month <i>3</i> | Day <i>3</i> | Year <i>98</i> |
| Transporter 2 Printed/Typed Name | | | | Signature | | Month | Day | Year |
| 18. Discrepancy | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | | | | | | | |
| Manifest Reference Number: _____ | | | | | | | | |
| 18b. Alternate Facility (or Generator) | | | | U.S. EPA ID Number | | | | |
| Facility's Phone: _____ | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month | Day | Year |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | |
| 1. | 2. | 3. | 4. | | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | |
| Printed/Typed Name <i>Leanne E. Duke</i> | | | | Signature <i>Leanne E. Duke</i> | | Month <i>3</i> | Day <i>3</i> | Year <i>98</i> |

7005 0390 0004 9401 9933

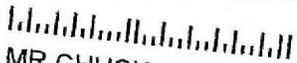
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| Restricted Delivery Fee (Endorsement Required) | | |
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| Sent To | MR CHUCK GEORGE INTERSTATE FORD 125 ALEX ROAD MIAMISBURG OH 45342 | |
| Street, Apt. No., or PO Box No. | | |
| City, State, ZIP+4 | | |

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Fill in your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> <i>Cathy Atman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  MR CHUCK GEORGE INTERSTATE FORD 125 ALEX ROAD MIAMISBURG OH 45342 </div> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7005 0390 0004 9401 9933</p> | |
| PS Form 3811, August 2001 | Domestic Return Receipt |
| | 102595-02-M-1540 |