

**Environmental
Protection Agency**

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

May 1, 2012

**JACKSON COUNTY
GENERAL FILE
(LYON'S AUTO PAINTING)
DMWM/SEDO
NON NOTIFIER**

Mr. Matt Lyon
229 Athens Street
Jackson, Ohio 45640

Dear Mr. Lyon:

On April 25, 2012, Ohio EPA conducted a complaint investigation of your un-named automotive painting business that you operate at 13 Owen Street (hereinafter referred to in this letter as "Lyon's Auto Painting") in Jackson, Ohio in response to a complaint received by this office. According to the complainant, cars are being painted without a paint booth, operations are sloppy, and waste was not being properly managed. You and your wife, Stephanie, accompanied me on the investigation. During the investigation, I observed five, 5-gallon containers of spent solvent/paint waste accumulating inside the shop and five accumulating outside the shop against an exterior wall of the building.

I found the following violation of Ohio's hazardous waste laws. In order to correct this violation, you must do the following within 21 days of the date of this letter:

- 1. OAC Rule 3745-51-05, Special Requirements for Hazardous Waste Generated by Conditionally Exempt Small Quantity Generators:** A conditionally exempt small quantity generator must ensure delivery to a permitted hazardous waste off-site treatment, storage or disposal facility (TSD).

Lyon's Painting failed to ensure delivery of hazardous waste spent solvents/paint waste to an offsite hazardous waste facility, in violation of the above-cited rule. Waste was accumulating in ten, 5-gallon containers both inside and outside the shop, and you stated that you had plans to take them to your brother's rural property for him to store or dispose of. In order to abate this violation, you must send your waste to a TSD facility and submit a copy to this office of all paperwork from that transaction which indicates that this has been done. A list of TSD's and a fact sheet on "How to select a TSD" was sent to you in an email on April 26, 2012. In addition, all such waste in the future must be handled in accordance with this Ohio law.

GENERAL COMMENTS

Used oil from your personal vehicles was being stored onsite in two five-gallon containers located in your shop. You stated that you would be recycling this oil to Auto Zone, which is permissible for used oil that you generate yourself from your own vehicles. You stated that you are not generating any used oil from your business.

- A. Lisa Duvall from the Ohio EPA Division of Air Pollution Control visited your site and left instructions on how to control emissions from your painting operation.
- B. Several used tires without rims are being stored against one of the exterior walls of your shop. Please immediately either store these under roof or send them offsite to a legitimate tire recycler.

Your company must immediately take the necessary measures to return to compliance with Ohio's environmental laws. Within 21 days of the date of this letter, your company is requested to provide documentation to this office including the steps taken to abate the violations and address comments cited above. Documentation of steps taken to return to compliance includes written correspondence, updated policies, and photographs, as appropriate, and may be submitted via the postal service or electronically to donna.goodman@epa.state.oh.us.

Please be advised that violations cited above will continue until the violations have been properly abated. Failure to comply with Chapter 3734, 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. It is imperative that you return to compliance. If circumstances delay the abatement of violations, your company is 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 by telephone at (740) 380-5293 or by e-mail at donna.goodman@epa.state.oh.us.

Sincerely,



Donna Goodman
Inspector
Division of Materials and Waste Management

DG/sb

cc: Lisa Duvall, DAPC

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

Site EPA ID No. Site Name Site Location Information Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	EPA ID Number:	
	Name: Lyon's Auto Painting	Website: (Optional)
	Street Address: 13 Owen Street	
	City, Town, or Village: Jackson	State: OH
County Name: Jackson	Zip Code: 45640	
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"/>	81121	

Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Matt		MI:	Last Name: Lyon	
	Title: Owner				
	Phone Number:			Phone Number Extension:	
	E-Mail Address:				
	Fax Number:			Fax Number Extension:	
	Street or P.O. Box: 229 Athens Street				
	City, Town or Village: Jackson			State: OH	
Zip Code: 45640					

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	Name of Site's Legal Owner:					Date Became Owner (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:						Owner Phone #:				
	State:						Country:		Zip Code:		
	Name of Site's Operator:					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:		

VIOLATIONS CITED?	<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 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 checked="" 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
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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.

F003 F005

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 type="checkbox"/> No | |

Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
Donna Goodman		4/25/12 1:00 PM

Comments: