



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

August 28, 2007

RE: TRUMBULL MEMORIAL HOSPITAL
NON-NOTIFIER
SUMMIT COUNTY
COMPLAINT #6993
NOTICE OF VIOLATION

Mike Marsco
Trumbull Memorial Hospital
1350 East Market Street
Warren, OH 44482-1269

Dear Mr. Marsco:

On August 13, 2007, the Ohio EPA, represented by Ed D'Amato, conducted a complaint inspection at Trumbull Memorial Hospital. The complaint alleged that batteries were being improperly stored at the Hospital. You represented Trumbull Memorial Hospital during the inspection.

Trumbull Memorial Hospital accumulates batteries in a blue cart outside of the facility and in a storage room inside the facility. Batteries are picked up by ECSR approximately every other month.

Trumbull Memorial Hospital was found to be in violation of the following provision of the Ohio Administrative Code. To abate the violations, you must do the following and submit all requested information **within 30-days** of the date of this letter:

1. Universal Waste Management-- Labeling (Batteries)
OAC 3745-273-14

Each universal waste battery, or a container in which universal waste batteries are contained, shall be marked clearly with one of the following phrases: "Universal Waste Battery(ies)", or "Waste Battery(ies)", or "Used Batteries".

Batteries were stored in both locations listed above. They were not labeled per this rule. To abate this violation, you must properly label the batteries, or the container(s) in which they are stored, per this rule. You must photograph them and submit the photographs to this office.

Failure to list specific deficiencies in this communication does not relieve Trumbull Memorial Hospital 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

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

For Ohio EPA use only

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: <u>OH 076 746 148</u>									
3. Site Name	Name: <u>Trumbull Memorial Hospital</u>						Website: (Optional)			
4. Site Location Information	Street Address: <u>1350 East Market St</u>									
	City, Town, or Village: <u>Warren</u>						State: <u>OH</u>			
	County Name: <u>Trumbull</u>						Zip Code: <u>44482-1269</u>			
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) www.census.gov/epcd/www/naics.html										
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: <u>Mike Marasco</u>			MI:		Last Name: <u>Marasco</u>				
	Phone Number: <u>(330) 541-9887</u>						Phone Number Extension:			
	E-Mail Address: <u>mmarasco@ferumhealth.org</u>									
	Fax Number: <u>(330) 675 5259</u>						Fax Number Extension:			
	Street or P.O. Box:									
	City, Town or Village:									
	State:			Country:			Zip Code:			
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	Name of Site's Legal Owner:									
	Date Became Owner (mm/dd/yyyy):									
	Owner Type:	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"/>	
	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 checked="" 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 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 checked="" 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 type="checkbox"/> Yes	<input type="checkbox"/> No	Other Comments:
Containers	<input 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)
<i>Ed DiAmato</i>			<i>8/15/07</i>
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)	