



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

DELIVERY CONFIRMATION

November 19, 2012

9200 Madison Avenue, LLC
c/o Richard L. Stotter
1 West Interstate St.
Bedford, OH 44146

**RE: FORMER A-CLASSIC STEEL TREATING FACILITY, OHR000175182,
9106 MADISON AVE., CLEVELAND, OHIO, CUYAHOGA COUNTY,
CMPLT 7569, NOTICE OF VIOLATION**

Dear Mr. Stotter:

On November 15, 2012, Frank Popotnik and I, representing Ohio EPA's Division of Materials and Waste Management (DMWM), visited the former A-Classic Steel Treating, Inc. (A-Classic Steel Treating) facility located at 9106 Madison Avenue in Cleveland, Ohio to conduct a hazardous waste compliance evaluation inspection. The inspection was a result of information received from the Northeast Ohio Regional Sewer District concerning the presence of wastes at the former A-Classic Steel Treating facility. You were present for the inspection.

The purpose of the inspection was to determine the facility's compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC).

You indicated that A-Classic Steel Treating abandoned the facility in November 2008. All wastes currently at the facility have been present since then.

Based on the inspection, Ohio EPA identified the following violation:

1. **Waste Evaluation, OAC rule 3745-52-11:** Any person who generates a waste must evaluate that waste to determine if it is a hazardous waste in accordance with the criteria set forth in OAC Chapter 3745-51.

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You must evaluate the waste contents of the following:

- A. Approximately 648, 20/30-gallon containers located throughout the facility;
- B. Approximately 52, 55-gallon containers located throughout the facility;
- C. Four, 330-gallon containers (totes) located along the north wall of the facility;
- D. An out-of-service heat treating line consisting of a salt bath and five quench tanks located along the north wall of the facility;
- E. At least seven tanks located throughout the facility; and
- F. Any other waste that may be present at the facility.

You must submit a waste analysis and work plan ("Plan") for review and approval that describes how all wastes will be evaluated and properly managed. All wastes must be evaluated for the listed hazardous waste numbers F009, F010, F011 and F012, as well as any other hazardous waste described in OAC Chapter 3745-51. You are requested to notify Ohio EPA at least five days prior to implementing the Plan. Additionally, after implementing the Plan, you must submit a copy of the waste evaluation information for the contents of the containers and tanks, as well as documentation (i.e., manifests) regarding the proper off-site management of the waste.

Ohio EPA offers the following comments and requests the following information:

- 2. Multiple containers at the facility are open, in poor condition and leaking. Your immediate attention to address these containers is requested.
- 3. Please be advised that the former A-Classic Steel Treating facility may be subject to Ohio's Cessation of Regulated Operations (CRO) laws as found under ORC Chapter 3752 and OAC Chapter 3745-352. You were provided with a copy of the CRO compliance manual.
- 4. Please provide a copy of the 2009 environmental assessment report concerning the facility that was prepared by Clean CEMP.
- 5. Ohio EPA issued an EPA ID number (OHR000175182) to track our inspection activity at the facility. If you wish to use an EPA ID number for manifesting and other hazardous waste, used oil or universal waste activities, you must complete and submit a Notification of Regulated Waste Activity form (EPA Form 9029). This form is available on Ohio EPA's internet site at <http://epa.ohio.gov/Default.aspx?tabid=3915> or you may contact me for a copy.
- 6. You may find copies of the hazardous waste rules and other information on Ohio EPA's web page at: <http://www.epa.ohio.gov/dmwm>

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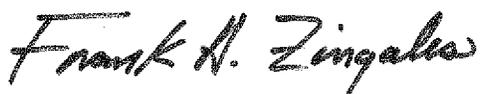
You must immediately take the necessary measures to return to compliance with Ohio's environmental laws. Within 14 days of receipt of this letter, you are requested to provide documentation to this office including the steps taken to abate the violation cited above. Documentation of steps taken to return to compliance may be submitted via the postal service or electronically to frank.zingales@epa.ohio.gov.

Please be advised that additional violations may be cited upon review of forthcoming documentation. In addition, the violation cited above will continue until it has been properly abated. Failure to comply with ORC Chapter 3734 and the 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, you are requested to submit written correspondence of the steps that will be taken by date certain to attain compliance.

Nothing in this letter shall be construed to authorize any waiver from the requirements of any applicable state or federal laws or regulations. This letter shall not be interpreted to release the owner or operator or others from responsibility under Chapters 3704, 3714, 3734, or 6111 of the Ohio Revised Code or under the Federal Clean Water or Comprehensive Environmental Response, Compensation and Liability Acts remedying conditions resulting from any release of contaminants to the environment.

Should you have any questions, please contact me at (330) 963-1108 or Frank Popotnik at (330) 963-1198.

Sincerely,



Frank A. Zingales
Environmental Specialist
Division of Materials and Waste Management

FAZ:ddw

ec: Natalie Oryshkewych, DMWM, NEDO
Frank Popotnik, DMWM, NEDO
Mitch Mathews, DMWM, NEDO
Jeff Mayhugh, DMWM, CO
Michael Dziak, Cleveland Fire Department (mdziak@city.cleveland.oh.us)
Brandy Reischman, NEORSD (ReischmanB@neorsd.org)
cc: Marlene Kinney, DMWM, NEDO

| | | |
|---|---|-----------------------|
| Send to Central Office <input checked="" type="checkbox"/> | Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM | For Ohio EPA use only |
|---|---|-----------------------|

Completed verification forms required to be submitted to CO should be e-mailed to brad.hauser@epa.state.oh.us.

| | | | | | | | | | |
|---|--|--|-------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| Site EPA ID No. | EPA ID Number: OHR000175182 | | | | | | | | |
| Site Name | Name: A Classic Steel Treating, Inc. (Former) | Website: (Optional) | | | | | | | |
| Site Location Information | Street Address: 9106 Madison Ave. | | | | | | | | |
| | City, Town, or Village: Cleveland | State: OH | | | | | | | |
| Site Land Type (check only one) NAICS code(s) | County Name: Cuyahoga | Zip Code: 44102 | | | | | | | |
| | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Private <input checked="" type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> | 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"/> |
| 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"/> | | |
| | 332811 | | | | | | | | |

| | | | |
|---|--|-------------------------|---------------------------|
| Facility Representative | First Name: Richard | MI: | Last Name: Stotter |
| Additional names can be recorded in number 12 | Title: | | |
| | Phone Number: 216-780-4095 | Phone Number Extension: | |
| Only provide address information if it is different than the site address | E-Mail Address: | | |
| | Fax Number: | | Fax Number Extension: |
| | Street or P.O. Box: 1 West Interstate St. | | |
| | City, Town or Village: Bedford | | Zip Code: 44146 |

| | | | | | | | | | | | | | |
|---|--|--|---------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| Legal Owner And Operator of the Site. | Name of Site's Legal Owner: 9200 Madison Avenue, LLC | | Date Became Owner (mm/dd/yyyy): | | | | | | | | | | |
| List Additional Owners and/or Operators in the Comment Section or on another copy of this form page | 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: 1 West Interstate St. | | Owner Phone #: 216-780-4095 | | | | | | | | | | |
| | City, Town or Village: Bedford | | Country: USA | | Zip Code: 44146 | | | | | | | | |
| | State: OH | | Date Became Operator (mm/dd/yyyy): | | | | | | | | | | |
| | Name of Site's Operator: | | 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: | | Operator Phone #: | | | | | | | | | | |
| | City, Town or Village: | | Country: | | | Zip Code: | | | | | | | |
| | State: | | | | | | | | | | | | |

VIOLATIONS CITED? Yes No

| | | |
|--|--|---|
| TYPE OF HANDLER - MARK "X" AS APPROPRIATE | | |
| <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 (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 3745-52-218. 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 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Additional Facility Representatives: |
| Tanks | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Containers | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

Name of Inspector(s)

Frank Zingales

Name of Inspector(s)

Frank Popotnik

Date of Inspection/Time

(mm/dd/yyyy) (hh:mm)

11/16/2012 08:50

Comments:

A Classic Steel Treating, Inc. formerly conducted heat treating operations at the facility. A Classic Steel Treating ceased operations prior to November 2008.