

**Environmental
Protection Agency**

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

Re: Systech Environmental Corporation
OHD 005 048 947
Hazardous Waste
Paulding County
Notice of Violation/ Return to Compliance

October 16, 2012

Mr. Jeff Hunyor, Site Manager
Systech Environmental Corporation
11397 Road 176
P. O. Box 266
Paulding, Ohio 45879

Dear Mr. Hunyor:

On October 04, 2012, Ohio EPA inspected Systech Environmental Corporation's (Systech) facility located at 11397 Road 176 in Paulding, Ohio. Robin Wiley and I conducted this inspection to determine Systech's compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC), Chapter 3745 of the Ohio Administrative Code (OAC), and Systech's August 8, 2003, Ohio Hazardous Waste Facility Installation and Operation Permit. The inspection included a tour of the facility and a review of written documentation.

Systech stores and treats hazardous waste in eight tanks and markets hazardous waste fuel to the Lafarge Corporation for use as an alternative fuel source in kilns used for manufacturing Portland cement. Hazardous wastes generated at the facility include personal protective equipment, laboratory wastes and hazardous waste resulting from minor spills. Compliance with Subparts AA, BB, CC and the Boiler and Industrial Furnace (BIF) regulations was not determined during this inspection. Systech is also a used oil marketer.

The following violation was observed during the inspection.

1. **OAC Rule 3745-52-34(A)(2) - Accumulation Date Marking of Containers.** Ohio EPA observed approximately forty containers of hazardous waste in Systech's permitted hazardous waste container storage area. Systech failed to mark the start date of accumulation on two fifty-five gallon drums of Systech generated hazardous waste located in the facility hazardous waste storage area. Systech reviewed facility records and marked the start date of accumulation on the two drums during the inspection. Therefore, this violation has been abated.

In addition to the above abated violation, Ohio EPA has the following comment:

1. While conducting a visual inspection of the hazardous waste drum processing area, Ohio EPA observed one nearly empty 250 gallon Systank (portable tote) which Systech uses to accumulate hazardous waste in the processing area. According to OAC Rule 3745-52-34(C) a generator may accumulate up to 55 gallons of hazardous waste in a satellite accumulation area.

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Systech, must mark the date of accumulation of the Systank when the tote has accumulated fifty five gallons. However, Ohio EPA recommends that Systech mark the start date of accumulation on the tote at the start of accumulation in lieu of determining when the total waste accumulated reaches fifty five gallons.

Enclosed you will find a copy of the checklists that I completed during the inspection. Should you have any questions, please contact me at (419)373-3056.

You can find copies of the rules and other information on the Division of Materials and Waste Management web page at <http://www.epa.state.oh.us/dhwm>. Ohio EPA also has helpful information about pollution prevention at the following web address: <http://www.epa.state.oh.us/opp>.

The Division of Materials and Waste Management has created an electronic news service to provide you with quick and timely updates on events and news related to hazardous waste activities in Ohio. If you haven't already, then we encourage you to sign up for this free service.

You can find more information at <http://www.epa.state.oh.us/dhwm/listserv.html>. Please feel free to share this information with your colleagues.

Sincerely,



Gary Deutschman
Division of Hazardous Waste Management

/llr

Enclosures

pc: Cindy Lohrbach, DMWM, NWDO
Robin Wiley, DMWM, NWDO
Shelia Burrus, U.S. EPA, (DE-9J)
(Colleen Weaver, DMWM, NWDO >

ec: Gary Deutschman, DMWM, NWDO
Colleen Weaver, DMWM, NWDO

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 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 paula.canter@epa.state.oh.us.

Site EPA ID No. Site Name:	EPA ID Number: OHD005048947		Website: go2systech.com (Optional)	
Site Location Information	Street Address: 11397 Road 176		City, Town, or Village: Paulding	
Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html	State: OH	County Name: Paulding		Zip Code: 45879
	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"/>
	562211			

Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: Jeff	MI:	Last Name: Hunyor
	Title: Site Manager		
	Phone Number: 419-399-4835		Phone Number Extension:
	E-Mail Address:		
	Fax Number:		Fax Number Extension:
	Street or P.O. Box:		
	City, Town or Village:		
	State:		Zip Code:

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: Systech Environmental Corporation		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: 3085 Woodman Drive, Suite 300		
	City, Town or Village: Dayton		Owner Phone #:	
	State: Ohio		Country: USA	
	Zip Code: 45420-1159		Name of Site's Operator: Systech Environmental Corporation	
	Date Became Operator (mm/dd/yyyy):		Operator 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: PO Box 266			Operator Phone #: 419-399-4835
	City, Town or Village: Paulding		Country: USA	
	State: Ohio		Zip Code: 45879-0266	

VIOLATIONS CITED? Yes No

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 checked="" type="checkbox"/> Large Quantity Generator (LQG)
	<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"/> 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 checked="" 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 checked="" type="checkbox"/> Receives Hazardous Waste from Off-site

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"/> 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	
<input type="checkbox"/> Batteries	
<input type="checkbox"/> Pesticides	
<input type="checkbox"/> Mercury containing equipment	
<input checked="" type="checkbox"/> Lamps	

USED OIL ACTIVITIES (INDICATE TYPE(S) OF ACTIVITY(S))	
<input type="checkbox"/> Used Oil Generator	
<input type="checkbox"/> Used Oil Transporter	
<input type="checkbox"/> Used Oil Transfer Facility	
<input type="checkbox"/> Used Oil Processor	
<input type="checkbox"/> Used Oil Re-refiner	
<input type="checkbox"/> Off-Specification Used Oil Burner	
<input checked="" type="checkbox"/> Used Oil Fuel Marketer who directs shipment of Off-Spec Used Oil	
<input type="checkbox"/> 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 DAC rules 3745-52-200 through 3745-52-216. Check the box(es) below to indicate the laboratory type.

<input type="checkbox"/> College or University	
<input type="checkbox"/> Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university	
<input type="checkbox"/> 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.

See 2011 Annual Report

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Containers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
Gary Deutschman	Robin Wiley	10/04/2012

Comments:

PROCESS, WASTE, P2 SUMMARY SHEET

Facility Name: Systech Environmental Corporation	Facility Type: LQG/TSD	Date of Inspection: 10-04-2012	EPA ID #: OHD 005 048 947
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Waste Generated			On- or Off-Site Management		P2 Activities	
Process/Activity Generating Waste <small>(e.g. plating bath, machining, baghouse, painting, general maintenance, etc)</small>	Waste Description <small>(e.g. sludge, solvent, ash, used oil, spent lamps, etc.) and EPA Waste Code, if applic.</small>	QTY Generated per Month, Type of Accumulation <small>(container, tank, etc) and location of waste accumulation area</small>	Type of On-Site Treatment <small>(recycle, wwt, etc)</small>	Name, state, and type of activity occurring at the off-site facility.	Current P2 Activities	P2 Opportunities
1 Hazardous Waste Storage Tanks	Sludge, Solvents, Up to All Waste Codes on Part A	Periodic		All waste managed hazardous waste fuel at adjacent Lafarge facility or Fredonia, Kansas facility		
2 Used Oil Storage Tanks	Off-Specification used oil and oily sludge	Periodic		All waste managed hazardous waste fuel at adjacent Lafarge facility or Fredonia, Kansas facility		
3 Spill Clean Up, Contaminated Kiln Dust, PPE	Sludge, Up to All Waste Codes on Part A	Periodic		Petrochem Processing Group, Detroit, Michigan		
4 Spent Fluorescent Bulbs	Universal Waste	Periodic		Waste Management, Recycling		

5							
6							
7							
8							
9							

REMARKS-GENERAL INFORMATION

General Process Information:

Regulatory/Enforcement History (if applicable):

Additional P2 remarks and information:

Would this facility be interested in a P2 assessment? Yes* _____ No _____

*If yes, refer promptly to your district P2 coordinator. Office of Compliance Assistance and Pollution Prevention – 1-800-329-7518 or p2mail@epa.state.oh.us or www.epa.state.oh.us/ocapp/ocapp.html

Other:

**LARGE QUANTITY GENERATOR REQUIREMENTS
COMPLETE AND ATTACH A PROCESS DESCRIPTION SUMMARY**

CESQG: ≤100 Kg. (Approximately 25-30 gallons) of waste in a calendar month or < 1 Kg. of acutely hazardous waste.
 SQG: Between 100 and 1,000 Kg. (About 25 to under 300 gallons) of waste in a calendar month.
 LQG: ≥ 1,000 Kg. (~300 gallons) of waste in a calendar month or ≥1 Kg. of acutely hazardous waste in a calendar month.
NOTE: To convert from gallons to pounds: Amount in gallons x Specific Gravity x 8.345 = Amounts in pounds.

Safety Equipment Used:

GENERAL REQUIREMENTS

1.	Have all wastes generated at the facility been adequately evaluated? [3745-52-11]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2.	Are records of waste determination being kept for at least 3 years? [3745-52-40(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3.	Has the generator obtained a U.S. EPA identification number? [3745-52-12]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4.	Were annual reports filed with Ohio EPA on or before March 1 st ? [3745-52-41(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5.	Are annual reports kept on file for at least 3 years? [3745-52-40(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
6.	Has the generator transported or caused to be transported hazardous waste to other than a facility authorized to manage the hazardous waste? [ORC 3734.02(F)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
7.	Has the generator disposed of hazardous waste on-site without a permit or at another facility other than a facility authorized to dispose of the hazardous waste? [ORC 3734.02(E)&(F)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
8.	Does the generator accumulate hazardous waste?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

NOTE: If the LQG does not accumulate or treat hazardous waste, it is not subject to 52-34 standards. All other requirements still apply, e.g., annual reports, manifest, marking, record keeping, LDR, etc.

9.	Has the generator accumulated hazardous waste on-site in excess of 90 days without a permit or an extension from the director ORC §3734.02(E)&(F)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
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NOTE: If F006 waste is generated and accumulated for > 90 days and is recycled see 3745-52-34(G)&(H).

10.	Does the generator treat hazardous waste in a: [ORC 3734.02(E)&(F)]			
a.	Container that meets 3745-66-70 to 3745-66-77?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
b.	Tank that meets 3745-66-90 to 3745-66-100 except 3745-66-97(C)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
c.	Drip pads that meet 3745-69-40 to 3745-69-45?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
d.	Containment building that meets 3745-256-100 to 3745-256-102?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

NOTE: Complete appropriate checklist for each unit.

NOTE: If waste is treated to meet LDRs, use LDR checklist.

11.	Does the generator export hazardous waste? If so:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
a.	Has the generator notified U.S. EPA of export activity? [3745-52-53(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
b.	Has the generator complied with special manifest requirements? [3745-52-54]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
c.	For manifests that have not been returned to the generator: has an exception report been filed? [3745-52-55]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
d.	Has an annual report been submitted to U.S. EPA? [3745-52-56]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

e.	Are export related documents being maintained on-site? [3745-52-57(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
MANIFEST REQUIREMENTS		
12.	Have all hazardous wastes shipped off-site been accompanied by a manifest? (U.S. EPA Form 8700-22) [3745-52-20(A)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13.	Have items (1) through (20) of each manifest been completed? [3745-52-20(A)(1)]&[3745-52-27(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: U.S. EPA Form 8700-22(A) (the continuation form) may be needed in addition to Form 8700-22. In these situations items (21) through (35) must also be completed. [3745-52-20(A)(1)]</i>		
14.	Does each manifest designate at least one facility which is permitted to handle the waste? [3745-52-20(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: The generator may designate on the manifest one alternate facility to handle the waste in the event of an emergency which prevents the delivery of waste to the primary designated facility. [3745-52-20(C)]</i>		
15.	If the transporter was unable to deliver a shipment of hazardous waste to the designated facility, did the generator designate an alternate TSD facility or give the transporter instructions to return the waste? [3745-52-20(D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16.	Have the manifests been signed by the generator and initial transporter? [3745-52-23(A)(1)&(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Remind the generator that the certification statement they signed indicates: 1) they have properly prepared the shipment for transportation and 2) they have a program in place to reduce the volume and toxicity waste they generate.</i>		
17.	If the generator received a rejected load or residue and accumulated the waste on-site, did the generator sign item 18c or 20 of the manifest? [3745-52-34(M)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
18.	If the generator did not receive a return copy of each completed manifest within 35 days of the waste being accepted by the transporter, did the generator contact the transporter and/or TSD facility to check on the status of the waste? [3745-52-42(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
19.	If the generator has not received the manifest within 45 days, did the generator file an exception report with Ohio EPA? [3745-52-42(A)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
20.	Are signed copies of all manifests and any exception reports being retained for at least three years? [3745-52-40]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Waste generated at one location and transported along a publicly accessible road for temporary consolidated storage or treatment on a contiguous property also owned by the same person is not considered "on-site" and manifesting and transporter requirements must be met. To transport "along" a public right-of-way the destination facility has to act as a transfer facility or have a permit because this is considered to be "off-site." For additional information see the definition of "on-site" in OAC rule 3745-50-10.</i>		
PERSONNEL TRAINING		
21.	Does the generator have a training program which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to their positions? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22.	Does the personnel training program, at a minimum, include instructions to ensure that facility personnel are able to respond effectively to emergencies involving hazardous waste by familiarizing them with emergency procedures, emergency equipment and emergency systems (where applicable)? [3745-65-16(A)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: For facility employees that receive emergency response training pursuant to OSHA regulations, the facility is not required to provide separate emergency response training, provided that the overall facility training meets all the requirements of OAC 3745-65-16(A). [3745-65-16(A)(4)]</i>		
23.	Is the personnel training program directed by a person trained in hazardous waste management procedures? [3745-65-16(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
24.	Do new employees receive training within six months after the date of hire (or assignment to a new position)? [3745-65-16(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.	Does the generator provide annual refresher training to employees? [3745-65-16(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

26.	Does the generator keep records and documentation of:		
a.	Job titles? [3745-65-16(D)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Job descriptions? [3745-65-16(D)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Type and amount of training given to each person? [3745-65-16(D)(3)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Completed training or job experience required? [3745-65-16(D)(4)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
27.	Are training records for current personnel kept until closure of the facility and are training records for former employees kept for at least three years from the date the employee last worked at the facility? [3745-65-16(E)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: The following section can be used by the inspector to document that all personnel who are involved with hazardous waste management have been trained. The employees who need training (written and/or on-the-job) may include the following: environmental coordinators, drum handlers, emergency coordinators, personnel who conduct hazardous waste inspections, emergency response teams, personnel who prepare manifest, etc.

Job Performed	Name of Employee	Date Trained

CONTINGENCY PLAN

28.	Does the owner/operator have a contingency plan to minimize hazards to human health or the environment from fires, explosions or any unplanned release of hazardous waste? [3745-65-51(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
29.	Does the plan describe the following:		
a.	Actions to be taken in response to fires, explosions or any unplanned release of hazardous waste? [3745-65-52(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Arrangements with emergency authorities? [3745-65-52(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	A current list of names, addresses and telephone numbers (office and home) of all persons qualified to act as emergency coordinator? [3745-65-52(D)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	A list of all emergency equipment, including: location, a physical description and brief outline of capabilities? [3745-65-52(E)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
e.	An evacuation plan for facility personnel where there is possibility that evacuation may be necessary? [3745-65-52(F)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: If the facility already has a "Spill Prevention, Control and Countermeasures Plan" under 40 CFR Part 112 or 40 CFR Part 1510, or some other emergency plan, the facility can amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with OAC requirements. The facility may develop one contingency plan which meets all regulatory requirements. Ohio EPA recommends that the plan be based on the "National Response Team's Integrated Contingency Plan Guidance (One Plan)." [3745-65-52(B)]

30.	Is a copy of the plan (plus revisions) kept on-site and been given to all emergency authorities that may be requested to provide emergency services? [3745-65-53(A)&(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
31.	Has the generator revised the plan in response to rule changes, facility, equipment and personnel changes, or failure of the plan? [3745-65-54]	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
32.	Is an emergency coordinator available at all times (on-site or on-call)? [3745-65-55]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: The emergency coordinator shall be thoroughly familiar with: (a) all aspects of the facility's contingency plan; (b) all operations and activities at the facility; (c) the location and characteristics of waste handled; (d) the location of all records within the facility; (e) facility layout; and (f) shall have the authority to commit the resources needed to implement provisions of the contingency plan.

EMERGENCY PROCEDURES		
33.	Has there been a fire, explosion or release of hazardous waste or hazardous waste constituents since the last inspection? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Was the contingency plan implemented? [3745-65-51(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Did the facility follow the emergency procedures in 3745-65-56(A) through (H)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Did the facility submit a report to the Director within 15 days of the incident as required by 3745-65-56(I)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: OAC 3745-65-51(B) requires that the contingency plan be implemented immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents, which could threaten human health and the environment.</i>		
PREPAREDNESS AND PREVENTION		
34.	Is the facility operated to minimize the possibility of fire, explosion, or any unplanned release of hazardous waste? [3745-65-31]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
35.	Does the generator have the following equipment at the facility, if it is required due to actual hazards associated with the waste:	
a.	Internal communications or alarm system? [3745-65-32(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Emergency communication device? [3745-65-32(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Portable fire control, spill control and decon equipment? [3745-65-32(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Water of adequate volume/pressure per documentation or facility rep? [3745-65-32(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: Verify that the equipment is listed in the contingency plan.</i>		
36.	Is emergency equipment tested (inspected) as necessary to ensure its proper operation in time of emergency? [3745-65-33]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
37.	Are emergency equipment tests (inspections) recorded in a log or summary? [3745-65-33]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
38.	Do personnel have immediate access to an internal alarm or emergency communication device when handling hazardous waste (unless the device is not required under 3745-65-32)? [3745-65-34(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
39.	If there is only one employee on the premises, is there immediate access to a device (eg., phone, hand held two-way radio) capable of summoning external emergency assistance (unless not required under 3745-65-32)? [3745-65-34(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
40.	Is adequate aisle space provided for unobstructed movement of emergency or spill control equipment? [3745-65-35]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
41.	Has the generator attempted to familiarize emergency authorities with possible hazards and facility layouts? [3745-65-37(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
42.	Where authorities have declined to enter into arrangements or agreements, has the generator documented such a refusal? [3745-65-37(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
SATELLITE ACCUMULATION AREA REQUIREMENTS		
43.	Does the generator ensure that satellite accumulation area(s):	
a.	Are at or near a point of generation? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Are under the control of the operator of the process generating the waste? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Do not exceed a total of 55 gallons of hazardous waste per waste stream? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Do not exceed one quart of acutely hazardous waste at any one time? [3745-52-34(C)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

e.	Containers are closed, in good condition and compatible with wastes stored in them? [3745-52-34(C)(1)(a)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
f.	Containers are marked with words "Hazardous Waste" or other words identifying the contents? [3745-52-34(C)(1)(b)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
44.	Is the generator accumulating hazardous waste(s) in excess of the amounts listed in the preceding question? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Did the generator comply with 3745-52-34(A)(1) through (4) or other applicable generator requirements within three days? [3745-52-34(C)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Did the generator mark the container(s) holding excess with the accumulation date when the 55 gallon (one quart) limit was exceeded? [3745-52-34(C)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: The satellite accumulation area is limited to 55 gallons of hazardous waste accumulated from a distinct point of generation in the process under the control of the operator of the process generating the waste (less than 1 quart for acute hazardous waste). There could be individual waste streams accumulated in an area from different points of generation.

USE AND MANAGEMENT OF CONTAINERS IN <90 DAY ACCUMULATION AREAS

45.	Has the generator marked containers with the words "Hazardous Waste" [3745-52-34(A)(3)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
46.	Is the accumulation date on each container? [3745-52-34(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
47.	Are hazardous wastes stored in containers which are:	
a.	Closed (except when adding/removing wastes)? [3745-66-73(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	In good condition? [3745-66-71]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Compatible with wastes stored in them? [3745-66-72]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Handled in a manner which prevents rupture/leakage? [3745-66-73(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: Record location on process summary sheets, photograph the area, and record on facility map.

48.	Is the container accumulation areas(s) inspected weekly? [3745-66-74]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Are inspections recorded in a log or summary? [3745-66-74]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: "Week" means 7 consecutive days per ORC§1.44(A).

49.	Are containers of ignitable or reactive wastes located at least 50 feet (15 meters) from the facility's property line? [3745-66-76]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
50.	Are containers of incompatible wastes stored separately from each other by means of a dike, berm, wall or other device? [3745-66-77(C)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
51.	If the generator places incompatible wastes, or incompatible wastes and materials in the same container, is it done in accordance with 3745-65-17(B)? [3745-66-77(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
52.	If the generator places hazardous waste in an unwashed container that previously held an incompatible waste, is it done in accordance with 3745-65-17(B)? [3745-66-77(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: OAC 3745-65-17(B) requires that the generator treat, store, or dispose of ignitable or reactive waste, and the mixture or commingling of incompatible wastes, or incompatible wastes and materials so that it does not create undesirable conditions or threaten human health or the environment.

53.	If the generator has closed a <90 day accumulation area does the closure appear to have met the closure performance standard of 3745-66-11? [3745-52-34(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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NOTE: Please provide a description of the unit and documentation provided by the generator for the file to demonstrate that closure was completed in accordance with the closure performance standards. If the generator has closed a <90 day tank, closure must also be completed in accordance with OAC 3745-66-97 (except for paragraph C of this rule). [3745-52-34]

PRE-TRANSPORT REQUIREMENTS

54.	Does the generator package/label its hazardous waste in accordance with the applicable DOT regulations? [3745-52-30, 3745-52-31 and 3745-52-32(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
55.	Does each container ≤119 gallons have a completed hazardous waste label? [3745-52-32(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
56.	Before off-site transportation, does the generator placard or offer the appropriate DOT placards to the initial transporter? [3745-52-33]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**GENERATOR LDR CHECKLIST
DOES NOT APPLY TO CESQGS**

GENERAL REQUIREMENTS

1.	If LDRs do not apply, does the generator have a statement that lists how the HW was generated, why LDRs don't apply and where the HW went? [3745-270-07(A)(7)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
2.	Did the generator determine if the HW/soil must be treated to meet the LDR treatment standard prior to disposal? Generator knowledge or testing may be used. [3745-270-07(A)(1)] If not,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Did the generator send the waste to a permitted HW TREATMENT facility? [3745-270-07(A)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p><i>NOTE: This is done by determining if the HW /soil contains levels of constituents greater than the levels given in its LDR treatment standard in 3745-270-40. However, if a specific treatment method is given in 3745-270-40 for the HW, no determination is required [3745-270-07(A)(1)(b)]. If soil, generator can choose to have soil treated to LDR levels given in 3745-270-49 (alternative treatment levels for soils).</i></p>		
3.	Does the generator have documentation of how he determined whether the HW/soil meets or does not meet the LDR treatment standard in 2, above? [3745-270-07(A)(6)(a) or 3745-270-07(A)(6)(b)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4.	Does the generator keep the documentation required in #2, above, on-site for at least three years from the last date the HW/soil was sent on-site/off-site for treatment/disposal? [3745-270-07(A)(8)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	Does the generator generate a listed HW that exhibits a characteristic? If yes,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Did the generator determine if the listed HW exhibits a characteristic that is not treated under the LDR treatment standard for the listed HW? [3745-270-09(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p><i>FOR EXAMPLE: F006 that exhibits the characteristic for silver or K062 that is corrosive, D002. Review LDR treatment standard in 3745-270-40 to determine what constituents the listed HW is treated for.</i></p>		
6.	Did the generator determine if its characteristic HW contains underlying hazardous constituents that need to be treated? [3745-270-09(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p><i>NOTE: This is done by evaluating which underlying hazardous constituents (UHC) are in the HW at levels above the universal treatment standards given in 3745-270-48. This requirement does not apply to high total organic carbon (i.e., contains >10% TOC) D001 wastes or listed HWs.</i></p> <p><i>NOTE: Written documentation of this determination is not required.</i></p>		
7.	Did the generator treat his HW /soil on-site <u>to meet</u> the LDR treatment standard?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p><i>NOTE: If "Yes" see question #16.</i></p>		
8.	Did the generator send a one-time LDR notification form to the TSD with the first shipment to that facility? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	If the generator chose not to make the determination of whether his waste must be treated, did he send a notice to the TSD facility with each shipment? [3745-270-07(A)(2)] If so, did the notice include:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
i.	Applicable HW codes?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
ii.	Manifest number of the first shipment to the TSD?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
iii.	A statement that conveys that the HW may or may not be subject to the LDR treatment standards and the TSD must make that determination.?"	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
9.	Did the generator resubmit the LDR notification form to the TSD when the HW changed or the generator used a new TSD? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10.	Does the generator have a copy of the LDR notification form/notice on file? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Is the form/notice kept on file for three years after last HW shipped? [3745-270-07(A)(8)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTIFICATION FORM

11.	Does the LDR Notification form contain the following information:		
a.	Manifest number of the first waste shipment to the TSD? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
b.	Applicable waste codes (includes characteristic codes for a listed HW if applicable)? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
c.	A statement that conveys that the HW is subject to LDRs and must be treated to meet LDR treatment requirements? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
d.	A designation whether the HW is a wastewater or non-wastewater? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

NOTE: A wastewater contains <1% by wt. total suspended solids(TSS) and <1% by wt. TOC. If you doubt the HW is a wastewater or non-wastewater, the HW can be tested using for example, Standard Methods (SM) 160.2 for TSS, SW-846 method 9060a for TOC.

e.	Designation of the waste subcategory when applicable? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: Subcategories are found on the LDR treatment standards table under the applicable waste code. Not all HWs have subcategories

f.	A listing of the underlying hazardous constituents for which a characteristic waste must be treated? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: Not required if the waste is high TOC D001 or the TSD tests its treatment residues for all underlying hazardous constituents.

g.	If the HW is F001-F005 or F039, did the generator note on the LDR form what solvents or constituents, respectively, the waste contains and must be treated for? [3745-270-07(A)(2)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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NOTE: Not required if the TSD tests its treatment residues for all underlying hazardous constituents.

PROHIBITED DILUTION

12.	Is the HW treated by burning? If "No" go to #15.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13.	Is the HW a metal-bearing HW?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

NOTE: Generally, metal-bearing HWs contain heavy metals above TCLP levels or were listed due to the presence of metals. A list of the restricted metal-bearing HWs are given in the Appendix to 3745-270-03.

14.	a.	Metal-bearing HWs cannot be incinerated, combusted or, blended and burned for fuel unless <u>one</u> of the following conditions apply. [3745-270-03(c)]	
	i.	Contains > 1% TOC?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	ii.	Contains organic constituents or cyanide at levels greater than the UTS levels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	iii.	Is made up of combustible material e.g., paper, wood, plastic?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	iv.	Has a reasonable heating value (e.g., > 5000 Btu)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	v.	Co-generated with a HW that must be combusted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	If all responses to 14 a.i. through 14 a.v. are "No", HW is being improperly treated by dilution, violation of 3745-270-03(C). Is HW being treated by dilution?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15.	Was the HW treated by wastewater treatment?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a.	Is a LDR treatment method, other than DEACT or a numerical value, specified for the waste? [3745-270-03(B) and 3745-270-40(A)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: If "Yes", HW is improperly being treated by dilution.

b.	Does the waste carry the D001 code <u>and</u> contain $\geq 10\%$ TOC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Does the wastewater treatment process include a process to separate/recover the organic phase of the waste?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: If the answers to b & c are "yes" and "no", respectively, waste is improperly being treated by dilution and generator is in violation of [3745-270-03(B)] and 3745-270-40(A)(3)].

NOTE: A list of separation/recovery processes are given in 3745-270-42 under RORG.

GENERATOR TREATMENT

16.	Does the generator treat to meet LDRs on-site?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	Did the generator treat his hazardous waste/soil on-site in a tank, container, drip pad or containment building to <u>meet</u> the LDR treatment standard?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	If "Yes"... complete the rest of the checklist. If "No"... stop... you are done.	
a.	Does the generator have a written waste analysis plan (WAP) that describes the procedures he will follow to treat the HW/soil to the LDR treatment standard? [3745-270-07(A)(5)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Did the generator use a detailed chemical and physical analysis of the HW/soil in order to develop the WAP? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTE: This is a laboratory analysis but it does not have to be kept by the generator.

c.	Does the WAP contain all information necessary to treat the HW/soil to the LDR treatment standard? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
d.	Does the WAP include the testing frequency of the treated HW/soil to demonstrate that the LDR treatment standard is being met? [3745-270-07(A)(5)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
e.	Does the generator keep the WAP on-site? [3745-270-07(A)(5)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
f.	Is the WAP available for the inspector's review during the inspection? [3745-270-07(A)(5)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

NOTIFICATION FORM FOR GENERATOR TREATMENT

17.	a.	Contains all information in #11 a-g above and	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b.	If the treated HW/soil is listed.....notification contains the following certification statement: "I certify under penalty of law that I personally have examined and am familiar with the waste, through analysis and testing or through knowledge of the waste, to support this certification that the waste complies with the treatment standards specified in rule 3745-270-40 to 3745-270-49 of the Administrative Code. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c.	If the treated HW/soil no longer exhibits a characteristic and is no longer a HW, did the generator:	
	i.	Prepare a one-time notification? [3745-270-09 (D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	ii.	Maintain a copy of the notice onsite? [3745-270-09(D)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iii.	Include in the notification: [3745-270-09(D)]	
		1. Name & address of receiving landfill?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
		2. Description of HW when generated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
		3. HW code when generated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

		4.	Treatability group when generated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
		5.	Underlying hazardous constituents present when generated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
		iv.	Contain the certification statement as required by 3745-270-07(B)(4)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

USED OIL INSPECTION CHECKLIST - MARKETERS

NOTE: A facility is subject to the federal SPCC regulations (40 CFR 112) if it is non-transportation related (e.g., fixed) and has an aggregate above ground storage capacity greater than 1,320 gallons or a total underground storage capacity greater than 42,000 gallons of oil (including used oil), and there is reasonable expectation of a discharge to navigable waters.

PROHIBITIONS

1.	Does the Used Oil Marketer manage used oil in a surface impoundment or waste pile? If yes:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
a.	Is the surface impoundment or waste pile regulated as a hazardous waste management unit? [3745-279-12(A)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

NOTE: For example, scrap metal contaminated with used oil or used oil managed in a surface impoundment (i.e., pond).

2.	Is used oil used as a dust suppressant? [3745-279-12(B)]	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
3.	Is off-specification used oil fuel burned for energy recovery in devices specified in 3745-279-12(C)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

NOTE: All used oil burned for energy recovery is presumed to be off-specification until all requirements of OAC rule 3745-279-11 have been met.

NOTE: Multiple used oil checklists may be applicable if used oil handler is performing multiple tasks (e.g., if generating used oil and shipping directly to a burner, complete generator and marketer checklists at a minimum).

4.	Does the used oil fuel marketer initiate shipments of off-spec used oil only to a used oil burner that has a U.S. EPA ID# and burns the used oil in an industrial furnace or boiler identified in 3745-279-61(A)? [3745-279-71]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5.	Does the generator, transporter, processor/re-refiner, or burner who first claims that the used oil meets the specification for used oil fuel under 3745-279-11 keep copies of analyses of the used oil (or other information used to make the determination) for at least three years? [3745-279-72(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
6.	Has the used oil marketer notified Ohio EPA or U.S. EPA and obtained a U.S. EPA ID#? [3745-279-73(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7.	Does the used oil marketer keep a record of each shipment of off-spec used oil directed to a used oil burner? [3745-279-74(A)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
a.	Does each record include the name and address of the transporter who delivers the used oil to the burner? [3745-279-74(A)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b.	Does each record include the name and address of the burner who receives the oil? [3745-279-74(A)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c.	Does each record include the U.S. EPA ID# of the transporter that delivers the used oil to the burner? [3745-279-74(A)(3)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
d.	Does each record include the U.S. EPA ID# of the burner? [3745-279-74(A)(4)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
e.	Does each record include the quantity of the used oil shipped? [3745-279-74(A)(5)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
f.	Does each record include the date of shipment? [3745-279-74(A)(6)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8.	Does the generator, transporter, processor/re-refiner, or burner who first claims that the used oil meets the fuel specifications under 3745-279-11 keep a record of each shipment of used oil to an on-spec used oil burner? [3745-279-74(B)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
a.	Does each record include the name and address of the facility receiving the shipment? [3745-279-74(B)(1)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
b.	Does each record include quantity of used oil fuel delivered? [3745-279-74(B)(2)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
c.	Does each record include date of shipment or delivery? [3745-279-74(B)(3)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

	d.	Does each record include a cross-reference to the record of used oil analysis or other information used to make the determination that the used oil meets the specification as required in 3745-279-72(A)? [3745-279-74(B)(4)]	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
9.		Are the records described in 3745-279-74(A) and (B) maintained for at least three years? [3745-279-74(C)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10.		Before the used oil generator, transporter or processor/re-refiner directs the first shipment of off-spec used oil to a burner, does he obtain a one time written and signed notice from the burner certifying that:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	a.	The burner has notified Ohio EPA stating the location and general description of the used oil management activities? [3745-279-75(A)(1)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	b.	The burner will burn the off-spec used oil only in an industrial furnace or boiler identified in 3745-279-61(A)? [3745-279-75(A)(2)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
11.		Is the certification maintained for at least three years from the date the last shipment of off-spec used oil was shipped to the burner? [3745-279-75(B)]	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**SYSTECH ENVIRONMENTAL CORPORATION
(OHD 005048947 / 03-63-0595)**

FINAL

**STATE PART B HAZARDOUS WASTE PERMIT
INSPECTION CHECKLIST**

**DHWM – OEPA
FEBRUARY 1995**

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SYSTEM ENVIRONMENTAL
(OHD005048947 / 03-63-0595)

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END OF PERMIT CONDITIONS

**OHIO PART B PERMITTED FACILITY
RCRA INSPECTION CHECKLIST**

Facility: Systech Environmental Corporation
Address: 111397 County Road 176
Paulding, Ohio 45879

Ohio Permit: 03-63-0595
USEPA ID: OHD 005048947

County: Paulding
Inspection Date: October 04, 2012

Facility Phone: 419-399-4835
Time: 10:30 AM

Advance notice of inspection given? Yes No X
If so, how far in advance?

	<u>Name</u>	<u>Agency/Title</u>	<u>Phone</u>
Inspectors:	Gary Deutschman Robin Wiley	Ohio EPA – NWDO Ohio EPA-NWDO	419-373-3056 419-698-3130
Facility Representatives:	Jeff Hunyor	Systech	419-399-4835

Is facility operating as a generator? Yes X No _____

If so, complete the applicable sections of the Generator Requirements checklist for wastes being managed under generator status.

PERMIT STATUS

Permit Issued: August 08, 2003
Permit Effective Date: August 08, 2003
Permit Expiration Date: August 08, 2013

<u>Storage</u>	<u>Treatment</u>	<u>Disposal</u>
<input checked="" type="checkbox"/> Container	<input checked="" type="checkbox"/> Tank	Injection Well
<input checked="" type="checkbox"/> Tank	Surface Impoundment	Landfill
Waste Pile	Incinerator	Land Application
Surface Impoundment	Thermal Treatment	Surface Impoundment
	<input checked="" type="checkbox"/> Container	

Revised February 2, 1995
(FINAL)

I. GENERAL CONDITIONS OF PERMIT

GENERAL PERMIT COMPLIANCE AND ACTIVITIES

1.	Has the expiration date of the permit passed? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Is the Permittee continuing any activity regulated by the permit after the expiration date of the permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(b) Has the facility submitted an application for a permit renewal to the Director no later than 180 days prior to the expiration date of the permit? (or upon a later date if the Permittee can demonstrate good cause for late submittal). (Condition A.6.(a))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#

NOTE: *The Permittee may continue to operate in accordance with the terms and conditions of the expired permit until a renewal permit is issued or denied if:*

- i. the Permittee has submitted a timely and complete application for a renewal permit under OAC Rule 3745-50-40, and;*
- ii. through no fault of the Permittee, a new permit has not been issued pursuant to OAC Rule 3745-50-40 on or before the expiration date of the permit. (Condition A.6.(b))*

2.	Has the Permittee submitted the annual permit fee, payable to Treasurer of the State of Ohio, to the Ohio EPA on or before the anniversary of the date of issuance during the term of the permit? (Condition A.27.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
3.	Is the Permittee conducting any hazardous waste management activities (not otherwise exempt by law) which are not authorized by the permit? (Condition A.1.(b) and A.5.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
4.	Have any provisions of the permit been identified as invalid? (Condition A.4.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
5.	Has the Permittee identified any instances of non-compliance with the permit, ORC Chapter 3734 or the rules adopted thereunder, which may endanger human health or the environment? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Did the Permittee immediately report the following to Ohio EPA, Emergency Response Section: (Condition A.20.(b))				
	i. Information concerning a release of any hazardous waste that may cause an endangerment to public drinking water supplies; and	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	ii. Information concerning a release of hazardous waste, fire or explosion at the facility which could threaten human health or the environment, including a description of:				

	a. Name, address & telephone number of the owner or operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	b. Name, address & telephone number of the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	c. Date, time & source of release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	d. Local weather conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	e. Name & quantity of material(s) involved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	f. The extent of injuries, if any?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	g. An assessment of the actual or potential hazard to the environment and human health inside and outside the facility where applicable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	h. The response the facility took to contain and monitor the release?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	i. Who was notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	j. Any monitoring results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	k. Estimated quantity and disposition of recovered material that resulted from the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
6.	Did the Permittee provide a written report to the Ohio EPA, Emergency Response Section within five days of the time the Permittee became aware of the circumstances reported in Question 5? (Condition A.21.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	If so, did the report contain:				
	(a) A description of the non-compliance (including exact dates and times)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(b) Whether the non-compliance has been corrected and if not, the anticipated time non-compliance is expected to continue? and;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
7.	Has the Permittee expeditiously taken all steps necessary to minimize or correct any adverse impact on the environment or public health resulting from non-compliance with the permit? (Condition A.8.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
8.	Has the Permittee identified any other instances of non-compliance not provided for in Question #5?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) If so, did the Permittee report these instances to the Ohio EPA, DHWM, within 15 days of becoming aware of the non-compliance? (Condition A.22.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(b) Do the reports provided contain the information set forth in Condition A.20.? (Condition A.22.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
9.	Has the Permittee planned any changes in the permitted facility or activity which may result in non-compliance with the conditions of the permit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) If so, has the facility provided Ohio EPA with notice of such changes? (Condition A.15.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#

NOTE: Such notification does not waive the Permittee's duty to comply with the permit pursuant to Condition A.5.

PERMIT MODIFICATION, REVISION, REVOCATION

10.	Has the Permittee filed a request for a permit modification, revision or revocation since issuance of the permit? (Condition A.2.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
11.	Has the permit been transferred to a new owner or operator? (Condition A.18.) If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Has the transfer been conducted in accordance with ORC Chapter 3734 and the rules adopted thereunder? (Condition A.18.(a)) and;	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(b) Before transferring ownership did the Permittee notify the new owner in writing of the requirements of ORC Chapter 3734 and the rules adopted thereunder and the applicable Ohio hazardous waste rules? (Condition A.18.(a))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
12.	Has the Permittee submitted reports of compliance or non-compliance with, or any progress reports on the requirements contained in any compliance schedule of the permit to the Ohio EPA no later than 14 days following each scheduled date, unless otherwise specified? (Condition A.19.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
13.	Has the Permittee furnished relevant information which the Ohio EPA has requested to determine whether cause exists for modifying, revising, revoking or suspending the permit, or to determine compliance with the permit? (Condition A.10.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
14.	Has the Permittee furnished Ohio EPA, upon request, with copies of records required to be kept by the permit? (Condition A.10.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
15.	Has the Permittee become aware that it failed to submit any relevant facts in the permit or issuance proceedings or that it submitted incorrect or incomplete information in permit issuance proceedings or other submissions to Ohio EPA or the NWFB? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Has the Permittee promptly submitted such facts or corrected information to the appropriate entity? (Condition A.24.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
16.	Is the Permittee maintaining records of all data used to complete the approved application and any amendments, supplements, revisions or modifications to the application? (Condition A.14.(c))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
17.	Is the Permittee retaining a complete copy of the approved application on-site? (Condition A.14.(c))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
18.	Is the Permittee planning any physical alternations or additions to the permitted facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) If so, has the Permittee given notice to the Director of such alterations/additions? (Condition A.15.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Have such changes been made in accordance with OAC Rule 3745-50-51? (Condition A.15.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

SITE ENTRY – AVAILABILITY OF RECORDS

19.	As specified in Condition A.11, the Permittee allowed the Director or an authorized representative, upon proper identification and upon stating the purpose and necessity of an inspection, to:				
	(a) Enter at reasonable times upon the premises where a regulated activity is located or where records are kept under the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Have access to and copy any records required to be kept under the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Inspect and photograph at reasonable times, facilities, equipment (including control and monitoring equipment), practices or other operations regulated under the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(d) Sample or monitor any substance or parameter at any location of the facility to assure compliance with the permit or as otherwise authorized by ORC Chapter 3734 and the rules adopted thereunder?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

REMARKS:

II. RECORDKEEPING REQUIREMENTS

CONFIDENTIALITY

1.	Has the Permittee requested confidentiality of any information of the permit in accordance with ORC Chapter 3734 and the rules adopted thereunder? (Condition A.16.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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OPERATING RECORD

2.	Is the Permittee maintaining a written operating record at the facility as set forth in OAC Rules 3745-54-73 and 3745-54-74 which contains the following elements: (Condition B.21.)				
	(a) A description of and the quantity of each hazardous waste received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Method(s) and date(s) of treatment, storage or disposal at the facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) The location of each hazardous waste within the facility and the quantity at each location?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
3.	Is the Permittee maintaining, until closure is complete and certified, the following documents and amendments, revisions and modifications to these documents: (Condition A.29.)				
	(a) Waste analysis plan in accordance with OAC Rule 3745-54-13 and the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Contingency plan in accordance with OAC Rule 3745-54-53 and the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Closure plan in accordance with OAC Rule 3745-55-12 and the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(d) Cost estimate for facility closure in accordance with OAC Rule 3745-55-42 and the conditions of the permit? (estimate only – adequacy of estimate will be evaluated by C.O. financial assurance personnel)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(e) Personnel training plan and records required by OAC Rule 3745-54-16 and the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(f) Inspection schedules developed in accordance with OAC Rules 3745-54-15 and 3745-54-74 and the conditions of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
4.	Have any of the documents identified in Question #3 been revised as required by the permit? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Has the Permittee submitted the revisions to the Ohio EPA? (Condition A.29.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Has the Permittee received approval in accordance with Ohio hazardous waste rules to make such changes? (Condition A.29.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

5.	Is the Permittee maintaining copies of all inspection logs at the facility for a period of at least three years from date of inspection? (Condition A.28.(c))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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ANNUAL REPORT REQUIREMENT

6.	Is the Permittee complying with annual report requirements set forth in OAC Rule 3745-54-75 and the additional report requirements set forth in OAC Rule 3745-54-77 and the conditions of the permit? (Condition B.24.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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SAMPLING/MONITORING RECORDKEEPING REQUIREMENTS

7.	In compliance with Condition A.12(b) of the permit, do the Permittee's records of monitoring information specify the :				
	(a) Date(s), exact place(s), time(s) and method(s) of sampling or measurement?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Individual(s) who performed the sampling or measurement?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Date(s) analyses were performed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(d) Individual(s) who performed the analyses?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(e) Analytical technique(s) or method(s) used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(f) Results of such analyses?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
8.	Have the methods used to obtain a representative sample of the waste to be analyzed included the appropriate SW-846 method or an equivalent method specified in the approved waste analysis plan? (Condition A.12.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
9.	Has the Permittee signed and certified all records, plans and reports in accordance with OAC Rule 3745-50-42? (Conditions A.13. and A.25.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

WASTE MINIMIZATION REQUIREMENTS

10.	Has the Permittee submitted a Waste Minimization Report to Ohio EPA meeting the requirements of Condition A.30. of the permit within 180 days of permit journalization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Following the first submittal as identified above in Question #10, has the Permittee submitted biennial updates to this report as required by Condition A.30.(c)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

ON-SITE SHIPMENTS/MANIFEST REQUIREMENTS

11.	Is all hazardous waste transported from the facility by a properly registered transporter of hazardous waste in accordance with all applicable laws, rules and standards? (Condition A.16.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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2.	Is the Permittee complying with the following manifest requirements set forth in OAC Chapter 3745-52 and OAC Rules 3745-54-70, 3745-54-72 and 3745-54-76: (Condition B.23.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) All hazardous wastes shipped off-site have been accompanied by a completed manifest, U.S. EPA form 8700-22 and, if necessary, U.S. EPA form 8700-22A in compliance with OAC Rule 3745-52-20?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) The manifest form used contains all information required by OAC Rule 3745-52-20 and the minimum number of copies required by OAC Rule 3745-52-22?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) The facility has designated at least one permitted disposal facility and has/will designate an alternate facility or instructions to return waste in compliance with OAC Rule 3745-52-02(C)(D)(E)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
3.	Has the Permittee received a return copy of each completed manifest within 35 days of the date the waste was accepted by the initial transporter?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) If not, has the Permittee complied with the manifest exception reporting requirements of OAC Rule 3745-52-42?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
4.	Are signed copies of all hazardous waste manifests and any documentation required for exception reports retained for at least three years at the facility as required by OAC Rule 3745-52-40?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
5.	Has the Permittee received any hazardous waste from a foreign source since the date of last inspection? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Did the Permittee provide notification to the Director or receipt of such wastes in writing at least four weeks in advance of the date the Permittee expected to receive the waste? (Condition B.2.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
6.	Where the Permittee received waste from an off-site source (except where the Permittee is also the generator): Does the Permittee inform the generator in writing that the facility has the appropriate permits and will accept the waste the generator is shipping? (Condition B.2.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Is the Permittee maintaining a copy of this written notice in the operating record? (Condition B.2.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

REMARKS:

III. WASTE ANALYSIS / WASTE ANALYSIS PLAN

GENERAL REQUIREMENTS

1.	Does the Permittee have a detailed chemical and physical analysis of waste streams which contains all information which is necessary to properly treat, store or dispose of the waste in accordance with OAC Chapters 3745-54 to 3745-57 and Condition B.3. (Section C) of the permit? (3745-54-13(A)(1))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
2.	Since the last inspection, were any wastes generated by the facility which were unable to be characterized through process knowledge? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Were the waste analysis procedures described in Section III for the approved permit application followed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
3.	Is the Permittee following the procedures described in the approved waste analysis plan (Section III of the approved permit application) and the requirements of OAC Rule 3745-54-73? (Condition B.3.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

WASTE ANALYSIS QUALITY ASSURANCE REQUIREMENTS

4.	Is the Permittee verifying the analysis of each waste stream annually as part of its quality assurance program in accordance with SW-846? (Condition B.3.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
5.	In accordance with Condition B.3. of the permit, does the Permittee's quality assurance plan ensure that the Permittee is, at a minimum:				
	(a) Maintaining proper functional instruments?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Using approved sampling/analytical methods?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Verifying the validity of sampling and analytical procedures and performance of correct calculations?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
6.	Does the Permittee use a contract laboratory to perform analysis? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) In accordance with Condition B.3. of the permit, has the Permittee informed the lab in writing that it must operate under the waste analysis conditions as set forth in the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

PCBS AND PESTICIDES

7.	Does the Permittee sample and analyze all incoming shipments for the presence of PCB's? (Condition D.1(a)(i))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
8.	Has the Permittee's analysis of incoming shipments revealed concentrations of PCB's above the Method Quantification Limit (MQL) and below 50 ppm?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

	(a) If so, did the Permittee make the generator provide certification/documentation that the waste was not blended to reduce the PCB concentration below the TSCA regulated limit of 50 ppm?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	(b) If the analysis revealed PCB's above 50 ppm did the Permittee reject the shipment? (Condition D.1.(a)(i))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
9.	Does the Permittee sample and screen all incoming shipments for pesticides that have been designated as contaminants for the purpose of identification of a waste having the toxicity characteristics? (Condition D.1.(b)(i))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
10.	Has the Permittee detected pesticides in waste received at a concentration greater than the MQL? (Condition D.1.(b)(i))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) If so, did the Permittee reject the shipment or prove that the waste was not blended to reduce the PCB concentration below the TSCA regulated limit of 50 ppm?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
11.	Did the Permittee determine the MQLs for PCBs and pesticides within 90 days after permit journalization using methods described in the most recent version of "USEPA Office of Research and Development, Appendix B, Definition and Procedure for Determination of Method Detection Limit?" (Condition D.1.(a)(ii))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
12.	Does the Permittee maintain the MQL value and supporting documents in the operating record? (Condition D.1.(a)(ii))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
13.	Does the Permittee randomly sample ten percent of all incoming hazardous waste shipments for antimony, arsenic, barium, beryllium, cadmium, chromium, lead, mercury, silver and thallium in accordance with "Test Methods for Evaluating Solid Waste: Physical Chemical Methods, SW-846, November 1986" and additional supplements?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
14.	Does the Permittee require generators whose waste shipments are not within the limits set forth in Condition D.1.(c)(i) of the permit for metals submit a revised Waste Profile Sheet if the discrepancy is due to a process change by the generator? (Condition D.1.(c)(i))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
15.	Does the Permittee sample and analyze each batch of blended hazardous waste fuel for the metals listed in Condition D.1.(c)(i) prior to the fuel being used in the kilns? (Condition D.1.(c)(ii))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
16.	Does the Permittee ensure that the individual metal through-put (Concentration x flow rate) does not exceed the limits established for the Lafarge cement kilns under 40 CFR 266.106(a)? (Condition D.1.(c)(ii))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
17.	Does the Permittee perform analysis of incoming	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

	waste fuel shipments in accordance with the approved waste analysis plan for volatile organic compounds (VOC's)? (Condition D.1.(d))				
18.	Have any previously undetected components been found and constitute more than ten percent of the mixture?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) If so, and the constituent is not listed on the waste profile sheet but is allowable under the permit, has the Permittee contacted the generator to reconcile the discrepancy? (Condition D.1.(d)(iii))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(b) If so, and the constituent is not listed on the waste profile sheet but is allowable under the permit and the discrepancy is due to a process change by the generator, has the Permittee required the generator to submit a revised Waste Profile Sheet? (Condition D.1.(d)(iii))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(c) If so, and the constituent is not allowed under the permit, has the Permittee rejected the shipment? (Condition D.1.(d)(iv))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#

REMARKS:

IV. INSPECTION AND SECURITY

GENERAL INSPECTION REQUIREMENTS

1.	Is the Permittee following the inspection procedures and schedules described in Section V of the approved permit application and the requirements of OAC Rule 3745-54-15? (Condition B.5.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
2.	Does the Permittee inspect the facility with such regularity as to identify problems resulting from deterioration, malfunctions, operator errors or discharges which may lead to a release of hazardous waste to the environment or a threat to human health? (OAC Rule 3745-54-15(A)(1)(2))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
3.	Is the Permittee following the approved inspection schedule for inspecting: monitoring equipment, safety equipment, emergency equipment, security devices and operating and structural equipment as specified in OAC Rule 3745-54-15?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Is the schedule kept at the facility? (OAC Rule 3745-54-15(B)(2))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Does the schedule identify the types of problems which are to be looked for during the inspection? (OAC Rule 3745-54-15(B)(4))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Does the schedule include inspection of areas subject to spills daily when in use and according to other applicable regulations when not in use? (OAC Rule 3745-54-15(B)(4))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
4.	Does the Permittee remedy deterioration or any malfunctions discovered by an inspection as required by OAC Rule 3745-54-15(C)? (Condition B.5.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
5.	Is the Permittee maintaining records of inspections for a minimum of three years? (Condition B.5.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
6.	In accordance with OAC Rule 3745-54-15(D) and Condition B.5. of the permit, do inspection records contain the following information:				
	(a) Date and time of inspection?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Signature of inspector?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Notation of observations made?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(d) Date/nature of any repairs or other remedial actions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

SECURITY PROVISIONS / FACILITY OPERATION

7.	Is the Permittee complying with the security provisions of OAC Rule 3745-54-14 and Section V of the approved permit applications, including the following: (Condition B.4.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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	(a) Does the Permittee have a 24-hour surveillance system which continuously monitors and controls entry onto the active portion of the facility; or,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) An artificial or natural barrier (in good repair) which completely surrounds the active portion of the facility; or,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(c) A means to control entry, at all times, through gates or other entrances, to the active portion of the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
8.	In accordance with OAC Rule 3745-54-14(C), does the Permittee have signs reading "Danger – Unauthorized Personnel Keep Out" posted at each entrance and at other locations and in sufficient numbers to be seen when approaching the active portion of the facility? (Condition B.4.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
9.	Is construction, maintenance and operation of the facility being conducted to minimize the possibility of a fire, explosion or unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, ground or surface waters? (Condition B.1.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
10.	Does the Permittee ensure that no more than 138,150 metric tons of hazardous waste from off-site sources are accepted in any one calendar year? (Note: This is a facility-wide limitation and includes all units.) (Condition B.1.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

REQUIRED AISLE SPACE

11.	Is the Permittee maintaining aisle space to allow unobstructed movement of personnel, fire protection equipment, spill control equipment and decontamination equipment in the event of an emergency to any area of the facility as required by OAC Rule 3745-54-35? (Condition B.11.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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PERSONNEL TRAINING

12.	Is the facility conducting personnel training in accordance with Section VII of the approved permit application and the following requirements of OAC Rule 3745-54-16: (Condition B.6.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) The facility provides personnel training which includes instruction in safe equipment operation and emergency procedures and implementation of the contingency plan? OAC Rule 3745-54-16(A)(B)(C)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) The facility provides personnel training to new employees within six months after their date of employment, as required by OAC Rule 3745-54-16(B)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
13.	Is the Permittee maintaining personnel training records as required by OAC Rule 3745-54-16(D) and of the approved application, including: written job titles, job descriptions and documented employee training records? (Condition B.6.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
14.	Did the Permittee submit the names and job titles of all employees who manage hazardous waste at the facility to the Northwest District Office within 60 days following permit journalization? (Condition D.2.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
15.	Does the Permittee keep employee names, job titles and job descriptions onsite and make them available for inspection? (Condition D.2.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

REQUIRED EQUIPMENT

16.	Is the Permittee, at a minimum, maintaining the equipment set forth in the approved permit application (Section VI) at the facility? (Condition B.8.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
17.	Is the Permittee inspecting, testing and maintaining the equipment specified in Question #18 to assure its proper operation as specified in OAC Rule 3745-54-33, the inspection plans and Section G of the approved permit application? (Condition B.9.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
18.	Whenever hazardous waste is being managed at the facility, has the Permittee provided all personnel involved in the operation with immediate access to an internal alarm or emergency communication device as required by OAC Rule 3745-54-34 and Condition B.10.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

REMARKS:

V. CONTINGENCY PLAN REQUIREMENTS

EMERGENCY PROCEDURES

1.	In compliance with Condition B.12.(a) of the permit, does the Permittee:				
	(a) Familiarize the emergency response agencies likely to respond to an emergency at the facility with:				
	i. The layout of the facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	ii. Properties of hazardous waste managed at the facility and associated hazards?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	iii. Places where facility personnel will normally be working?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	iv. Entrances to and roads inside the facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	v. Evacuation routes as depicted in Section G-7 of the permit application?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Inform emergency response agencies of safety equipment, supplies, proper emergency procedures that are applicable to the facility and any further requirements imposed by the permit; and,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Familiarize local ambulance services, fire departments, hospitals and any other local emergency services with the properties of hazardous waste managed at the facility and the types of injuries or illnesses which could result from fires, explosions or a release of hazardous wastes at the facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
2.	Is the Permittee in compliance with the requirements of OAC Rule 3745-54-56 and Section VI of the approved permit application regarding emergency procedures? (Condition B.19.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

EMERGENCY AUTHORITIES

3.	Has a state or local agency declined to enter into the arrangements set forth in OAC Rule 3745-54-37(A)? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Has the Permittee documented the refusal in the operating record as required by OAC Rule 3745-54-37(B)? (Condition B.12.(b))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
4.	Has the Permittee, in accordance with OAC Rule 3745-54-53 submitted a copy of the approved contingency plan (including amendments, revisions or changes) to all local authorities, agencies and response contractors designated in the approved contingency plan? (Condition B.12.(c))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

5.	Has the Permittee notified the agencies in Question #4, in writing, within ten days of the effective date of any amendments or revisions to the Plan? (Condition B.12.(c))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
6.	Has the Permittee submitted a copy of the approved contingency plan and all revisions, amendments and modifications to the Ohio EPA, Division of Emergency and Remedial Response in accordance with OAC Rule 3745-54-73? (Condition B.12.(d))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

EMERGENCY COORDINATOR

7.	Is the Permittee in compliance with the requirements of OAC Rule 3745-54-55 with regard to the emergency coordinator? (Condition B.18.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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AMENDMENT OF PLAN

8.	Is the Permittee reviewing the approved contingency plan regularly and amending the plan immediately if needed in compliance with OAC Rule 3745-54-54? (Condition B.16.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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NOTE: Also see Question #4 of Recordkeeping Requirements to verify that any changes to the contingency plan were submitted in accordance with OAC Rule 3745-50-51.

IMPLEMENTATION OF PLAN

9.	Has there been a fire, explosion or release of hazardous waste or hazardous waste constituents at the facility since the date of last inspection as described by Condition B.13. of the permit? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Did the Permittee immediately implement the approved contingency plan and follow the emergency procedures described in OAC Rule 3745-54-56? (Condition B.13.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(b) Did the Permittee collect and manage released material, emergency response material and by-products as hazardous waste until making a demonstration to Ohio EPA that such materials are not subject to Ohio hazardous waste rules? (Condition B.15.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(c) Within 15 days of the incident, did the Permittee submit to the Director a written report of the incident? If so,	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	i. Did the report contain the elements set forth in OAC Rule 3745-54-56(J)? (Condition B.22.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(d) Did the Permittee note in the operating record the time, date and details of any incident that required the implementation of the approved contingency plan? (Condition B.22.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#

REMARKS:

VI. CLOSURE REQUIREMENTS

CLOSURE PLAN / AMENDMENT

1.	Is the Permittee maintaining at the facility the approved closure plan which contains the elements set forth in OAC Rule 3745-55-12? (Condition B.28.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
2.	Has the Permittee amended the closure plan?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) If so, has the plan been amended in accordance with OAC Rule 3745-55-12(C)? (Condition B.27.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

NOTE: Also see Recordkeeping Requirements (Question #4) in order to verify that any changes to the closure plan were submitted in accordance with OAC Rule 3745-50-51.

CLOSURE ACTIVITIES

3.	Has the Permittee closed the facility? If so,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Was closure conducted in accordance with the closure performance standard of OAC Rule 3745-55-11? (Condition B.25.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(b) Did the Permittee carry out the approved closure plan as set forth in the permit application and terms and conditions of the permit? (Condition B.25.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(c) After receiving the final volume of hazardous waste, did the Permittee remove from the facility all hazardous waste and complete closure activities in accordance with the schedule specified in the approved closure plan and as required by OAC Rule 3745-55-13? (Condition B.30.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(d) Has the Permittee decontaminated and/or disposed of all facility equipment, structures and soils as required by OAC Rule 3745-55-14 and the approved closure plan? (Condition B.31.(a))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(e) Did the Permittee notify Ohio EPA, Northwest District Office, within five working days prior to all rinseate and soil sampling? (Condition B.31.(b))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(f) Has the Permittee certified that the facility has been closed in accordance with the specifications in the approved closure plan as required by OAC Rule 3745-55-15? (Condition B.32.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#

REQUIREMENTS FOR IGNITIBALE, REACTIVE OR INCOMPATIBLE WASTES

4.	Is the Permittee following the procedures as specified in OAC Rules 3745-54-17 and Section V of the approved application when managing ignitable, reactive and/or incompatible wastes? (Condition B.7(a) and Condition C.9.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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5.	Does the Permittee comply with the requirements for the maintenance of protective distances between waste management areas and public ways, streets, alleys or an adjoin property line that can be built upon as required in Tables 2-1 through 2-6 of the National Fire Protection Association's "Flammable and Combustible Liquids Code" (1977 or 1981) with respect to ignitable or reactive wastes that are stored or treated in tanks at the facility? (Condition C.11.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
6.	Does the Permittee take precautions to prevent accidental ignition or reaction of ignitable or reactive waste and follow the procedures as specified in the approved permit application and OAC Rule 3745-54-15? (Condition C.11.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
7.	Does the Permittee provide electrical grounding for all containers, tanks and transport vehicles during all operations involving the handling of flammable and/or combustible wastes? (Condition B.7.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
8.	Does the Permittee provide and require the use of spark-proof tools during all operations involving the handling of flammable and/or combustible wastes? (Condition B.7.(c))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
9.	Does the Permittee prohibit smoking and open flames in areas where hazardous wastes are managed and post appropriate signs? (Condition B.7.(d))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
10.	Where applicable, does all wiring and electrical equipment at the container storage building meet the National Fire Protection Association, "National Electric Code" National Fire Codes, 1985 Edition, Volume 3, Chapter 5, Special Occupancies, Articles 500 – 503, pp. 176 through 189)? (Condition B.7.(e))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
11.	Does the Permittee prevent incompatible waste or materials from being placed in a tank except when the decontamination procedures specified in the Part B application are followed? (Condition C.10.(a) and (b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
12.	Does the Permittee document compliance with Condition C.10.(a) in the operating record? (Condition C.10.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

REMARKS:

VII. HAZARDOUS WASTE TANK STORAGE

Please see Condition C of the permit for a description of tank storage and management practices permitted at the facility. Existing tanks at the facility are: OL-1, OL-2, OL-3, OL-4, OL-5, OL-6, and OL-7.

1.	Does the Permittee store only those hazardous wastes in tanks as specified in Condition C.1 of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
2.	Does the Permittee ensure that wastes managed in the hazardous waste storage tanks do not exceed the maximum annual quantity as set forth in Condition C.1.(b) of the permit? (Condition C.1.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
3.	Does the Permittee ensure that only those waste codes as specified in the approved permit application (Condition C.1.(b)) are managed in the hazardous waste tanks? (Condition C.1.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

SECONDARY CONTAINMENT

4.	Has the secondary containment system for the existing tank(s) been designed, constructed and operated in accordance with the detailed design plans and descriptions contained in the Part B permit application? (Condition C.2.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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CERTIFICATION OF TANK SYSTEMS

5.	Does the Permittee keep on file the written assessment for its existing tank systems in accordance with Condition C.3. of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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OPERATING REQUIREMENTS

6.	Does the Permittee prohibit the placement of hazardous waste in the tank systems if such placement would cause the tank or its ancillary equipment to fail? (Condition C.4.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
7.	Does the Permittee use appropriate controls to prevent spills and overflows from the tank systems? (Condition C.4.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

RESPONSES TO LEAKS / SPILLS

8.	Has there been a leak or spill from the hazardous waste tank system(s) since that date of last inspection? If so,	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Did the Permittee follow the emergency procedures as outlined in Condition C.5.(a) and C.5.(b) of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

	(b) If the emergency procedures specified above were not followed: Did the Permittee close or repair the system in accordance with the closure plan? (Condition C.5.(a)(iv))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	(c) For all major repairs to the system: Before the system was put back into use, did the Permittee obtain a certification by an independent, qualified, registered P.E. attesting that the repaired system was capable of handling hazardous waste? (Condition C.5.(c))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
	i. Did the Permittee submit certification of major repairs to the Director within 7 days from returning the tank system to use? (Condition C.7.(c))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#

NOTE: As specified in Condition C.5., examples of major repairs include: installation of an internal liner, repair of a ruptured tank or repair or replacement of a secondary containment vault.

	(d) Did the Permittee comply with the reporting requirements as specified in Condition C.7. of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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TANK SYSTEM INSPECTION REQUIREMENTS

9.	Does the Permittee inspect the tank systems in accordance with the inspection schedule, including:				
	(a) Inspection of overfill controls in accordance with the procedures specified in the permit application? (Condition C.6.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(b) Daily inspection of the above ground portion of the tank systems to detect corrosion or release of wastes? (Condition C.6.(c)(i))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(c) Daily evaluation of data gathered from monitoring and leak detection equipment (e.g., pressure or temperature gauges, monitoring wells) to ensure that the tank system is being operated according to its design? (Condition C.6.(c)(ii))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(d) Daily inspection of construction materials and area immediately surrounding the externally accessible portion of the tank system, including the secondary containment system, to detect erosion or signs of release of hazardous waste (e.g., wet spots, dead vegetation)? (Condition C.6.(c)(iii))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
10.	Does the Permittee document tank system inspections in the operating record of the facility in accordance with Condition C.6.(d) of the permit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

SPECIAL PROVISIONS FOR IGNITABLE/REACTIVE/INCOMPATIBLE WASTES

11.	Does the Permittee ensure that ignitable or reactive wastes are not placed in the tank or secondary containment system unless the procedures as specified in the Part B permit application have first been followed? (Condition C.9.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
12.	Is the Permittee in compliance with the requirements for maintaining protective distances between the waste management areas and public areas as required in Tables 2-1 through 2-6 of the National Fire Protection Association's "Flammable and Combustible Liquids Code" (1977 or 1981) incorporated by reference in OAC Rule 3745-50-11? (Condition C.9.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
13.	Does the Permittee ensure that no incompatible wastes are placed in the tank system or secondary containment system until the procedures as specified in the Part B permit application are first followed? (Condition C.10.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
	(a) Has the Permittee documented compliance with this requirement in the facility's operating record? (Condition C.10.(b))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
14.	Does the Permittee ensure that incompatible wastes are not placed in a tank that has previously held an incompatible waste without first decontaminating the unit? (Condition C.10.(a))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#

TANK SYSTEM CLOSURE / POST-CLOSURE

15.	At closure, did the Permittee follow the procedures as set forth in the approved closure plan? (Condition C.8.(a))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#
16.	If the Permittee was unable to remove and/or decontaminate contaminated soils during closure, has the Permittee closed the tank system and implemented post-closure care as specified by the contingent procedures of the closure plan and in the post-closure plan? (Condition C.8.(b))	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	RMK#

RECORDKEEPING REQUIREMENTS

17.	Does the Permittee maintain at the facility the results of all leak tests and integrity tests conducted in accordance with Permit Conditions C.3. and C.5.(c)? (Condition C.7.(d))	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	RMK#
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REMARKS: