



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

December 18, 2012

**WASHINGTON COUNTY  
SOLVAY SPECIALTY POLYMERS  
DMWM/SEDO  
OHD981529688  
Permit #04-84-0194**

Mr. W. J. Kandel, Plant Manager  
Solvay Specialty Polymers USA, LLC  
P.O. Box 446  
State Route 7 South  
Marietta, Ohio 45750

**Subject: Ohio EPA Annual Hazardous Waste Inspection**

Dear Mr. Kandel:

On December 4, 2012, I inspected Specialty Advanced Polymers USA, LLC's (Solvay) facility in Marietta, Ohio to determine Solvay's compliance with their Part B Hazardous Waste Permit and Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC) and Chapter 3745 of the Ohio Administrative Code (OAC). Ohio EPA's site visit included an inspection of company operations and a review of facility records. During the inspection, I was accompanied by Laura Hughes from Ohio EPA's Division of Environmental Response and Revitalization. Solvay was represented by Joseph Bush and Mark Cunningham.

During the inspection I found the following violation of Ohio's hazardous waste laws.

- (1) **OAC Rule 3745-52-34(A)(2), Accumulation Time of Hazardous Waste:** A generator may, for ninety days or less, accumulate and/or conduct treatment of hazardous waste that is generated on-site without an Ohio hazardous waste permit, provided that the date upon which each period of accumulation and/or treatment begins is clearly marked and visible for inspection on each container.

A 55-gallon drum of Polysulfone Tars and Trash was observed in the Building 92 accumulation area. The drum was not marked with an accumulation date. Following the inspection it was determined that the correct accumulation date for the waste was November 18, 2012. On December 5, 2012 Solvay submitted a photo of the drum correctly labeled returning Solvay to compliance with this rule.

SOLVAY SPECIALTY POLYMERS USA, LLC  
DECEMBER 18, 2012  
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Enclosed is a copy of the checklists completed as a result of the inspection. You can find Ohio's hazardous waste rules and other information on the division's web page at: <http://www.epa.ohio.gov/dhwm/>

If you have any questions, please contact me by telephone at (740) 380-5248 or by e-mail at Elizabeth.Herron @epa.ohio.gov.

Sincerely,



Elizabeth A. Herron  
Environmental Specialist  
Division of Materials and Waste Management

EH/mr

Enclosures

cc: Mark Cunningham, Solvay Specialty Polymers USA, LLC

**NOTICE:**

Ohio EPA's failure to list specific deficiencies or violations in this letter does not relieve your company from having to comply with applicable regulations.

Send to Central Office <input checked="" type="checkbox"/>	<b>Ohio Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE</b> <b>IDENTIFICATION/VERIFICATION FORM</b>	For Ohio EPA use only
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Completed verification forms required to be submitted to CO should be e-mailed to [brad.hauser@epa.state.oh.us](mailto:brad.hauser@epa.state.oh.us).

<b>Site EPA ID No.</b>	EPA ID Number: <b>OHD 981 529 688</b>							
<b>Site Name</b>	Name: <b>Solvay Specialty Polymers USA, LLC</b>					Website: (Optional)		
<b>Site Location Information</b>	Street Address: <b>17005 State Route 7</b>							
	City, Town, or Village: <b>Marietta</b>					State: <b>OH</b>		
	County Name: <b>Washington</b>							
<b>Site Land Type</b> (check only one)	Private	County	District	Federal	Indian	Municipal	State	Other
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NAICS code(s)</b> <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>	<b>325211</b>							

<b>Facility Representative</b>	First Name: <b>Mark</b>		MI: <b>A</b>	Last Name: <b>Cunningham</b>				
Additional names can be recorded in number 12	Title: <b>Senior Environmental Engineer</b>							
	Phone Number: <b>740 374 6563</b>					Phone Number Extension:		
Only provide address information if it is different than the site address	E-Mail Address:							
	Fax Number:					Fax Number Extension:		
	Street or P.O. Box:							
	City, Town or Village:							
	State:				Zip Code:			

<b>Legal Owner And Operator of the Site.</b> List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner: <b>Solvay Specialty Polymers USA, LLC</b>				Date Became Owner (mm/dd/yyyy): <b>11/01/2001</b>				
	Owner Type:	Private	County	District	Federal	Indian	Municipal	State	Other
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Street or P.O. Box: <b>4500 McGinnis Ferry Road</b>								
	City, Town or Village: <b>Alpharetta</b>				Owner Phone #: <b>770 772-8200</b>				
	State: <b>GA</b>				Country: <b>USA</b>		Zip Code: <b>30202</b>		
	Name of Site's Operator: <b>Solvay Specialty Polymers USA, LLC</b>				Date Became Operator (mm/dd/yyyy):				
	Operator Type:	Private	County	District	Federal	Indian	Municipal	State	Other
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Street or P.O. Box: <b>PO Box 446</b>								
	City, Town or Village: <b>Marietta</b>				Operator Phone #: <b>740 373 9242</b>				
	State: <b>OH</b>				Country: <b>USA</b>		Zip Code: <b>45750</b>		

<b>VIOLATIONS CITED?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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TYPE OF HANDLER - MARK "X" AS APPROPRIATE		
<input type="checkbox"/> Not a HW Generator	<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<input 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). Check the box for the applicable generator status and provide a comment.		<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 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 checked="" 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 checked="" 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 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 OAC 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.

D001 D002 D007 D008 D009 D010 D018 D021 D022 F002 F003

**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:	<b>Joseph Bush, HSE Manager / PSM Coordinator</b>
Tanks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Containers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>Name of Inspector(s)</b>	<b>Name of Inspector(s)</b>	<b>Date of Inspection/Time (mm/dd/yyyy) (hh:mm)</b>
Elizabeth Herron	Laura Hughes	12/04/2012 9:40 AM - 3:45 PM

**Comments:**

## WASTE ACTIVITIES SUMMARY

**Facility Name:** Solvay Specialty Polymers USA, LLC

**Facility Type:** LQG/TSD

**Date of Inspection:** 12/04/12

**EPA ID #** OHD981529688

Description of Waste				Waste Management				
Process Generating Waste	Waste Generated	EPA Waste Code	QTY Generated per Month <small>(average based on 2011 totals, unless otherwise noted)</small>	Type of Accumulation/ Storage	Waste Location	Name, state, of TSD	Method of Waste Management	
1	Radel production	Radel kettle bottoms containing chlorobenzene	D001 D021 F002	16.58 tons	55-gallon drums	Building 92	Spring Grove Resource Recovery (OH) Ross Incineration (OH)	Storage, bulking, transfer Incineration
2	Radel production (purging at sampling ports)	Radel residue containing chlorobenzene and resins	D001 D021	2.75 tons	55-gallon drums	Building 92	Spring Grove Resource Recovery (OH) Ross Incineration (OH) Clean Harbors (AR)	Storage, bulking, transfer Incineration Incineration
3	Polysulfone production	Polysulfone kettle bottoms containing chlorobenzene	D001 D007 D010 D021 F002	2.66 tons	55-gallon drums	Building 92	Spring Grove Resource Recovery (OH) Ross Incineration (OH)	Storage, bulking, transfer Incineration
4	Polysulfone production	Polysulfone residue containing chlorobenzene and resins	D001 D021	7.17 tons	55-gallon drums	Building 92	Spring Grove Resource Recovery (OH) Ross Incineration (OH)	Storage, bulking, transfer Incineration
5	Polysulfone production	Polysulfone tars containing chlorobenzene	D001 D021 F002	1.08 tons	55-gallon drums	Building 92	Spring Grove Resource Recovery (OH) Ross Incineration (OH)	Storage, bulking, transfer Incineration

Description of Waste				Waste Management				
Process Generating Waste	Waste Generated	EPA Waste Code	QTY Generated per Month <small>(average based on 2010 totals, unless otherwise noted)</small>	Type of Accumulation/Storage	Waste Location	Name, state, of TSD	Method of Waste Management	
6	Polysulfone and Radel production	Chlorobenzene contaminated wastewaters	D021	48.4 tons	Surface impoundment	Emergency basin	On-site wastewater treatment plant with NPDES discharge	Settling or clarification
7	Laboratory analytical wastes	Lab glassware, polymer residue and solvents	D001 D021 D022 F002 F003	1.58 tons	55-gallon drums	Behind Building 2 then transferred to Building 92	Spring Grove Resource Recovery (OH) Ross Incineration (OH) Clean Harbors (AR)	Storage, bulking and transfer Incineration Incineration
8	Polymer production	Waste chlorobenzene (aka MCB)	D001 D021	250 pounds	55-gallon drums	Behind Building 2	Ross Incineration (OH)	Incineration
9	Radel Unit – filtration through media of polymer solution	Radel salt residue containing chlorobenzene	D001 D021	33 tons total in 2011	Drums or vac box	Permitted storage area at wastewater treatment plant	Clean Harbors (AR)	Incineration
10	Painting	Waste paint related material	D001	500 pounds total in 2011	55-gallon drums	Building 92	Clean Harbors (AR)	Incineration

Description of Waste				Waste Management				
Process Generating Waste	Waste Generated	EPA Waste Code	QTY Generated per Month <small>(average based on 2010 totals, unless otherwise noted)</small>	Type of Accumulation/ Storage	Waste Location	Name, state, of TSD	Method of Waste Management	
11	Maintenance related activities	Waste aerosols	D001	187.5 pounds	55-gallon drums	Building 92	Spring Grove Resource Recovery (OH) Clean Harbors (AR)	Storage, bulking and transfer Incineration
12	Parts washers used for maintenance	Ignitable degreaser	D001	250 pounds	55-gallon drums	Building 92	Ross Incineration (OH)	Incineration
13	Lighting	Waste fluorescent bulbs	Universal waste	varies	Container	In building located behind Building 2 Annex	Environmental Recycling in Bowling Green, OH.	Recycling
14	Equipment maintenance	Waste batteries (lead acid, lithium, NiCad, and alkaline)	Universal waste	varies	Container	Behind Building 2 in the < 90 day storage area	Environmental Recycling in Bowling Green, OH.	Recycling
15	Clean out of sump at polysulfone unit	Polysulfone polymer residue and salt containing chlorobenzene	D001 D021	1 tons total in 2011	55-gallon drums	Building 92 or Permitted storage area at wastewater treatment plant	Clean Harbors (AR)	Incineration

Description of Waste				Waste Management				
Process Generating Waste	Waste Generated	EPA Waste Code	QTY Generated per Month <small>(average based on 2010 totals, unless otherwise noted)</small>	Type of Accumulation/ Storage	Waste Location	Name, state, of TSD	Method of Waste Management	
16	Udel Manufacture	Off-Spec Udel polymer	D001 D021	Not a regular waste stream  4 tank trucks in 2011	Tank truck	Production area	Ross Incineration (OH)	Incineration
17	Radel production	Radel Filters	D021	15 tons per year	Drums	Building 92	Ross Incineration (OH)	Incineration
18	Cleaning out process equipment	Sulfolane chlorobenzene mixture	D021	1 ton total in 2011	container	Building 92	Ross Incineration (OH)	Incineration
19	Equipment maintenance	Used oil	Non hazardous	varies	55-gallon drums	Building 92	Ross Incineration (OH) Clean Harbors (OH)	Incineration or transfer to Chemtron (OH) for fuel blending Storage bulking and/or off-site transfer
20	Equipment maintenance	Used oil solids	Non hazardous	varies	55-gallon drums	Building 92	Ross Incineration (OH) Clean Harbors (OH)	Incineration Storage bulking and/or off-site transfer

## PROCESS DESCRIPTION

Solvay Specialty Polymers USA, LLC. produces udel (polysulfone) and radel engineering polymers for use in the manufacture of medical devices, food contact uses, electronic devices, chemical process equipment, and automotive applications. The Solvay facility also processes the polymers, amodel and xydar, in their compounding unit. The amodel and xydar are manufactured off-site and processing at Solvay does not generate any hazardous waste.

## WASTE MANAGEMENT INFORMATION

### Satellite Accumulation Areas

The facility has two satellite accumulation areas associated with the polysulfone unit:

- polysulfone kettle bottoms within the manufacturing area of Building 50 and
- polysulfone tars inside the extruder room.

The radel (Multi-Purpose Polymers Unit -MPPU) unit has satellite areas for:

- radel residue, located near 577 tank and
- radel residue, located near 571 tank

Throughout the plant there are satellite accumulation areas for waste aerosol cans.

Solvay's lab, which is located on the second floor of Building 2, has two satellite accumulation areas for lab waste located in two chemical hoods.

### < 90 Day Storage

Solvay maintains three < 90 day storage areas:

- 1) An outdoor area located against the north side of Building 2 - used mainly for the storage of waste generated by the facility's laboratory.
- 2) Building 92 - a three sided shelter southeast of the radel unit, is Solvay's main storage area for hazardous waste.
- 3) A cement pad adjacent to Building 92 on its east side – used mainly for drummed waste from the radel unit's distillation column. This area is also used to store off-spec materials in tank trucks until characterized

### > 90 Day Storage

Solvay maintains a RCRA Part B permitted storage area at their wastewater treatment plant.

### Parts Washers

Solvay generates an ignitable waste degreaser from two parts washers. One agitating washer is located in the maintenance area of Building 2, and the second parts washer is located in the compounding maintenance area. The parts washers are serviced by Safety-Kleen, who containerizes the waste and leaves it for Solvay to manifest off-site for disposal.

## REGULATORY HISTORY

### Regulatory/Enforcement History

Solvay is a large quantity generator of hazardous waste. The facility has a Part B RCRA permit for > 90 day storage, treatment of hazardous wastewaters in the emergency basin, post-closure care of a closed equalization basin, and corrective action of the wastewater treatment plant area. This permit was last renewed on November 1, 2011, and will expire on November 1, 2021.

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

<b>FACILITY</b>	Solvay Specialty Polymers USA, LLC	<b>OHIO PERMIT #</b>	04-84-0194
<b>STREET ADDRESS</b>	P.O. Box 446 State Route 7 South	<b>US EPA ID#</b>	OHD981529688
<b>CITY, STATE AND ZIP CODE</b>	Marietta, Ohio 45750	<b>PHONE NUMBER</b>	740 373 9242
<b>COUNTY</b>	Washington	<b>INSPECTION DATE</b>	December 4, 2012

Was Advance Notice of Inspection Given? Yes  No  N/A

If So, How Far In Advance? 1 ½ hours

	<b>NAME</b>	<b>AGENCY/TITLE</b>	<b>PHONE</b>
<b>INSPECTORS</b>	Elizabeth Herron	Ohio EPA DMWM	740 380 5248
	Laura Hughes	Ohio EPA DERR	740 380 5253
<b>FACILITY REPS</b>	Joseph Bush	Solvay Specialty Polymers	740 373 9242
	Mark Cunningham	Solvay Specialty Polymers	740 374 6563

Is facility operating as a generator? Yes

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

**PERMIT STATUS**

Permit Issued:	November 1, 2011	LDR Checklist Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Permit Effective Date:	November 1, 2011	Used Oil Checklist Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Permit Expiration Date:	November 1, 2021	Generator Checklist Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**AUTHORIZED ACTIVITIES**

<b>STORAGE</b>		<b>TREATMENT</b>		<b>DISPOSAL</b>	
<input checked="" type="checkbox"/>	Containers	<input type="checkbox"/>	Tanks	<input type="checkbox"/>	Injection Well
<input type="checkbox"/>	Tanks	<input type="checkbox"/>	Incinerator	<input type="checkbox"/>	Landfill
<input type="checkbox"/>	Waste Pile	<input type="checkbox"/>	Thermal Treatment	<input type="checkbox"/>	Land Application
<input type="checkbox"/>	Surface Impoundment	<input checked="" type="checkbox"/>	Surface Impoundment	<input type="checkbox"/>	Surface Impoundment

Post-Closure Care

Corrective Action

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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"/>
	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"/>
	b. Has the facility submitted an application for a permit renewal to the director no later than 180 days ( <i>which is February 8, 2011</i> ) prior to the expiration date of the permit? [Condition A.6]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2.	Has the permittee submitted the annual permit fee, payable to "Treasurer, State of Ohio," to Ohio EPA on or before the anniversary of the date of issuance ( <i>which is August 7</i> ) during the term of the permit? [Condition A.26]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3.	Is the permittee conducting any hazardous waste management activities (not otherwise exempt by law) which are not authorized by the permit? [Conditions A.1(b) and A.5]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: If any of the provisions of the permit have been held invalid the remainder of the permit is not affected by that holding. [Condition A.4.]0</i>		
4.	Has the facility identified any instances of noncompliance 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"/>
	a. Did the facility within two hours of becoming aware of the noncompliance, orally report the following to Ohio EPA's Emergency Response Unit? [Condition A.20(a)]	
	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"/>
	ii. Information concerning a release or discharge of hazardous waste, fire or explosion at the facility which could threaten the environment or human health outside the facility.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Did the report include the following information (if such information was available at the time of the oral report): [Condition A.20(b)]	
	i. Name, address and telephone number of the owner/operator?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	ii. Name, address and telephone number of the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iii. Name and quantity of material(s) involved?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iv. The extent of injuries, if any?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	v. An assessment of the actual or potential hazard to the environment and human health outside the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	vi. 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"/>
5.	Did the permittee provide a written report to Ohio EPA's Emergency Response Unit and DHWM within five days of becoming aware of the circumstances reported in Questions No. 4? If so, did the report contain: [Condition A.21]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. A description of the noncompliance and its cause; the period(s) of noncompliance (including exact dates and times)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b. Whether the noncompliance has been corrected and if not, the anticipated time noncompliance is expected to continue? and	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c. Steps taken or planned to minimize the impact on human health and the environment and to reduce, eliminate and prevent recurrence of the noncompliance?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

<p><i>NOTE: The permittee need not comply with the five day written report requirement if the director, upon good cause shown by the permittee, waives that requirement and the permittee submits a written report within 15 days of the time the permittee became aware of the circumstances. [Condition A.219(c)].</i></p>		
6.	Has the permittee identified other instances of noncompliance not provided for in Condition A.20 (question #4 above)? If so: [Condition A.22]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. Did the permittee report these instances to Ohio EPA, DHWM within a month of the time at which the permittee is aware of the noncompliance? [Condition A.22]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	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"/>
7.	Has the permittee expeditiously taken all reasonable steps necessary to minimize or correct any adverse impact on the environment or public health resulting from noncompliance with the permit? [Condition A.8]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
8.	Has the permittee planned any changes in the permitted facility or activity which may result in noncompliance with the conditions of the permit?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. If so, has the facility provided Ohio EPA with advance notice of such changes? [Condition A.17]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p><i>NOTE: Such notification does not waive the permittee's duty to comply with the permit pursuant to Condition A.5. [Condition A.17]</i></p>		
9.	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? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. Has the permittee properly 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"/>
<p><b>PERMIT MODIFICATION, REVISION, REVOCATION</b></p>		
10.	Has the permittee filed a request for a permit modification, revision or revocation since permit issuance? [Condition A.2]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11.	Has the permit, been transferred to a new owner/operator? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p><i>Since the last inspection the permit has not been transferred to a new owner.</i></p>		
	a. Has the transfer been conducted in accordance with ORC Chapter 3734. and the rules adopted thereunder which includes the permittee notifying the new owner in writing of the requirements of ORC Chapter 3734. and the rules adopted thereunder and the applicable Ohio hazardous waste rules before transferring ownership? [Condition A.18]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
12.	If the Permittee is subject to a compliance schedule (OAC rule 3745-50-58(L)(5) and 3745-50-50) has the permittee submitted reports in any compliance schedule of the permit to Ohio EPA no later than 14 days following each scheduled date, unless otherwise specified? [Condition A.19]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
13.	Has the permittee furnished relevant information which Ohio EPA has requested to determine whether cause exists for modifying, revising, revoking or suspending the permit, to determine compliance with the permit? [Condition A.10]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
14.	Has the facility 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"/>
15.	Is the permittee maintaining records of all data used to complete the application and any amendments, revisions or modifications to the application? [Condition A.14c]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
16.	Is the permittee retaining a complete copy of the approved application on-site? [Condition A.14c]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

17.	Is the permittee planning any physical alterations or additions to any permitted portions of the facility? If so:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
a.	Has the permittee given notice to the director of such alterations/additions? [Condition A.15]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>SITE ENTRY - AVAILABILITY OF RECORDS</b>		
18.	As specified in Condition A.11, has the permittee allowed the director or an authorized representative, upon proper identification 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"/>
b.	Have access to and copy, at reasonable times, 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"/>
c.	Inspect and photograph at reasonable times any facilities, equipment (including monitoring and control equipment), practices or operations regulated or required under the conditions of the permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Sample, document, or monitor, at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by ORC Chapter 3734. and the rules adopted thereunder, any substances or parameter at any location?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>INSPECTION ITEMS FROM PART B APPLICATION</b>		
<i>NOTE: The inspector or permit writer may add questions pertaining to the permittee's application, as appropriate.</i>		
<b>RECORDKEEPING/OPERATING REQUIREMENTS</b>		
<b>OPERATING RECORD</b>		
19.	In accordance with OAC rules 3745-54-73 and 3745-54-74 and Condition B.22 of the permit, does the permittee maintain an Operating Record which contains the following information: [Conditions B.22., B.21., and A.28.]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	A description of the quantity of each hazardous waste received, and the method(s) and date(s) of its treatment, storage, or disposal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	The location of each hazardous waste and quantity at each location including cross-reference to specific manifest numbers?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Records and results of waste analysis performed as specified in paragraph (A) of rule 3745-270-04 and in rules 3745-54-13, 3745-54-17, 3745-57-14, 3745-57-41, and 3745-270-07?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Summary reports and details of all incidents that required implementation of the contingency plan?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
e.	Records and results of required inspections?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
f.	Documents required to be maintained by LDR requirements of OAC Chapter 3745-270?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
g.	Monitoring, testing, or analytical data, and corrective action where required, from groundwater monitoring and required monitoring of surface impoundments, landfills, waste piles and land treatment units? [3745-54-73(B)(6)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>DOCUMENTS TO BE MAINTAINED AT FACILITY</b>		
20.	In accordance with Condition A.28 of the permit, is the permittee maintaining the following documents at the facility:	
a.	Waste analysis plan in accordance with OAC rule 3745-54-13?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Contingency plan in accordance with OAC rule 3745-54-53?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

	c.	Closure plan in accordance with OAC rule 3745-55-12?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Cost estimate for facility closure in accordance with OAC rule 3745-55-42? (Estimate only - adequacy will be evaluated by CO financial assurance personnel) [Condition B.36]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Personnel training plan and records required by OAC rule 3745-54-16(C)? [Condition B.6]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	f.	Inspection schedules developed in accordance with OAC rules 3745-54-15, 3745-55-74 and 3745-55-95 and set out in Appendix G-2 of the permit application? [Condition B.5]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	g.	Operating record in accordance with OAC rule 3745-54-73? [Condition B.22]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	h.	Post-closure plan, as required by OAC rule 3745-55-18(A)? [Condition A.28(a)(viii)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	i.	Annually-adjusted cost estimate for facility closure and post-closure, as required by OAC rules 3745-55-42 and 3745-55-44? [Condition A.28(a)(ix)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
21.		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 B.5]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22.		Have any of the documents in Question No. 20 been revised? [Condition A.15] If so:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a.	Has the permittee submitted the revisions to Ohio EPA in accordance with OAC rule 3745-50-51?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Have all requirements of OAC rule 3745-50-51 been met, including, where required, Ohio EPA approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>ANNUAL REPORT REQUIREMENT</b>			
23.		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? [Condition B.25]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>SAMPLING/MONITORING RECORDKEEPING REQUIREMENTS</b>			
24.		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"/>
	b.	Individual(s) who performed the sampling or measurement?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Date(s) analyses were performed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Individual(s) who performed the analyses?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Analytical technique(s) or method(s) used?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	f.	Results of such analyses?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25.		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 12(a)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
26.		In accordance with Condition A.14 of the permit, is the permittee retaining records of monitoring information as required by the permit for at least three years from the date of sampling, including:	
	a.	All calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

27.	Has Ohio EPA requested submittal of any reports or other information from the permittee? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Have the submittals been signed and certified according to OAC rule 3745-50-42? [Condition A.13(c)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>INSPECTION ITEMS FROM THE PART B APPLICATION</b>		
<i>NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.</i>		
<b>WASTE MINIMIZATION REQUIREMENTS</b>		
28.	Does the permittee certify at least once every year that a program is in place to reduce the volume and toxicity of hazardous waste generated in accordance with Condition A.29(a) and OAC rule 3745-54-73?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
29.	Did the permittee submit the waste minimization report to Ohio EPA, Office of Compliance Assistance & Pollution Prevention and the Southeast District Office within 180 days of journalization of this permit and updates biennially thereafter? Note: this would be 02-03-02 and even numbered years thereafter. [Condition A.29]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>GROUND WATER MONITORING</b>		
32.	Has the permittee conducted semi-annual sampling of their monitoring wells?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
33.	Have they reported the results in the Annual Ground Water Monitoring Report as required by Appendix E-1 of the Part B permit application? [Condition F.7]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: The permit does not specify the months in which the sampling must occur. The schedule in the past has been sampling in May and November with the Annual Ground Water Report being submitted in February.</i>		
<b>INSPECTION ITEMS FROM THE PART B APPLICATION</b>		
<i>NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.</i>		
<b>WASTE ACCEPTANCE AND GENERATION</b>		
34.	Is the permittee storing any containers of hazardous waste received from any off-site source that permittee is not permitted to store? [Condition A.1.]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
35.	Has the permittee arranged to receive hazardous waste from a foreign or off-site source that the permittee is not permitted to store? [Condition A.1.]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>INSPECTION ITEMS FROM THE PART B APPLICATION</b>		
<i>NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.</i>		
36.	The permittee shall not receive hazardous waste from an off-site source, except that the permittee may accept, via pipeline, recovery well wastewater from the Union Carbide Corp. remediation project, which wastewater may be hazardous for chlorobenzene (D021). Is the permittee in compliance with this condition? [Condition B.2(a)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>OFF-SITE SHIPMENTS/MANIFEST REQUIREMENTS</b>		
37.	Is the permittee complying with the following manifest requirements set forth in OAC Chapter 3745-52 and OAC rules 3745-54-70, 3745-54-71, 3745-54-72 and 3745-54-76: [Condition B.24]	
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(A)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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"/>

	c.	The permittee 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 3745-52-20(B)(C)(D)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Prepared manifests have been signed by the permittee and initial transporter in compliance with OAC rule 3745-52-23?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
38.		As a permittee that generates hazardous waste, 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 rules 3745-52-40 and 3745-54-71(A)(5)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
39.		Does the permittee use only properly registered transporters when removing hazardous wastes? [Condition A.16]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**WASTE ANALYSIS/WASTE ANALYSIS PLAN**

43.		Does the permittee have a detailed chemical and physical analysis of waste streams which contains all information of the waste in accordance with OAC Chapters 3745-54 to 3745-57, 3745-218 and 3745-270 and the terms and conditions of the permit? [Condition B.3]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
44.		Does the permittee follow the procedures described in the Waste Analysis Plan found in Appendix C-2 of the permit application? [Condition B.3]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
45.		In accordance with OAC rule 3745-54-13(A)(3), does the permittee repeat the waste analysis as necessary to ensure that it is accurate and up to date? [Condition B.3]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
47.		<b>FOR FACILITIES OPERATING SURFACE IMPOUNDMENTS EXEMPT FROM LAND DISPOSAL RESTRICTIONS UNDER OAC 3745-270-04(A):</b>	

NOTE: Some of the wastewater discharged to the Emergency Basin may be characteristically hazardous for D002 and D021. OAC 3745-270-04 sets out the conditions under which wastes treated in surface impoundments may be exempted from land disposal restrictions. These conditions include certain waste analysis and monitoring requirements for the Waste Analysis Plan found in Appendix C-2 of the Permit Application.

	Does the waste analysis plan include procedures and schedules for:		
	i.	Is the Emergency Basin wastewater and sludge tested on an annual basis? [Appendix C-2 Section 5 and 3745-54-13(B)(7)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	ii.	Is the Emergency Basin wastewater and sludge tested whenever a substantial process change has occurred that might change the composition of these waste streams? [Appendix C-2 Section 5 and 3745-65-13(B)(7)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	iii.	The annual removal of residues which are not delisted or which exhibit the characteristic of a hazardous waste and either do not meet treatment standards (OAC 3745-270-40 to 3745-270-49) or where no treatment standards have been established? [3745-54-13(B)(7)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
48.		<b>Where applicable:</b> The methods which will be used to meet additional waste analysis requirements for specific waste management methods specified in rules 3745-54-17, 3745-57-14, 3745-57-41 and 3745-270-07 of the OAC? [3745-54-13(B)(6)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
49.		Does the permittee place the results of all waste analyses in the facility operating record in accordance with OAC rule 3745-54-73?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**INSPECTION ITEMS FROM THE PART B APPLICATION**

NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.

**GENERAL INSPECTION REQUIREMENTS**

NOTE: Inspector may attach a copy of the inspection procedures and schedules. If so, the attached document is referenced as Appendix \_\_\_\_\_.

50.		Is the permittee following the inspection procedures and schedules as set forth in the permit ( <u>Appendix G-2</u> of the approved Part B permit	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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	application) and the requirements of OAC rules 3745-54-15(A),(C) and (D)? [Condition B.5]	
51.	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(B)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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"/>
52.	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"/>
53.	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"/>
b.	Name of inspector?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Notation of observations made?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Date and nature of any repairs or other remedial actions?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

### INSPECTION ITEMS FROM THE PART B APPLICATION

*NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate*

### SECURITY REQUIREMENTS

54.	Is the permittee complying with the following security provisions of OAC rule 3745-54-14 and Condition B.4 of the permit: [ <u>Appendix G-1</u> of the Part B permit application]?	
a.	Does the permittee have a 24-hour surveillance system which continuously monitors and controls entry onto the active portion of the facility?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	An artificial or natural barrier (in good repair) which completely surrounds the active portion of the facility?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	A means to control entry, at all times, through gates or other entrances, to the active portion of the facility?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
55.	In accordance with OAC rule 3745-54-14(C), does the permittee have signs reading "Danger - Unauthorized Personnel Keep Out" posted at entrances of the hazardous waste container storage area?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

### FACILITY OPERATIONS

56.	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 water? [OAC rule 3745-54-31; Condition B.1]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
57.	Does the permittee properly maintain and operate the facility to achieve compliance with the terms and conditions of the permit including: [Condition A.9]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Effective management practices?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Adequate funding?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Adequate operator staffing and training?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Adequate laboratory and process controls?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**INSPECTION ITEMS FROM THE PART B APPLICATION***NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.***PERSONNEL TRAINING**

58.	Is the permittee conducting personnel training in accordance with the conditions of the permit and with 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"/>
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"/>
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"/>
c.	The facility provides an annual refresher training course as required by OAC rule 3745-54-16(C)]?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
59.	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"/>

**INSPECTION ITEMS FROM THE PART B APPLICATION***NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.***REQUIRED EQUIPMENT***NOTE: Inspector may attach a list of emergency equipment. If so, the attachment document is referenced as Appendix \_\_\_.*

60.	Has the permittee equipped the facility with the following emergency equipment as required by OAC rule 3745-54-32 and Condition B.9 of the permit:	
a.	An internal communications or alarm system?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	A device such as a telephone which is capable of summoning emergency assistance from local emergency authorities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Portable fire extinguishes and/or fire control equipment, spill control and decontamination equipment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Water in adequate volume and pressure to supply water hose streams, foam producing equipment, automatic sprinklers or water spray systems?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
61.	Is the permittee inspecting, testing and maintaining the equipment specified in Question No. 60 to ensure its proper operating in accordance with OAC rule 3745-54-33 and Condition B.10 of the permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
62.	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.11 of the permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**INSPECTION ITEMS FROM THE PART B APPLICATION***NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.*

<b>CONTINGENCY PLAN - EMERGENCY PROCEDURES</b>		
63.	In compliance with Condition B.13 of the permit and OAC rule 3745-54-37(A) and (B), does the permittee:	
	a.	Familiarize emergency response agencies with the layout of the facility, associated hazards, places where personnel will normally be working, entrances and possible evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Inform such agencies of safety equipment, supplies, proper emergency safety procedures that are applicable to the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Familiarize the local hospital listed in the approved application with the properties of hazardous waste handled at the facility and the types of injuries or illness that could result from fires, explosions or releases at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
64.	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"/>	
	a.	Has the permittee documented the refusal in the operating record as required by OAC rule 3745-54-37(B)? [Condition B.13(b)] Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
65.	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.18(b)] Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
66.	Has the permittee notified all parties identified in the contingency plan in writing of amendments, modifications, or revisions to the plan within ten days of the effective date of the change in the plan? [Condition B.18(b)] Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
67.	Has the permittee submitted a copy of the approved contingency plan and all revisions, amendments and modifications to the Ohio EPA, Division of Environmental Response and Revitalization (DERR) in accordance with OAC rule 3745-54-53? [Condition B.18(c)] Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
68.	Is the permittee reviewing the approved contingency plan at least annually and amending the plan immediately if needed in compliance with OAC rule 3745-54-54? [Condition B.17] Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<i>NOTE: Also see Question No. 4 of <u>Recordkeeping Requirements</u> to verify that any changes to the contingency plan were submitted in accordance with OAC rule 3745-50-51.</i>		
<b>EMERGENCY COORDINATOR</b>		
69.	In accordance with OAC rule 3745-54-55 and Condition B.19 of the permit, is an emergency coordinator on premises or on call at all times? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
70.	In accordance with OAC rule 3745-54-55 and Condition B.19 of the permit, is/are the emergency coordinator(s) at the facility familiar with the following:	
	a.	Contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Facility operations/activities? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Waste characterization and location? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Location of all records in the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Facility layout? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
71.	In accordance with OAC rule 3745-54-55, does/do the emergency coordinator(s) have the authority to commit the resources needed to carry out the contingency plan? [Condition B.19] Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

72.	Does the permittee have a contingency plan for the facility that: [Condition B.19]		
	a.	Describes the actions facility shall take to comply with OAC rules 3745-54-51 through 3745-54-56 in response to fires, explosions, or any unplanned sudden or nonsudden release of hazardous waste or hazardous waste constituents to air, soil or surface water at the facility?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b.	Describes arrangements agreed to by local police, fire departments, hospitals, contractors and Ohio EPA and the local emergency response team to coordinate emergency services?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c.	Includes an up-to-date list of names, addresses and phone numbers (office and home) for all persons qualified to act as emergency coordinator in the order that they will assume responsibility for coordination of emergency response?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d.	Includes a list of all emergency equipment, including fire extinguishing systems, spill control equipment, communications and alarm systems and decontamination equipment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e.	Includes the location and a physical description of each item on the list referenced in Question No. 72(d), and a brief outline of its capabilities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	f.	Includes an evaluation plan for facility personnel describing signals to be used to begin evacuation, evacuation routes, and alternate evacuation routes, in situations where the primary routes could be blocked by releases of hazardous waste?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**IMPLEMENTATION OF CONTINGENCY PLAN**

73.	Has there been a fire, explosion or release of hazardous waste or hazardous waste constituents at the facility including spill or release of hazardous waste or hazardous waste constituents greater than or equal to 55 gallons; any spill or release of hazardous waste or hazardous waste constituents less than 55 gallons may result in a fire or explosion hazard as determined by the Emergency Coordinator; or any spill on-site that may potentially cause on or off-site soil and/or ground or surface water contamination; any spill or release of hazardous waste or hazardous waste constituents that is reported to the National Response Center or local (city or county) emergency response center because the spill exceeded the "RQ" limits; any fire involving hazardous waste; any explosion involving hazardous waste; since the date of the last inspection? If so:		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a.	Did the permittee immediately implement the approved contingency plan and follow the emergency procedures described in OAC rule 3745-54-56? [Conditions B.14 and B.20]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	b.	Did the permittee immediately notify Ohio EPA's emergency response team using the 24-hour toll free number (800)282-9378 providing the following information: [OAC rule 3745-54-56(D)(2)]	
	i.	Name and telephone number of the reporter?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	ii.	Name and address of the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iii.	Time and type of incident?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	iv.	Name and quantity of materials involved?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	v.	The extent of injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

	vi.	The possible hazards to human health or the environment outside the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	c.	Did the permittee collect and manage as hazardous waste all liquid or solid material resulting from fire, explosion, released material or emergency response materials until such time as the permittee can demonstrate to Ohio EPA that such waste are not hazardous wastes? [Condition B.16]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	d.	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"/>
	i.	Did the report contain the elements set forth in OAC rule 3745-54-56(J)? [Condition B.23]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	e.	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 as required by OAC rule 3745-54-56(J)? [Condition B.23]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

### INSPECTION ITEMS FROM THE PART B APPLICATION

*NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.*

### CLOSURE REQUIREMENTS

74.	Does the permittee maintain the approved closure plan at the facility? [Condition B.29]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
75.	Is the permittee keeping at the facility and submitting annually to Ohio EPA, the latest closure cost estimate as required by OAC rule 3745-55-42(D)? [Condition B.36]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
76.	Has the permittee amended the closure plan? If so:	
a.	Has the plan been amended in accordance with OAC rule 3745-55-18(D)? [Condition B.28]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

*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.*

77.	Has the permittee closed the facility? If so:	
a.	Did the permittee complete closure of the facility 180 days after receiving the final volume of hazardous waste, as required by Condition B.31 of the permit?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Was closure conducted in accordance with the closure performance standard of OAC rule 3745-55-11? [Condition B.26]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Did the permittee carry out the approved closure plan as found in Section <u>9</u> of the approved permit application? [Condition B.27]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
d.	After receiving the final volume of hazardous waste, did the permittee remove 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.31]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
e.	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.32]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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.33]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
g.	Has the permittee submitted a survey plat to the director and local zoning authority no later than the submission of certification of closure of each hazardous waste disposal unit? [Condition B.34]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

**POST-CLOSURE MAINTENANCE**

*NOTE: Inspector may attach a post-closure maintenance inspection schedule. If so, the attached document is referenced as Appendix \_\_\_\_.*

78.	Has the permittee inspected the components, structures, and equipment at the site in accordance with the inspection schedule in Appendix I-3, Section 4.4 and Tables 3-1 and 4-1 of the permit application on a semi-annual basis? [OAC rule 3745-55-17(A)(1)(b)] [Condition B.35]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
79.	Has the permittee conducted and recorded an inspection of at least the following? [Condition B.35]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Security control devices (gates, locks, fences and signs);	
	b. Erosion control;	
	c. Cover settlement, subsidence and displacement;	
	d. Vegetative cover conditions;	
	e. Integrity of run-on/run-off control measures;	
	f. Cover drainage system functioning;	
	g. Monitor well conditions	
80.	Is the permittee using the inspection forms found in the approved Part B permit application?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
81.	Have suitable repairs been made within a reasonable amount of time? [Condition B.35]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
82.	Have repairs been indicated on the Notification Repair Form? [Condition B.35]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
83.	Was the Notification of Repair Form submitted to Ohio EPA within one week after determining that repairs are necessary? [Condition B.35]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

**INSPECTION ITEMS FROM THE PART B APPLICATION**

*NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.*

**STORAGE OF HAZARDOUS WASTES IN CONTAINERS**

*NOTE: The requirements of Condition C do not apply to the permittee's activities as a generator accumulating hazardous waste for <90 days per OAC rule 3745-52-34(A). Please complete the applicable sections of the Generator Requirements checklist to document compliance with activities associated with <90 day accumulation of wastes.*

**CONDITION OF CONTAINERS**

84.	Are containers holding hazardous wastes in good condition as required by OAC 3745-55-71? [Condition C.4] If not:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	a. Did the permittee transfer the hazardous waste from such a container to one that is in good condition or otherwise manage the waste in a manner that complies with the conditions of the permit? [Condition C.4]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
85.	Does the permittee ensure that all containers used at the facility are compatible with the hazardous waste to be stored in them as required by OAC rule 3745-55-72? [Condition C.5]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
86.	Does the permittee keep all containers closed during storage except when it is necessary to add or remove waste as required by OAC rule 3745-55-73? [Condition C.6(a)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
87.	Does the permittee store all containerized hazardous waste on the container storage containment system as described in Condition C.7 of the permit? [Condition C.7]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

<b>INSPECTIONS</b>		
<i>NOTE: Inspector may attach a container inspection checklist. If so, the attached document is referenced as Appendix.</i>		
88.	Is the permittee inspecting the container area weekly in accordance with OAC rule 3745-55-74 and the approved inspection schedule in Appendix G-2 of the Part B permit application to detect leaking containers and deterioration of containers and the containment system? [Condition C.9]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Does the permittee note the results of these inspections in the inspection log along with any remedial action taken as required by OAC rule 3745-54-15(D)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>CONTAINMENT SYSTEM</b>		
89.	Does the permittee maintain the containment system as described in the approved permit application, Section 4, including: [Condition C.6]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Sufficient capacity to hold 10% of the total volume of containers or the volume of the largest container, whichever is greater.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	A system which is free of gaps and sufficiently impervious to contain leaks and spills?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
90.	Has the permittee had a spill or leak of wastes? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Was spilled or leaked waste removed in a timely manner? [Condition C.7(e)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: This time period is not to exceed 24 hours. [Condition C.6(c)]</i>		
<b>AISLE SPACE</b>		
91.	Is the permittee maintaining adequate aisle space to allow unobstructed movement of personnel and equipment in the event of an emergency as required by OAC rule 3745-54-35 and Condition B.12 of the permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>INSPECTION ITEMS FROM THE PART B APPLICATION</b>		
<i>NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.</i>		
<b>CORRECTIVE ACTION</b>		
98.	Has the permittee identified any new WMUs or releases at the facility? [Condition E.10]? If so:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Did the permittee follow the steps indicated in Conditions E.10(a) and (b) and E.11?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>INSPECTION ITEMS FROM THE PART B APPLICATION</b>		
<i>NOTE: The inspector or permit writer may add inspection items based on the permittee's application, as appropriate.</i>		
	Is the permittee in compliance with the conditions of their Land Use Restriction? Note: Refer to Director's Final Findings & Orders journalized March 3, 2004 and the Land Use Restrictions Agreement recorded in the Washington County Recorders Office on March 30, 2004 in volume 389 page 2615 (a copy of which is in the Ohio EPA's correspondence file #41 for Solvay.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**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.

**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 <sup>st</sup> ? [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 <b>other</b> 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 <b>on-site without a permit</b> or at another facility <b>other</b> 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"/>
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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"/>
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*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)]*

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"/>
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*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)]*

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"/>
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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"/>
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*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.*

17.	If the generator received a rejected load or residue, did the generator:	
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a.	Sign item 20 of the new manifest or item 18c of the original manifest? [3745-52-23(F)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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b.	Provide the transporter a copy of the manifest? [3745-52-23(F)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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c.	Send a copy of the manifest to the designated facility that returned the shipment with 30 days after delivery of the rejected shipment? [3745-52-23(F)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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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"/>
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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"/>
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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"/>
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*NOTE: A generator who sends a shipment of hazardous waste to a TSD facility with the understanding that the TSD facility can accept and manage the waste and later receives that shipment back as a rejected load or residue may accumulate the waste on-site for <90 days or <180 days depending on the amount of hazardous waste on-site in that calendar month. [3745-52-34(M)]*

*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.*

**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"/>
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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"/>
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*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)]*

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 refresher training to employees during each period from January 1 <sup>st</sup> to December 31 <sup>st</sup> and does each training occur within 15 months after the previous training? [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.*

<u>Job Performed</u>	<u>Name of Employee</u>	<u>Date Trained</u>

**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 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input 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"/>

*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.*

**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"/>

*NOTE: Verify that the equipment is listed in the contingency plan.*

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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input 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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
A 55-gallon drum of Polysulfone Tars and Trash was observed in the Building 92 accumulation area that was not marked with an accumulation date. Following the inspection it was determined that the correct accumulation date for the waste was November 18, 2012. On December 5, 2012 Solvay submitted a photo of the drum correctly labeled returning them to compliance with this rule.		
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 at least once during the period from Sunday to Saturday? [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"/>
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"/>
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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"/>
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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"/>
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*NOTE: Continue with the generator LDR requirements on the next page.*

### GENERATOR LDR REQUIREMENTS

*NOTE: This LDR checklist does not include the requirements for generators that treat to meet LDR standards. If the generator treats, the inspector should use the stand-alone Generator LDR checklist instead of this checklist.*

#### 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 &gt;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"/>
<b>NOTIFICATION FORM</b>			
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"/>
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"/>
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"/>
NOTE: Not required if the TSD tests its treatment residues for all underlying hazardous constituents.			
<b>PROHIBITED DILUTION</b>			
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 is 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	iii.	Is made up of combustible material e.g., paper, wood, plastic?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	iv.	Has a reasonable heating value (e.g., > 5000 Btu)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	v.	Co-generated with a HW that must be combusted?	Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/>
15.	Was the HW treated by wastewater treatment?		Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/>
<i>NOTE: If "Yes", HW is improperly being treated by dilution.</i>		
	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"/>
<i>NOTE: If the answers to b &amp; 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)].</i>		
<i>NOTE: A list of separation/recovery processes are given in 3745-270-42 under RORG.</i>		

SMALL QUANTITY UNIVERSAL WASTE HANDLER REQUIREMENTS – BATTERIES AND LAMPS		
<i>Large Quantity Universal Waste Handler (LQUWH) = 5,000 Kg or more</i>		
<i>Small Quantity Universal Waste Handler (SQUWH) = 5,000 Kg or less</i>		
<b>PROHIBITIONS</b>		
1.	Did the SQUWH dispose of universal waste? [3745-273-11(A)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
2.	Did the SQUWH dilute or treat universal waste, except when responding to releases as provided in OAC rule 3745-273-17 or managing specific wastes as provided in OAC rule 3745-273-13? [3745-273-11(B)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>WASTE MANAGEMENT AND LABELING/MARKING</b>		
<b>UNIVERSAL WASTE BATTERIES</b>		
3.	Are batteries that show evidence of leakage, spillage or damage that could cause leaks contained? [3745-273-13(A)(1)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
4.	If batteries are contained, are the containers closed and structurally sound, compatible with the contents of the battery and lack evidence of leakage, spillage or damage that could cause leakage? [3745-273-13(A)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.	Are the casings of the batteries breached, not intact, or open (except to remove the electrolyte)? [3745-273-13(A)]	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
6.	If the electrolyte is removed or other wastes generated, has it been determined whether the electrolyte or other wastes exhibit a characteristic of hazardous waste? [3745-273-13(A)(3)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
a.	If the electrolyte or other waste is characteristic, is it managed in compliance with OAC Chapters 3745-50 through 3745-69? [3745-273-13(A)(3)(a)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	If the electrolyte or other waste is not hazardous, is it managed in compliance with applicable law? [3745-273-13(A)(3)(b)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
7.	Are the batteries or containers of batteries labeled with the words "Universal Waste - Batteries" or "Waste Battery(ies)" or "Used Battery(ies)"? [3745-273-14(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>UNIVERSAL WASTE LAMPS</b>		
8.	Does the SQUWH contain lamps in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with contents of the lamps? Are containers or packages closed and do they lack evidence of leakage, spillage or damage that could cause leakage? [3745-273-13(D)(1)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9.	Are lamps that show evidence of breakage, leakage or damage that could cause a release of mercury or hazardous constituents into the environment immediately cleaned up? Are they placed into a container that is closed, structurally sound, compatible with the contents of the lamps, and lack evidence of leakage, spillage or damage that could cause leakage or releases of mercury or hazardous waste constituents to the environment? [3745-273-13(D)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p><b>NOTE: Treatment (such as crushing) by a UWH is prohibited under this rule unless the facility is permitted for such activities [3745-273-31(B)]. A generator crushing lamps must manage lamps according to hazardous waste rules (OAC Chapter 3745-52). Lamp crushing is a form of generator treatment (OAC rule 3745-52-34). Crushed lamps must be transported by a registered hazardous waste transporter to a permitted hazardous waste facility using a hazardous waste manifest.</b></p>		
10.	Are the lamps or containers or packages of lamps labeled with the words "Universal Waste - Lamp(s)" or "Waste Lamp(s)" or "Used Lamp(s)"? [3745-273-14(E)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>ACCUMULATION TIME</b>		
11.	Is the waste accumulated for less than one year? [3745-273-15(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	If not, is the waste accumulated over one year in order to facilitate proper recovery, treatment or disposal? (Burden of proof is on the handler to demonstrate) [3745-273-15(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

<i>NOTE: Accumulation is defined as date generated or date received from another handler.</i>		
12.	Is the handler able to demonstrate the length of time the universal waste has been accumulated? [3745-273-15(C)]  If yes, describe below:  Lamp containers are dated with the date lamps are first put in the box.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>EMPLOYEE TRAINING</b>		
13.	Are employees who handle or have the responsibility for managing universal waste informed of waste handling/emergency procedures, relative to their responsibilities? [3745-273-16]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>RESPONSE TO RELEASES</b>		
14.	Are releases of universal waste and other residues immediately contained? [3745-273-17(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15.	Is the material released characterized? [3745-273-17(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
16.	If the material released is a hazardous waste, was it managed as required in OAC Chapters 3745-50 through 3745-69? (If the waste is hazardous, the handler is considered the generator of the waste and is subject to OAC Chapter 3745-52) [3745-273-17(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>OFF-SITE SHIPMENTS</b>		
<i>NOTE: If a SQUWH self-transport waste, then the handler must comply with the Universal Waste transporter requirements.</i>		
17.	Are universal wastes sent to either another handler, destination facility or foreign destination? [3745-273-18(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18.	Is the handler aware of DOT requirements for packaging and shipping?  If no, make aware of 49 CFR 171-180.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19.	Prior to shipping universal waste off-site, does the originating handler ensure that the receiver agrees to receive the shipment? [3745-273-18(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20.	Has the originating handler ever had an off-site shipment rejected by another handler or destination facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	a. If yes, did the originating handler receive the waste back or agree to where the shipment was sent? [3745-273-18(E)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
21.	If a handler rejects a partial or full load from another handler, does the receiving handler contact the originating handler and discuss and do <u>one of the following</u> :	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	a. Send the waste back to the originating handler or send the shipment to a destination facility (If both the originating and receiving handler agree)? [3745-273-18(F)(2)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
22.	If the handler received a shipment of hazardous waste that was not a universal waste, did the SQUWH immediately notify Ohio EPA? [3745-273-18(G)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>EXPORTS</b>		
<i>NOTE: Small quantity handlers that export waste to the countries listed in 40 CFR 262.58(a)(1) are subject to 40 CFR 262 subpart H. Small quantity handlers that export waste to a foreign destination other than the countries listed in 40 CFR 262.58(a)(1) are subject to 40 CFR 262.53, 40 CFR 262.56(a)(1) to (a)(4), (a)(6), and (b), 40 CFR 262.57, and 40 CFR 262 subpart E. [3745-273-20]</i>		
<i>NOTE: Violations regarding exporting universal waste to foreign destinations should be referred to U.S. EPA Region 5 because the federal counterpart provisions are not delegable to states.</i>		

**USED OIL INSPECTION CHECKLIST  
GENERATORS, COLLECTION CENTERS AND AGGREGATION POINTS**

*NOTE: 1. 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.*

*2. Inspectors can check BUSTR's web-site at [https://www.comapps.ohio.gov/sfm/fire\\_apps/bust/bustr/PublicInquiry.asp](https://www.comapps.ohio.gov/sfm/fire_apps/bust/bustr/PublicInquiry.asp) to determine if a UST containing used oil is registered with BUSTR. Inspectors may call BUSTR at 614-752-7938 or a BUSTR site coordinator to report an unregistered UST or a UST that appears to not be in compliance with BUSTR regulations. A list of BUSTR coordinators by county are at: [https://www.comapps.ohio.gov/sfm/fire\\_apps/bust/bustr/SearchByCounty.asp](https://www.comapps.ohio.gov/sfm/fire_apps/bust/bustr/SearchByCounty.asp).*

**PROHIBITIONS**

1.	Does the generator 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, used oil contaminated scrap metal stored in a pile.*

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 type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

*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).*

**GENERATOR STANDARDS**

4.	Does the generator mix hazardous waste with used oil? If so,	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
a.	Is the mixture managed as specified in 3745-279-10(B)? [3745-279-21(A)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

*NOTE: Used Oil mixed with listed (3745-51-30 to 3745-51-35) or characteristic (3745-51-20 to 3745-51-24) hazardous waste are subject to regulation as a hazardous waste, unless the listed hazardous waste is listed solely because it exhibits a hazardous characteristic, and the resultant mixtures do not exhibit a characteristic. Mixtures of used oil and CESQG hazardous waste are subject to OAC Chapter 3745-279.*

5.	Does the generator of a used oil containing greater than 1,000 ppm total halogens manage the used oil as a hazardous waste unless the presumption is rebutted successfully? [3745-279-21(B)]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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*NOTE: If used oil contains greater than 1000 ppm total halogens, it is presumed to be listed hazardous waste until the presumption is successfully rebutted.*

6.	Does the generator store used oil in tanks; or containers; or a unit(s) subject to regulation as a hazardous waste management unit? [3745-279-22(A)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7.	Are containers and aboveground tanks used to store used oil in good condition with no visible leaks? [3745-279-22(B)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8.	Are containers, above ground tanks, and fill pipes used for underground tanks clearly labeled or marked "Used Oil"? [3745-279-22(C)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9.	Has the generator, upon detection of a release of used oil, done the following: [3745-279-22(D)]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
a.	Stopped the release?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
b.	Contained the release?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c.	Cleaned up and properly managed the used oil and other materials?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d.	Repaired or replaced the containers or tanks prior to returning them to service, if necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

<b>ON-SITE BURNING IN SPACE HEATER</b>		
10.	Does the generator burn used oil in used-oil fired space heaters? [3745-279-23] If so:	
a.	Does the heater burn only used oil that owner/operator generates or used oil received from household do-it-yourself (DIY) used oil generators?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Is the heater designed to have a maximum capacity of not more than 0.5 million BTU per hour?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
c.	Are the combustion gases from heater vented to the ambient air?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: Ash accumulated in a space heater must be managed in accordance with 3745-279-10(E).</i>		
<b>GENERATOR TRANSPORTATION</b>		
11.	Does the generator have the used oil hauled only by transporters that have obtained a U.S. EPA ID#? [3745-279-24]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12.	If the generator self-transport used oil to an approved collection site or to an aggregation point owned by the generator: [3745-279-24]	
a.	Does the generator transport used oil in a vehicle owned by the generator or an employee of the generator? [3745-279-24]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
b.	Does the generator transport more than 55 gallons of used oil at any time? [3745-279-24]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: Used oil generators may arrange for used oil to be transported by a transporter without a U.S. EPA ID # if the used oil is reclaimed under a contractual agreement (i.e., tolling arrangement).</i>		
<b>COLLECTION CENTERS AND AGGREGATION POINTS</b>		
13.	Is the DIY used oil collection center in compliance with the generator standards in 3745-279-20 to 3745-279-24? [3745-279-30]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
14.	Is the non-DIY used oil collection center registered with Ohio EPA? [3745-279-31]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
15.	Is the used oil aggregation point in compliance with the generator standards in 3745-279-20 to 3745-279-24? [3745-279-32]	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOTE: Complete Used Oil Generator and any other applicable used oil handler checklist (e.g., marketer, burner, etc.) for used oil collection centers and aggregation points.</i>		