



**Environmental
Protection Agency**

Ted Strickland, Governor
Lee Fisher, Lt. Governor
Chris Korleski, Director

Re: Jim's Specialty Shop
OHD987033172
Lucas County
NOV-RTC

September 8, 2010

Mr. Jim Warner
Jim's Specialty Shop
7159 Angola Road
Holland, Ohio 43528

Dear Mr. Warner,

Thank you for accompanying Melissa Boyers and me during the Ohio Environmental Protection Agency's (Ohio EPA's) August 18, 2010, hazardous waste compliance evaluation inspection of Jim's Specialty Shop (hereafter referred to as JSS) located at 7159 Angola Road in Holland, Ohio. We inspected JSS to determine its compliance with Ohio's hazardous waste laws as found in Chapter 3734 of the Ohio Revised Code (ORC), and Chapter 3745 of the Ohio Administrative Code (OAC). This letter will explain the violation we found and what you need to do to correct the violation, if anything.

JSS is an auto glass replacement shop. JSS generates a few spent fluorescent lamps every one to two years. You are a non-generator of hazardous waste. The following violations of Ohio's hazardous waste rules were observed and noted during the inspection.

1. Waste Evaluation, OAC Rule 3745-52-11

JSS failed to have waste evaluation documentation or an established recycling plan in place for the fluorescent bulbs generated at the facility. You stated that in the past, fluorescent bulbs were being put in the solid waste dumpster for disposal.

Hazardous bulbs are considered "spent materials" and remain hazardous waste even when recycled. Hazardous waste lamp generators have the option of handling their lamps as hazardous waste or as universal waste. Managing hazardous waste lamps under the universal waste rules eases certain regulations imposed on generators of spent lamps.

Please be aware that incandescent, fluorescent, metal halide, neon, high-intensity discharge, high-pressure sodium and mercury-vapor lamps could be hazardous waste when discarded. Fluorescent lamps may contain up to 40 milligrams (mg) of mercury, depending on the brand and manufacturer. Lamps may also contain lead and cadmium. Many lamps exhibit a characteristic of toxicity for heavy metals when disposed.

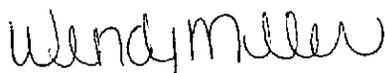
Mr. Jim Warner
September 8, 2010
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During our inspection, you stated that you will begin recycling bulbs as universal waste through Gross Electric. We gave you a copy of our fact sheet, Universal Waste Rules for Handlers of Lamps, June 2005. Since there are no spent bulbs/lamps currently on-site and you have been informed of how to properly manage the bulbs, **this violation is considered abated.**

During our inspection you indicated that you do not recycle auto glass (windshields, etc.). Ohio EPA encourages you to recycle. We have helpful information about pollution prevention at the following web address: <http://epa.ohio.gov/ocapp/assistance.aspx> You can find copies of the rules and other information on the division of hazardous waste management web page at <http://www.epa.ohio.gov/dhwm>.

Should you have any questions, please feel free to call me at (419)373-3114.

Sincerely,



Wendy A. Miller
Division of Hazardous Waste Management

/lb

cc: Cindy Lohrbach, DHWM-NWDO (w/o enclosure)
~~NWDO Lucas County General File (w/original enclosure)~~
Colleen Weaver, DHWM-NWDO (w/o enclosure)

NOTICE:

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

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

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

| | | | | | | | | | |
|---|---|--|-------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| Site EPA ID No. Site Name Site Location Information Site Land Type (check only one) NAICS code(s) www.census.gov/epcd/www/naics.html | EPA ID Number: Name: Jim's Specialty Shop Website: (Optional) Street Address: 7159 Angola Road City, Town, or Village: Holland State: OH County Name: Lucas Zip Code: 43528 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Private <input checked="" type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> | Private <input checked="" type="checkbox"/> | County <input type="checkbox"/> | District <input type="checkbox"/> | Federal <input type="checkbox"/> | Indian <input type="checkbox"/> | Municipal <input type="checkbox"/> | State <input type="checkbox"/> | Other <input type="checkbox"/> |
| Private <input checked="" type="checkbox"/> | County <input type="checkbox"/> | District <input type="checkbox"/> | Federal <input type="checkbox"/> | Indian <input type="checkbox"/> | Municipal <input type="checkbox"/> | State <input type="checkbox"/> | Other <input type="checkbox"/> | | |

| | |
|--|---|
| Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address | First Name: Jim MI: Last Name: Warner Title: Phone Number: 419-865-8139 Phone Number Extension: E-Mail Address: Fax Number: Fax Number Extension: Street or P.O. Box: City, Town or Village: State: Zip Code: |
|--|---|

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|---|--|---|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|--|-------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|
| Legal Owner And Operator of the Site. List Additional Owners and/or Operators in the Comment Section or on another copy of this form page | Name of Site's Legal Owner: Date Became Owner (mm/dd/yyyy): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Owner Type: <input type="checkbox"/></td> <td style="text-align: center;">Private <input type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: Owner Phone #: State: Country: Zip Code: Name of Site's Operator: Date Became Operator (mm/dd/yyyy): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Operator Type: <input type="checkbox"/></td> <td style="text-align: center;">Private <input type="checkbox"/></td> <td style="text-align: center;">County <input type="checkbox"/></td> <td style="text-align: center;">District <input type="checkbox"/></td> <td style="text-align: center;">Federal <input type="checkbox"/></td> <td style="text-align: center;">Indian <input type="checkbox"/></td> <td style="text-align: center;">Municipal <input type="checkbox"/></td> <td style="text-align: center;">State <input type="checkbox"/></td> <td style="text-align: center;">Other <input type="checkbox"/></td> </tr> </table> Street or P.O. Box: City, Town or Village: Operator Phone #: State: Country: Zip Code: | Owner Type: <input type="checkbox"/> | Private <input type="checkbox"/> | County <input type="checkbox"/> | District <input type="checkbox"/> | Federal <input type="checkbox"/> | Indian <input type="checkbox"/> | Municipal <input type="checkbox"/> | State <input type="checkbox"/> | Other <input type="checkbox"/> | Operator Type: <input type="checkbox"/> | Private <input type="checkbox"/> | County <input type="checkbox"/> | District <input type="checkbox"/> | Federal <input type="checkbox"/> | Indian <input type="checkbox"/> | Municipal <input type="checkbox"/> | State <input type="checkbox"/> | Other <input type="checkbox"/> |
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|--------------------------|---|
| VIOLATIONS CITED? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------|---|

| | | |
|--|--|---|
| TYPE OF HANDLER - MARK "X" AS APPROPRIATE | | |
| <input checked="" type="checkbox"/> Not a HW Generator | <input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11 <input type="checkbox"/> Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). <i>Check the box for the applicable generator status and provide a comment.</i> | <input type="checkbox"/> Large Quantity Generator (LQG) <input type="checkbox"/> Small Quantity Generator (SQG) <input type="checkbox"/> Conditionally Exempt Small Quantity Generator <input type="checkbox"/> U.S. Importer of Hazardous Waste <input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator |

TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN ALL OF THE APPROPRIATE BOXES)

| | |
|---|--|
| <input type="checkbox"/> Hazardous Waste Transporter | <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace |
| <input type="checkbox"/> Hazardous Waste Transfer Facility | <input type="checkbox"/> Small Quantity On-Site Burner Exemption |
| <input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste | <input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption |
| <input type="checkbox"/> Recycler of Hazardous Waste | <input type="checkbox"/> Underground Injection Control Facility |
| | <input type="checkbox"/> Receives Hazardous Waste from Off-site |

UNIVERSAL WASTE ACTIVITIES (INDICATE TYPES OF UNIVERSAL WASTE MANAGED)
 (CHECK ALL BOXES THAT APPLY)

| | |
|---|---|
| <input checked="" type="checkbox"/> Small Quantity Handler of Universal Waste | <input type="checkbox"/> Destination Facility for Universal Waste |
| <input type="checkbox"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more) | |

CHECK ALL BOXES BELOW THAT APPLY FOR THE TYPES OF UNIVERSAL WASTE THE FACILITY MANAGES

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

USED OIL ACTIVITIES (INDICATE TYPE(S) OF ACTIVITY(S))

| |
|---|
| <input type="checkbox"/> Used Oil Generator |
| <input type="checkbox"/> Used Oil Transporter |
| <input type="checkbox"/> Used Oil Transfer Facility |
| <input type="checkbox"/> Used Oil Processor |
| <input type="checkbox"/> Used Oil Re-refiner |
| <input type="checkbox"/> Off-Specification Used Oil Burner |
| <input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil |
| <input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner |

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 RCRA Info source record, you do not need to list them. Instead just indicate the date of the most recent source record.

COMMENTS: USE THIS AREA TO DESCRIBE WHETHER THE INSPECTION WAS ANNOUNCED, WHETHER THE WASTE IS STORED IN TANKS OR CONTAINERS, ETC.

| | | | |
|------------|---|--|--------------------------------------|
| Announced | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Additional Facility Representatives: |
| Tanks | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Containers | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |

| | | |
|---|---|---|
| Name of Inspector(s) Wendy Miller | Name of Inspector(s) Melissa Boyers | Date of Inspection/Time (mm/dd/yyyy) (hh:mm) 08/16/2010 2:25 |
|---|---|---|

Comments:
no lamps stored

PROCESS, WASTE, P2 SUMMARY SHEET

Facility Name: Jims Specialty Shop **Facility Type:** Non, UW **Date of Inspection:** 8/18/10 **EPA ID#:** OHD987033172

| Waste Generated | | | On- or Off-Site Management | | P2 Activities | |
|--|---|--|---|---|--|--|
| Process/Activity Generating Waste <small>(e.g. plating bath, machining, baghouse, painting, general maintenance, etc)</small> | Waste Description <small>(e.g. sludge, solvent, ash, used oil, spent lamps, etc.) and EPA Waste Code, if applic.</small> | QTY Generated per Month, Type of Accumulation (container, tank, etc) and location of waste accumulation area | Type of On-Site Treatment <small>(recycle, wwt, etc)</small> | Name, state, and type of activity occurring at the off-site facility. | Current P2 Activities | P2 Opportunities |
| 1 | Lighting | Spent lamps | Few bulbs every 1-2 years | | Gross Electric | |
| 2 | Changing auto glass | Spent auto glass (windshields) | Varies | | Solid waste... do not want to recycle due to cost. | Could contact Environmental Recycling or another local broker for options. |
| 3 | | | | | | |
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