



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

Re: Tom Owens Sand Blasting
Lucas County
Hazardous Waste
Notice of Violation

Certified Mail

February 20, 2008

Mr. Tom Owens
27696 Oregon Road
Perrysburg, Ohio 43551

Dear Mr. Owens:

On February 6, 2008, I discovered abandoned containers of waste from your business, Tom Owens Painting & Sand Blasting, formerly located at 205 West Alexis Road in Toledo. Specifically, in the back of the property at 205 W. Alexis Road, I found fifteen (15) 5-gallons containers and seventeen (17) 1-gallon cans of paint related waste on the ground. At least one of the containers has your name on it. Most of the containers were open. None of these containers are secured from contact by persons on the property. I have obtained several photographs of this waste.

Therefore, as a result of my investigation, I found the following violation of Ohio's hazardous waste laws. In order to correct this violation, you must do the following and send me the required information, **within 30 days** of your receipt of this letter:

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

A generator must determine whether its waste is hazardous by first determining if the waste is listed as a hazardous waste in rules 3745-51-30 to 3745-51-35; by testing the waste according to the methods set forth in rules 3745-51-20 to 3745-51-24 or by applying knowledge of the hazardous characteristic of the waste in light of the materials or the processes used.

You have failed to evaluate the waste generated by Tom Owens Painting & Sand Blasting. Therefore, you must evaluate the waste in the containers, according to this rule. You must either: 1. Obtain and submit copies of all MSDS (Material Safety Data Sheets) for materials used in painting at your Alexis Road business, which you intend to use to characterize your waste for disposal purposes; or 2. Obtain a representative sample of the waste in the containers, according to OAC Rule 3745-51-20. If you sample the waste, you must evaluate all samples, through laboratory analysis, for all appropriate characteristics, including: TCLP (Toxicity Characteristic Leaching Procedure) metals, TCLP VOCs (volatile organic compounds) and flash point. You will need to give Ohio EPA a five day advance notice of sampling activities, in order for an inspector to make arrangements to view the sampling. Your analytical results must document if the waste is hazardous or not and if it is restricted from land disposal. You

Mr. Tom Owens
February 20, 2008
Page Two

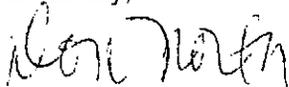
must submit the laboratory results to me as soon as they become available. If your waste is hazardous waste you must immediately arrange to have it shipped to a permitted hazardous waste treatment, storage or disposal facility and submit a copy of the hazardous waste manifest used.

In order to assist you in evaluating and disposing of your wastes, I have enclosed a copy of the following document: Managing Your Hazardous Waste. I strongly urge you to review this document carefully and contact me immediately, if you have any questions.

The Division of Hazardous Waste Management has created an electronic news service to provide you with quick and timely updates on events and news related to hazardous waste, used oil and universal waste activities in Ohio. If you haven't already, we encourage you to sign-up for this free service. You can find more information at the following Web link <http://www.epa.state.oh.us/dhwm/listserv.html>. Please feel free to share this information with your colleagues.

If you have any questions, please feel free to contact me at (419) 373-3074. You can find copies of the rules and other information on the division's web page at <http://www.epa.state.oh.us/dhwm>. Ohio EPA also has helpful information about pollution prevention at the following web address: <http://www.epa.state.oh.us/opp>.

Sincerely,



Don North
District Representative
Division of Hazardous Waste Management

/lb

pc: Colleen Weaver, DHWM, NWDO
Cindy Lohrbach, DHWM, NWDO
~~DHWM, NWDO, Lucas County, Tom Owens Sand Blasting File~~
7006 0100 0004 1318 3445

ec: Don North, DHWM, NWDO

NOTICE:

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

E-mail this completed form to tammy.mcconnell@pa.state.oh.us or mail it to Tammy McConnell, Central Office

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

For Ohio EPA use only

2. Site EPA ID No. EPA ID Number:

Name: Tom Owens Painting + Sand Blasting Website (optional)

Street Address: 205 W. Alex's Road

City, Town, or Village: Toledo State: OH

County Name: Lucas Zip Code: 43612

5. Site Land Type (check only one)

Private	County	District	Federal	Indian	Municipal	State	Other
<input type="checkbox"/>							

6. NAICS code(s) www.census.gov/epcd/www/naics.html

A.	B.
C.	D.

First Name: Tom MI: Last Name: Owens

Phone Number: 419-266-2439 Phone Number Extension:

E-Mail Address:

Fax Number: Fax Number Extension:

Street or P.O. Box: 27696 Oregon Rd. Lot # 95

City, Town or Village: Perrysburg

State: OH Country: US Zip Code: 43551

8. Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page.

A. Name of Site's Legal Owner: Date Became Owner (mm/dd/yyyy):

Owner Type: Mark with an X	Private	County	District	Federal	Indian	Municipal	State	Other
<input type="checkbox"/>	<input 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:

City, Town, or Village: Owner Phone #:

State: Country: Zip Code:

B. Name of Site's Operator: Date Became Operator (mm/dd/yyyy):

Operator Type: Mark with an X	Private	County	District	Federal	Indian	Municipal	State	Other
<input type="checkbox"/>	<input 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:

City, Town, or Village: Operator Phone #:

State: Country: Zip Code:

Is this site Cited? Yes No

Type of Regulated Waste Activity (Mark 'X' in all of the appropriate boxes)

Not Regulated

A. Hazardous Waste Activities																	
(choose only one of the following categories)																	
<input checked="" type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11 <input type="checkbox"/> a. Large Quantity Generator (LQG): <input type="checkbox"/> b. Small Quantity Generator (SQG) <input type="checkbox"/> c. Conditionally Exempt Small Quantity Generator <input type="checkbox"/> d. United States Importer of Hazardous Waste <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	<input type="checkbox"/> 3. Treater, Storer or Disposer of Hazardous Waste <input type="checkbox"/> 4. Recycler of Hazardous Waste <input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption <input type="checkbox"/> 6. Underground Injection Control Facility																
B. Universal Waste Activities		C. Used Oil Activities															
<input type="checkbox"/> 1. Small Quantity Handler of Universal Waste (Indicate types of universal waste generated and/or accumulated (check all boxes that apply): <input type="checkbox"/> 2. Large Quantity Handler of Universal Waste (accumulates 5,000 kg or more). <input type="checkbox"/> 3. Destination Facility for Universal Waste (Check all boxes below that apply for each of the three types of facilities above.)	<input type="checkbox"/> 1. Used Oil Generator <input type="checkbox"/> 2. Used Oil Transporter Indicate Type(s) of Activity(ies) <input type="checkbox"/> Transporter <input type="checkbox"/> Transfer Facility <input type="checkbox"/> 3. Used Oil Processor and/or Re-refiner Indicate Type(s) of Activity(ies) <input type="checkbox"/> Processor <input type="checkbox"/> Re-refiner <input type="checkbox"/> 4. Off-Specification Used Oil Burner <input type="checkbox"/> 5. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Oil <input type="checkbox"/> b. Used Oil to Off-Specification Used Oil Burner																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Generated</th> <th style="text-align: center;">Accumulated</th> </tr> </thead> <tbody> <tr> <td>A. Batteries</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. Pesticides</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>C. Thermostats</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>D. Lamps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Generated	Accumulated	A. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	B. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	C. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	D. Lamps	<input type="checkbox"/>	<input type="checkbox"/>		
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C. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>															
D. Lamps	<input type="checkbox"/>	<input type="checkbox"/>															
11. Waste Codes for Federally Regulated Hazardous Wastes. Please list the codes for the federally regulated hazardous waste handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more space is needed. If there are more than 7 waste codes and they are the same as listed in the most recent RCRAInfo source record, you do not need to list them all. Instead just indicate the date of the most recent source record.																	
12. Comments: Use this area to describe whether the inspection was announced, whether the waste is stored in tanks or containers, etc.																	
Y / (N)	Announced ?	Additional Facility Representatives:															
Y / (N)	Tanks?	Other comments:															
(Y) N	Containers?																
13. Name of Inspector(s) _____ Date of Inspection/Time (mm-dd-yyyy) (HH:MM) _____																	
Don North		2-6-08															
14. OPTIONAL CERTIFICATION. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																	
Signature of owner, operator, or an authorized representative	Name and Title (Print)	Date (mm-dd-yyyy)															

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

For Ohio EPA use only

E-mail this completed form to kristina.durnell@epa.state.oh.us
 or mail it to Kristina Durnell, Central Office

Site EPA ID No: Site Name:	EPA ID Number:		Website: <i>Blasting</i> (Optional)	
	Name: <i>Tom Owens Painting + Sand</i>			
Site Location Information	Street Address: <i>205 W. Alexis Rd.</i>		State: OH	
	City, Town, or Village: <i>Toledo</i>		Zip Code: <i>43612</i>	
Site Land Type (check only one)	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input checked="" type="checkbox"/>	Federal <input type="checkbox"/>
			Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>
NAICS code(s) www.census.gov/eod/www/naics.html				
Facility Representative Additional names can be recorded in number 12. Only provide address information if it is different than the site address.	First Name: <i>Tom</i>		Last Name: <i>Owens</i>	
	Phone Number: <i>419-266-2439</i>		Phone Number Extension:	
E-Mail Address:		Fax Number Extension:		
Fax Number:		Street or P.O. Box: <i>27696 Oregon Rd. Lot #95</i>		
City, Town or Village: <i>Perrysburg</i>		Zip Code: <i>43551</i>		
State: <i>Ohio</i>				
Legal Owner And Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form.	Name of Site's Legal Owner:		Date Became Owner (mm/dd/yyyy):	
	Owner Type:	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>
Street or P.O. Box:		Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>
City, Town or Village:		State <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
State:		Owner Phone #:		Zip Code:
Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):		
Owner Type:	Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>
Street or P.O. Box:		Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>
City, Town or Village:		State <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>
State:		Operator Phone #:		Zip Code:
		United States		

VIOLATIONS CITED? Yes No

TYPE OF HANDLER - A MINIMUM OF ONE BOX MUST BE CHECKED:

<input type="checkbox"/> Not a Generator	<input checked="" type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<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"/> Recycler of Hazardous Waste	<input type="checkbox"/> Exempt Boiler and/or Industrial Furnace
<input type="checkbox"/> Underground Injection Control Facility	<input type="checkbox"/> Small Quantity On-Site Burner Exemption
<input type="checkbox"/> Hazardous Waste Transporter	<input type="checkbox"/> Smelting, Melting, Refining Furnace Exemption
<input type="checkbox"/> Treater, Storer or Disposer of Hazardous Waste	

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

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

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

Batteries
 Pesticides
 Mercury containing equipment
 Lamps

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

Used Oil Generator
 Used Oil Transporter
 Used Oil Transfer Facility
 Used Oil Processor
 Used Oil Re-refiner
 Off-Specification Used Oil Burner
 Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil
 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 if more space is needed. If there are more than 7 waste codes and they are the same as listed in the most recent RCRA info source record, you do not need to list them all. 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 Yes No
Tanks Yes No
Containers Yes No

Additional Facility Representatives: Tom Owens has died. He was
Other Comments: *Winded from 205 W. Alexis Rd. There are other businesses at 205 W. Alexis Rd.*

Name of Inspector(s) *Don North* Name of Inspector(s) _____ Date of Inspection/Time (mm/dd/yyyy) (hh:mm) *02-06-08*

OPTIONAL CERTIFICATION: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Owner, Operator, or an Authorized Representative _____ Name and Title (Print) _____ Date (mm/dd/yyyy) _____