



State of Ohio Environmental Protection Agency

**Southeast District Office**

2195 Front Street  
Logan, Ohio 43138

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www.epa.state.oh.us

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

August 31, 2007

**COSHOCTON COUNTY  
JONES METAL PRODUCTS CO.  
DHWM/SEDO  
OHD 004280897**

Mr. Clyde Bean  
Jones Metal Products  
200 N. Center St.  
West Lafayette, Ohio 43845

Dear Mr. Bean:

On August 28, 2007, Melody Stewart and I performed a compliance inspection to determine your facility's compliance with Ohio's hazardous waste and solid waste laws and regulations 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 hazardous waste violations we found and what you need to do to correct the violations.

Based on this inspection, the following violation of the following hazardous waste regulations was found.

- (1) **OAC Rule 3745-52-11, Hazardous Waste Determination:** Any person who generates a waste in the State of Ohio shall determine if that waste is a hazardous waste using the following method: He shall first determine if the waste is excluded from regulation under OAC Rule 3745-51-04, then determine if the waste is listed as a hazardous waste in OAC Rule 3745-51-30 to -35, and then determine if the waste is identified in OAC Rule 3745-51-20 to -24 by testing the waste using the methods in OAC Rule 3745-51-20 to -24 or by applying knowledge of the waste.

During the inspection, we observed used fluorescent bulbs and several high-pressure lamps on the floor of the plant in several locations. These spent bulbs must be evaluated to determine if they are hazardous waste and then managed appropriately, see attached fact sheet. A list of facilities in Ohio that perform fluorescent bulb recycling is available on our website at:

<http://www.epa.state.oh.us/ocapp/recycle.html>

To demonstrate compliance with this and other hazardous waste rules, either provide documentation indicating whether these bulbs are hazardous waste; or state that these bulbs will be managed as a universal waste (see attached factsheet) and provide information on who will recycle these bulbs for you (name, address of the facility) and provide photographs indicating that they are being properly managed (in boxes that are labeled and dated).

Mr. Clyde Bean  
August 31, 2007  
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Please provide documentation required above **within 30 days of the date of this letter**. If you have any questions regarding waste management or pollution prevention activities, please call me at (740) 380-5278.

Sincerely,



Richard Stewart  
District Representative  
Division of Hazardous Waste Management

RS/mlm

Attachments

**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.

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

For Ohio EPA use only

E-mail this completed form to  
[tammy.mcconnell@epa.state.oh.us](mailto:tammy.mcconnell@epa.state.oh.us) or mail it to Tammy  
McConnell, Central Office

Site EPA ID No.	EPA ID Number: OHD 004280897									
Site Name	Name: Jones Metal Products Co.					Website: (Optional)				
Site Location Information	Street Address: 200 N. Center St.									
	City, Town, or Village: West Lafayette					State: OH				
	County Name: Coshocton					Zip Code: 43845				
Site Land Type (check only one)	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"/>		
NAICS code(s) <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>										
Facility Representative  Additional names can be recorded in number 12  Only provide address information if it is different than the site address	First Name: Clyde			MI:	Last Name: Bean					
	Phone Number: 740-545-9690				Phone Number Extension:					
	E-Mail Address:									
	Fax Number:				Fax Number Extension:					
	Street or P.O. Box:									
	City, Town or Village:			State:			Country:		Zip Code:	
	Legal Owner and Operator of the Site List Additional Owners and/or Operators in the Comment Section or on another copy of this form page	Name of Site's Legal Owner: Same								
Date Became Owner (mm/dd/yyyy):										
Owner Type:		Private <input checked="" type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	
Street or P.O. Box:										
City, Town or Village:				Owner Phone #:						
State:				Country:		Zip Code:				
Name of Site's Operator: Same										
Date Became Operator (mm/dd/yyyy):										
Owner Type:		Private <input type="checkbox"/>	County <input type="checkbox"/>	District <input type="checkbox"/>	Federal <input type="checkbox"/>	Indian <input type="checkbox"/>	Municipal <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>	
Street or P.O. Box:										
City, Town or Village:				Operator Phone #:						
State:				Country:		Zip Code:				
Violations Cited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Type of Generator										
<input type="checkbox"/> Not Regulated					<input checked="" type="checkbox"/> Conditionally Exempt Small Quantity Generator					
<input type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11					<input type="checkbox"/> United States Importer of Hazardous Waste					
<input type="checkbox"/> Large Quantity Generator (LQG)					<input type="checkbox"/> Mixed Waste (Hazardous and Radioactive) Generator					
<input type="checkbox"/> Small Quantity Generator (SQG)										
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 generated and/or accumulated (check all boxes that apply))					
<input type="checkbox"/> Small Quantity Handler of Universal Waste			<input type="checkbox"/> Large Quantity Handler of Universal Waste (accumulates 5,000 kg. or more)		
<input type="checkbox"/> Destination Facility for Universal Waste					
(Check all boxes below that apply for each of the three types of facilities above)			Used Oil Activities (Indicate Type(s) of Activity(ies))		
	Generated	Accumulated	<input checked="" type="checkbox"/> Used Oil Generator	<input type="checkbox"/> Off-Specification Used Oil Burner	
Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transporter	<input type="checkbox"/> Used Oil Fuel Marketer Who Directs Shipment of Off-Spec. Oil	
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Transfer Facility	<input type="checkbox"/> Used Oil Fuel Marketer to Off-Specification Used Oil Burner	
Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Processor		
Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used Oil Re-refiner		
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.					
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Other Comments:		
Containers	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Name of Inspector(s)		Name of Inspector(s)		Date of Inspection/Time (mm/dd/yyyy) (hh:mm)	
Rich Stewart				8/28/2007 13:00	
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)



## REMARKS-GENERAL INFORMATION

### **General Process Information:**

Jones Metal Products manufactures specializes in metal stamping and hydroforming cold-rolled steel, specialty alloys and aluminum. Products are for use in aerospace and other industries. Processes include metal cleaning, cutting, slitting, punching and stamping. Metal cleaning is performed using a mild aqueous solution that is discharge to the local POTW on a weekly basis after filtering.

### **Regulatory/Enforcement History** (if applicable):

This facility was last inspected by DHWM in 1996, no violations were cited at that time.

## CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS

CESQG: < 100 Kg. (approximately 25-30 gallons) of waste in a calendar month

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

### POLLUTION PREVENTION

1. Has the company undertaken any P2 activities to reduce the amount of waste generated?  X  Yes   No   N/A   RMK#

a. If so, what has the company done to minimize waste generation?

- A change in the process resulting in less waste.
- A change in the product resulting in less waste.
- Use of fewer and less toxic hazardous raw materials.
- Better operations/improved housekeeping.
- On-site recycling/reuse of hazardous materials.
- Sending waste off-site for recycling/reuse.
- Other activities (specify):

b. If so, what wastes have been addressed?

- Solvents
- Paint related wastes
- Industrial process wastes (sludges, slags, contaminated wastes waters, etc.)
- Contaminated oils/hydraulic fluids
- Off-spec chemicals
- Shop rags
- Other (specify):

c. If they haven't minimized waste are there barriers that are preventing them from doing it?

- Lack of information about practical alternatives..
- Lack of capital to make process changes.
- Lack of internal management support.
- The company does not generate enough waste to consider P2.
- Other reason given (specify):

2. Does the company plan to do P2 activities in the future?  ?  Yes   No   N/A   RMK#

3. Would the company be interested in receiving additional information from Ohio EPA about P2?  X  Yes   No   N/A   RMK#

4. Did you give the company information about P2 during the inspection?  Yes  No  N/A  X RMK#
5. Would the company like a P2 assessment?  Yes  No  N/A  X RMK#   1
- A. If yes, provide information that makes the company a good candidate for an assessment (i.e., known specific P2 opportunities exist, the company is willing to cooperate and commit resources to the assessment, the company fully understands DHWM's P2 assessment process, etc.)
- B. If no, list the reasons the facility representative gave for not wanting an assessment.

*If the company would like a P2 assessment done at their facility, the inspector must give the company representative a copy of the Pollution Prevention for Hazardous Waste Generators document and discuss it with them.*

#### REMARKS

#1 Facility will contact OEPA if they have questions.

#### CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR REQUIREMENTS

##### WASTE EVALUATION

1. Have all wastes generated at the facility been evaluated?  Yes  No  N/A  RMK#   2    
[3745-52-11]

##### GENERATOR CLASSIFICATION

2. Does the generator produce  $\leq 100$  kg. of hazardous waste per month? [conditionally exempt small quantity generator ("CESQG")]  Yes  No  N/A  RMK#

**NOTE:** *If quantities of hazardous waste accumulated on-site at any one time exceed 1,000 Kg. - or the generator produces between 100 and 1,000 Kg of hazardous waste per month, it is operating as a Small Quantity Generator ("SQG"). If so, complete the Small Quantity Generator Requirements checklist.*

##### OFF-SITE SHIPMENT OF HAZARDOUS WASTE

3. Does the CESQG ensure delivery of hazardous waste(s) to an off-site permitted TSD? [3745-51-05(G)(3)]  Yes  ? No  N/A  RMK#   2

#### REMARKS

#2 Facility has not evaluated spent fluorescent bulbs prior to disposal.