



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 Korleski, Director

June 4, 2007

**COSHOCTON COUNTY
CLOW WATER SYSTEMS
DHWM-SEDO
OHD004294849**

Ms. Heather Klesch
Environmental Manager
Clow Water Systems
2266 South Sixth Street
Coshocton, OH 43812

Dear Ms. Klesch:

On March 25, 2007, I received a complaint regarding the Clow Water Systems Company's (Clow) facility. Specifically, the complainant stated that Clow had stored "bottom drop" waste from cleaning the cupola in a roll-off box next to Clow's wastewater treatment plant for five or six months and that this waste is a hazardous waste. On April 4, 2007, I performed complaint investigation. We observed a roll-off box containing the waste from cleaning the cupola orifice ring, which you stated had been generated the week prior to the investigation. You also stated that this particular waste was still on site because you had collected a waste sample on April 4, prior to my arrival, and you were awaiting receipt of the analytical results.

On April 17, 2007, I received a copy of the sample results from the waste in the roll-off box. These results showed that the waste was characteristically hazardous for lead. Your April 25 letter stated that this waste had actually been stored on-site in the roll-off box from December 19, 2006 until it was manifested off-site on April 24, 2007. On February 23, 2007, the cupola orifice ring was cleaned again; this waste was collected with the iron/slag skull material and placed in the charge yard (to reclaim the iron in the skull material). This waste was generated again on April 19, 2007 and sampled by Clow; analytical results showed this waste to be hazardous for both lead and cadmium.

Based on this information, Clow is in violation of the following regulations. Clow must provide the documentation required below, **within 30 days of receipt of this letter.**

- (1) **Ohio Revised Code (ORC) § 3734.02(E)&(F), Prohibitions** prohibits the establishment or operation of a hazardous waste facility without a hazardous waste installation and operation permit and prohibits any person from treating, storing or disposing of hazardous waste...except at a permitted facility. Because Clow stored the cupola orifice ring waste (D006/D008) next to the waste water treatment plant for greater than 90 days (while a large quantity generator) and disposed the same waste-stream onto the ground in the charge yard (use constituting disposal), Clow has established and operated an unpermitted hazardous waste storage and disposal facility and is in violation of ORC §3734.02(E)&(F).

Abatement of these violations will be demonstrated, in part, once Clow provides a closure certification report demonstrating the attainment of the closure performance standards in OAC rule 3745-55-11 and in accordance with the approved closure plan.

- (2) **OAC rule 3745-55-12(A), Closure Plan:** The owner or operator of a hazardous waste management facility shall have a written closure plan.

Since Clow stored hazardous waste (D006/D008) in a roll-off box next to the WWTP and disposed of the same waste in the charge yard, Clow is obligated to conduct closure of these unpermitted units pursuant to OAC rules 3745-55-10 through 3745-55-20. At this time, Clow does not have a closure plan for these areas. Clow should use the Closure Plan Review Guidance (CPRG), revised 2006, on Ohio EPA's website at <http://www.epa.state.oh.us/dhwm/cprg.html>.

Compliance with this rule will be demonstrated once a copy of the closure plan(s) has been submitted to the Director and to this office for review.

- (3) **OAC rule 3745-54-31, Maintenance and operation of facility:** Facilities shall be maintained and operated to minimize the possibility of a fire, explosion or any release of hazardous waste constituents to air, soil or surface water.

Clow has failed to operate this facility in a manner which minimizes the release of hazardous waste, specifically the cupola orifice ring waste. To demonstrate compliance, Clow should draft and provide a copy of standard operating procedures addressing the proper collection, waste evaluation and management procedures for wastes generated from maintenance activities, especially those involving the cupola, emissions ducts, and scrubber systems (I was provided a copy of the SOP for the wet-cap cleanout activities on May 15, 2007). Procedures for the management and evaluation of unidentified, unevaluated or "newly found" wastes must also be developed and implemented.

- (4) **OAC rule 3745-66-73 Management of containers:** A container holding hazardous waste shall always be closed during storage, except when it is necessary to add or remove waste.

Clow stored the cupola orifice ring waste in an open roll-off box container from December 19, 2006 until April 24, 2007. Implementation of proper waste management procedures, as required above, will be sufficient to demonstrate compliance with this rule.

- (5) **OAC rule 3745-66-74 Inspections:** The owner or operator must inspect areas where containers are stored, at least weekly, looking for leaks and for deterioration caused by corrosion or other factors. The owner or operator must record inspections in an inspection log or summary.

Clow failed to perform the required inspections on the roll-off box of cupola orifice ring waste from December 19, 2006 until April 24, 2007. To demonstrate compliance with this rule, implementation of procedures to properly manage waste required in #3, above, will be sufficient.

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General Comment:

- (A) Please provide any training documentation which Clow has for the past year regarding annual training pursuant to OAC rule 3745-65-16. As an episodic large quantity generator, Clow should be providing this training to all employees in positions whose duties may include the management of hazardous waste or implementing the contingency plan.

Should you have any questions, please feel free to contact me at (740) 380-5278.

Sincerely,



Rich Stewart
Environmental Specialist
Division of Hazardous Waste Management

RS/mlm

Attachment

cc: Harry Sarvis, DHWM-CO

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.

(bcc: Michael Beedle, U.S. EPA – Region V)

E-mail this completed form to tammy.mcconnell@epa.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: OHD004294894								
3. Site Name	Name: Clow Water Systems Company					Website (optional):			
4. Site Location Information	Street Address: 2266 South Sixth Street								
	City, Town, or Village: Coshocton				State: OH				
	County Name: Coshocton				Zip Code: 43812-6001				
5. Site Land Type (check only one)	Private	County	District	Federal	Indian	Municipal	State	Other	
	<input checked="" type="checkbox"/>								
6. NAICS code(s) www.census.gov/epcd/www/naics.html	A.			B.					
	C.			D.					
7. Facility Representative: Additional names can be recorded in number 12. Only provide address information if it is different than the site address.	First Name: Heather			MI: A	Last Name: Klesch				
	Phone Number: 740-622-6651				Phone Number Extension:				
	E-Mail Address:								
	Fax Number: 622-4306				Fax Number Extension:				
	Street or P.O. Box:								
	City, Town or Village:								
	State:		Country:			Zip Code:			
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):					
	WcWane								
	Owner Type: Mark with an X	Private	District	Federal	Indian	Municipal	State	Other	
		<input checked="" 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 checked="" type="checkbox"/>						
	Street or P.O. Box:								
	City, Town, or Village:			Operator Phone #:					
State:			Country:		Zip Code:				
9. Violations Cited?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No					
10. Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes.)									
<input type="checkbox"/>	Not Regulated								

10. Type of Regulated Waste Activity (Mark "X" in all of the appropriate boxes.)

A. Hazardous Waste Activities		
(choose only one of the following categories)		
<input checked="" type="checkbox"/> UNKNOWN: Cited for violation of 3745-52-11	<input checked="" type="checkbox"/>	3. Treater, Storer or Disposer of Hazardous Waste
<input type="checkbox"/> a. Large Quantity Generator (LQG):	<input type="checkbox"/>	4. Recycler of Hazardous Waste
<input type="checkbox"/> b. Small Quantity Generator (SQG)	<input type="checkbox"/>	5. Exempt Boiler and/or Industrial Furnace
<input checked="" type="checkbox"/> c. Conditionally Exempt Small Quantity Generator	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption
<input type="checkbox"/> d. United States Importer of Hazardous Waste	<input type="checkbox"/>	b. Smelting, Melting, Refining Furnace Exemption
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	<input type="checkbox"/>	6. Underground Injection Control Facility
B. Universal Waste Activities		C. Used Oil Activities
<input checked="" type="checkbox"/> 1. Small Quantity Handler of Universal Waste	<input checked="" type="checkbox"/> 1. Used Oil Generator	
(Indicate types of universal waste generated and/or accumulated (check all boxes that apply):	2. Used Oil Transporter Indicate Type(s) of Activity(ies)	
<input type="checkbox"/> 2. Large Quantity Handler of Universal Waste	<input type="checkbox"/> Transporter	
(accumulates 5,000 kg or more).	<input type="checkbox"/> Transfer Facility	
<input type="checkbox"/> 3. Destination Facility for Universal Waste	3. Used Oil Processor and/or Re-refiner	
(Check all boxes below that apply for each of the three types of facilities above.)	Indicate Type(s) of Activity(ies)	
Generated Accumulated	<input type="checkbox"/> Processor	
A. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
C. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
D. Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 4. Off-Specification Used Oil Burner	
	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	
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.		
D001	D006	D008
12. Comments: Use this area to describe whether the inspection was announced, whether the waste is stored in tanks or containers, etc.		
N	Announced ?	Additional Facility Representatives:
N	Tanks?	Other comments: Facility operated a HW surface impoundment which will be closed as a RCRA landfill by December, 2008. No current TSD activities on-site.
Y	Containers?	
13.	Name of Inspector(s)	Name of Inspector(s)
	Rich Stewart	Fred Snell
		Date of Inspection/ Time (mm-dd-yyyy) (HH:MM)
		5/15/07 10:00
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)