



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

October 4, 2013

**RE: THE LUBRIZOL CORPORATION
NOTICE OF VIOLATION/NOV
OHD 004172623 / 02-43-078
RCRA C – HAZARDOUS WASTE
LAKE COUNTY**

Ms. Christine Jones
The Lubrizol Corporation
155 Freedom Road
Painesville, OH 44077

Dear Ms. Jones:

On September 30, 2013, Ohio EPA, represented by Frank Popotnik and me inspected The Lubrizol Corporation's (Lubrizol) Painesville, Ohio facility for compliance with its hazardous waste permit and Ohio's hazardous waste laws found in Chapters 3734 of the Ohio Revised Code (ORC) and 3745 of the Ohio Administrative Code (OAC). You and Mr. Kenneth Frato represented Lubrizol.

The following violation was noted:

1. Condition B.3 – General Waste Analysis Plan
(b) The Permittee must follow the procedures described in the waste analysis plan found in Section C of the permit application ...
(c) The Permittee must verify the analysis of each waste stream annually as part of its quality assurance program...

Lubrizol informed us that the annual testing of the distillates described in Section C of the permit application has not been done. There are significant problems sampling and sending the material to a laboratory. However, an even greater problem is finding a laboratory which will accept the samples because they are extremely odorous. Lubrizol had approached the Northeast District Office asking about eliminating the annual analysis of the distillate waste stream all together.

We are discussing what would be the best course of action regarding this waste and the analysis requirements. We will contact you as soon as a decision has been made on how to proceed. Actions required to return to compliance will depend on what is determined regarding the distillate wastes. We will inform Lubrizol as soon as possible about the options we believe are available.

Ohio EPA has the following concerns:

1. Daily inspections of the tanks require that all the tanks be checked for corrosion, leaks, bulges, cracks, and discoloration. In addition, seam integrity must be determined for Tank W-1, 6 and 7. Ohio EPA does not believe that jacketed tanks can be inspected for all the

Ms. Christine Jones
The Lubrizol Corporation
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criteria noted above. We recommend reconsidering the criteria and perhaps having some criteria only applicable to unjacketed tanks W-1, 6, and 7. In other words, some of the criteria noted above would only apply to unjacketed tanks, similar to the criterion of seam integrity being applicable only to the unjacketed tanks.

2. Condition D. 6 – Inspection Schedules and Procedures

(a) The Permittee must inspect the tank systems, in accordance with the Inspection Schedule found in Section F of the permit application ...

Section F requires daily inspections of the tanks and their containment systems. There is no documentation that inspections were done on August 26, 2013. Lubrizol maintains a summary sheet of activities which must be done each day. On this sheet the daily inspection item was checked off. The inspection was probably done but not documented.

Lubrizol needs to ensure that inspections are conducted as required. Ohio EPA suggests that someone review the inspection log forms more often than just a spot check. It was indicated to us that this may be done in the future.

Enclosed is a copy of the checklist used for the inspection. Please address the first violation and issue noted above and provide the requested documentation demonstrating compliance within thirty (30) days of receipt of this letter. Requirements for return to compliance for the second violation will be sent under separate cover with a separate due date.

Failure to list specific deficiencies or violations in this communication does not relieve Lubrizol from the responsibility of complying with all applicable Ohio EPA laws and regulations. Please be advised that present or past instances of non-compliance can continue as subjects of pending or future enforcement actions.

Please contact me at (330) 963-1266 if you have any questions about the inspection or this letter.

Sincerely,



Adrienne La Favre
Division of Materials and Waste Management

ALF/cl
Enclosure

cc: Regional Offsite Administrator, DE-9J, USEPA, Region V
John Nyers, DMWM, CO

ec: Frank Popotnik, DMWM NEDO
Marlene Kinney, DMWM, NEDO

Send to Central Office <input checked="" type="checkbox"/>	Ohio Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION/VERIFICATION FORM	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.

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: OHD004172623		Website: (Optional)		
	Name: THE LUBRIZOL CORPORATION		State: OH		
	Street Address: 155 FREEDOM ROAD		City, Town, or Village: PAINESVILLE		
	County Name: 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"/>		Zip Code: 44077		
325199					

Facility Representative Additional names can be recorded in number 12 Only provide address information if it is different than the site address	First Name: CHRISTINE		MI:		Last Name: JONES	
	Title:					
	Phone Number: 440-347-3450			Phone Number Extension:		
	E-Mail Address: CHRISTINE.JONES@LUBRIZOL.COM					
	Fax Number:			Fax Number Extension:		
	Street or P.O. Box: 155 FREEDOM ROAD					
City, Town or Village: PAINESVILLE						
State: OH			Zip Code: 44077			

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: THE LUBRIZOL CORPORATION		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: 29400 LAKELAND BLVD.			
	City, Town or Village: WICKLIFFE		Owner Phone #:		Country: LAKE	
	State: OH		Zip Code: 44092			
	Name of Site's Operator: THE LUBRIZOL CORPORATION		Date Became Operator (mm/dd/yyyy):			
	Operator 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: 29400 LAKELAND BLVD.			
	City, Town or Village: WICKLIFFE		Operator Phone #:		Country: LAKE	
	State: OH		Zip Code: 44092			

VIOLATIONS CITED?	<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 type="checkbox"/> Short-Term/Temporary 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 checked="" 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 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 checked="" 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

- 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 Used Oil
 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.

- College or University
 Teaching hospital that is owned by or has a formal written affiliation agreement with a college or university
 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.

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

Announced Yes No Additional Facility Representatives: **KEN FRATO**
 Tanks Yes No
 Containers Yes No

Name of Inspector(s)	Name of Inspector(s)	Date of Inspection/Time (mm/dd/yyyy) (hh:mm)
ADRIENNE LA FAVRE		09/30/2013 9:00
FRANK POPOTNIK		

Comments:

**LUBRIZOL—PAINESVILLE
OHIO PART B PERMITTED FACILITY
RCRA INSPECTION CHECKLIST**

Facility: Lubrizol—Painesville Ohio Permit: 02-43-078
 Address: 155 Freedom Rd USEPA ID: OHD 004 172 623
Painesville, OH 44077
 County: Lake Phone: (440) 943-1200
 Inspection Date: 9 130 113

Was advanced notice given? Yes No

	<u>Name</u>	<u>Agency/Title</u>	<u>Phone</u>
Inspectors:	<u>Adrienne La Favre</u>	<u>ESD</u>	<u>330-963-1266</u>
	<u>Frank Pozotnik</u>	<u>supervisor</u>	<u>330-963-1198</u>
Facility Reps:	<u>Christine Jones</u>	<u>Lubrizol</u>	<u>440-347-3450</u>
	<u>Ken Frato</u>	<u>"</u>	<u>440-347-3629</u>

Is facility operating as a generator? Yes No

PERMIT STATUS

Permit Issued: March 31, 2004 LDR Checklist Attached? Yes No
 Permit Effective Date: March 31, 2004 Used Oil Checklist Attached? Yes No
 Permit Expiration Date: March 31, 2014 Generator Checklist Attached? Yes No
 Permit Renewal Date: Due 10/2/13 Permit Modification Date: _____

AUTHORIZED ACTIVITIES

STORAGE		TREATMENT		DISPOSAL	
	Containers	<input checked="" type="checkbox"/>	Tanks	N/A	Injection Well
<input checked="" type="checkbox"/>	Tanks	<input checked="" type="checkbox"/>	Incinerator <u>not RCRA</u>	N/A	Landfill
	Waste Pile		Thermal Treatment <u>anywhere</u>	N/A	Land Application
	Surface Impoundment		Post-Closure	N/A	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 ___ No N/A ___ RMK# ___
- a. Is the permittee continuing any activity regulated by the permit after the expiration date of the permit? Yes ___ No ___ N/A RMK# ___
- b. Has the facility submitted an application for a permit renewal to the director no later than 180 days prior to the expiration date of the permit? (Condition A.6) Yes ___ No ___ N/A RMK# ___
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 during the term of the permit? Yes No ___ N/A ___ RMK# ___
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 ___ No N/A ___ RMK# ___
4. Have any provisions of the permit been identified as Invalid? [Condition A.4] Yes ___ No N/A ___ RMK# ___
5. Has the facility identified any instances of noncompliance with the permit (ORC Chapter 3734), which may endanger human health or the environment? If so: Yes ___ No N/A ___ RMK# ___
- a. Did the facility immediately report the following information as specified in Condition A.20?
- i. Information concerning a release of any hazardous waste that may cause an endangerment to the public drinking water supplies; and Yes ___ No ___ N/A RMK# ___
- ii. Information concerning a release of hazardous waste, fire, or explosion at the facility which could threaten human health or the environment outside the facility including a description:
- a). Name address telephone number of the owner/operator Yes ___ No ___ N/A RMK# ___
- b). Name, address, and telephone number of facility? Yes ___ No ___ N/A RMK# ___
- c). Name and quantity of material(s) involved. Yes ___ No ___ N/A RMK# ___
- d). The extent of injuries, if any? Yes ___ No ___ N/A RMK# ___

e). An assessment of the actual or potential hazard to the environment and human health outside the facility? Yes ___ No ___ N/A RMK# ___

f). Estimated quantity and disposition of recovered material that resulted from the incident? Yes ___ No ___ N/A RMK# ___

6. Did the permittee provide a written report to Ohio EPA within five days of becoming aware of the circumstances? Yes ___ No ___ N/A RMK# ___

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.21].*

7. Has the permittee identified other instances of noncompliance not provided for in Condition A.22, if so: Yes No ___ N/A ___ RMK# ___

a. Did the permittee report these instances to Ohio EPA, DHWM? [Condition A.22]? Yes ___ No N/A ___ RMK# ___

b. Do the reports provided contain the information set forth in Condition A.20? Yes ___ No ___ N/A RMK# ___

c. Has the permittee taken all steps necessary to minimize releases to the environment or prevent any adverse impact on human health or the environment? Yes ___ No ___ N/A RMK# ___

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 ___ No N/A ___ RMK# ___

a. If so, has the facility provided Ohio EPA with advance notice of such changes? [Condition A.17] Yes ___ No ___ N/A RMK# ___

Note: *Such notification does not waive the permittee's duty to comply with the permit [Condition A.17]*

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 ___ No N/A ___ RMK# ___

a. Has the permittee filed a request for a permit modification, revision, or revocation since permit issuance? [Condition A.2] Yes ___ No ___ N/A RMK# ___

Permit Modification, Revision, Revocation

- 10. Has the permittee filed a request for a permit modification revision, or revocation since permit issuance? [Condition A.2] Yes No ___ N/A ___ RMK# ___
 - a. Were the changes made per OAC 3745-50-51? [Condition A.15] Yes No ___ N/A ___ RMK# ___
- 11. Has the permit been transferred to a new owner/operator? Yes ___ No N/A ___ RMK# ___
 - a. Were the changes made per OAC 3745-50-51? [Condition A.15] Yes ___ No ___ N/A RMK# ___
- 12. Has the permittee submitted reports to Ohio EPA for each compliance Schedule of the permit by the scheduled date, unless otherwise specified? [Condition A.19] Yes No ___ N/A ___ RMK# ___
- 13. Has the permittee furnished to Ohio EPA upon request relevant information to determine whether cause exists for modifying, revising, revoking, or suspending the permit? [Condition A.10] Yes ___ No ___ N/A RMK# ___
- 14. Has the facility furnished Ohio EPA, upon request, with copies of records required to be kept by the permit? [Condition A.10] Yes No ___ N/A ___ RMK# ___
- 15. Has the permittee maintained records of all data used to complete the application and any amendments, revisions or modifications to the application? [Condition A.14(c)] Yes No ___ N/A ___ RMK# ___
- 16. Has the permittee retained a complete copy of the approved application on-site? [Condition A.14(c)] Yes No ___ N/A ___ RMK# ___
- 17. Has the permittee given notice to the Director as soon as possible of any physical alterations or additions to any of the permitted portions of the facility? If so: Yes ___ No ___ N/A RMK# ___
 - a. Were all such changes made per OAC3745-50-51? [Condition A.15] Yes ___ No ___ N/A RMK# ___

Site Entry-Availability of Records

- 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 No ___ N/A ___ RMK# ___

- b. Have access to and copy, at reasonable times, any records required to be kept under the conditions of the permit? Yes No ___ N/A ___ RMK# ___
- c. Inspect, at any time, facilities, equipment (including control and monitoring equipment), practices or other operations regulated under the conditions of the permit? Yes No ___ N/A ___ RMK# ___
- d. Sample, document, photograph or monitor, at reasonable times, any substances or parameter at the location of the facility to assure compliance with the permit or as otherwise authorized by ORC Chapter 3734 and the rules adopted thereunder? Yes No ___ N/A ___ RMK# ___

RECORDKEEPING/OPERATING REQUIREMENTS

Operating Record

1. Does the permittee maintain an operating record per OAC 3745-54-73 and 3745-54-74 and Condition B.22 of the permit which contains the following information:
- a. A description of the quantity of each hazardous waste and the method(s) and date(s) of its treatment or storage? Yes ___ No ___ N/A ___ RMK# ___ *focused inspection - not determined*
- b. The location of each hazardous waste and quantity at each location, including cross-reference to specific manifest numbers? Yes ___ No ___ N/A ___ RMK# ___
- c. Records and results of required waste analysis? Yes ___ No ___ N/A ___ RMK# ___
- d. Summary reports and details of all incidents that required implementation of the contingency plan? Yes ___ No ___ N/A ___ RMK# ___
- e. Records and results of required inspections? Yes ___ No ___ N/A ___ RMK# ___
- f. Documents required to be maintained by LDR requirements of OAC 3745-270? Yes ___ No ___ N/A ___ RMK# ___

Documents To Be Maintained At Facility

2. Is the permittee maintaining the following documents at the facility?: [Condition A.28]
- a. Waste analysis plan per OAC 3745-54-13? Yes No ___ N/A ___ RMK# ___
- b. Contingency plan per OAC 3745-54-53? Yes No ___ N/A ___ RMK# ___
- c. Closure plan in per OAC 3745-55-12? Yes No ___ N/A ___ RMK# ___

- d. Cost estimate for facility closure per OAC 3745-55-42? (Estimate only—adequacy will be evaluated by CO financial assurance personnel)[Condition B.36] Yes No ___ N/A ___ RMK# ___
- e. Personnel training plan and records required by OAC 3745-54-15? Yes No ___ N/A ___ RMK# ___
- f. Inspection schedules developed per OAC 3745-54-15, 3745-55-74 and 3745-55-95? [Condition B.5] Yes No ___ N/A ___ RMK# ___
- g. Operating record per OAC 3745-54-73? [Condition B.22] Yes No ___ N/A ___ RMK# ___
- h. Post-closure plan, as required by OAC 3745-55-18(A) Yes No ___ N/A ___ RMK# ___
- i. Annually-adjusted cost estimate for facility closure and post-closure, as required by OAC 3745-55-42 and 3745-55-44? [Condition A.28(a)(ix)] Yes No ___ N/A ___ RMK# ___
3. Is the permittee maintaining copies of all inspection logs at the facility for a period of at least three years from the date of the inspection? [Condition B.5] Yes No ___ N/A ___ RMK# ___
4. Have any of the documents in Question No. 2 been revised? [Condition A.15] If so, Yes ___ No N/A ___ RMK# ___
- a. Has the permittee submitted the revisions to Ohio EPA per OAC 3745-50-51? Yes ___ No ___ N/A RMK# ___
- b. Have all requirements of OAC 3635-50-51 been met, including Ohio EPA Approval where required? Yes ___ No ___ N/A RMK# ___

Annual Report Requirement

5. Is the permittee in compliance with annual report requirements set forth in OAC 3745-54-75 and the additional report requirements set forth in OAC 3745-54-77? [Condition B.25] Yes No ___ N/A ___ RMK# ___

Sampling Monitoring and Recordkeeping Requirements

6. In compliance with Condition A.12(b) of the permit, do the perimeter's record of monitoring information specify the:
- a. Date(s), exact place(s), time(s) and method(s) of sampling or measurement? *Location inspection - not done* Yes ___ No ___ N/A ___ RMK# ___
- b. Individual(s) who performed the sampling or measurement? Yes ___ No ___ N/A ___ RMK# ___
- c. Date(s) analyses were performed? Yes ___ No ___ N/A ___ RMK# ___
- d. Individual(s) who performed the analyses? Yes ___ No ___ N/A ___ RMK# ___

ocused on water - not determined

e. Analytical technique(s) or method(s) used? Yes ___ No ___ N/A ___ RMK# ___

f. Results of such analyses? Yes ___ No ___ N/A ___ RMK# ___

7. 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 A.12(a)] Yes ___ No ___ N/A ___ RMK# ___

8. Per 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. Yes ___ No ___ N/A ___ RMK# ___

9. Has Ohio EPA requested submittal of any reports or other information from the permittee? If so:

a. Have the submittals been signed and certified according to OAC 3745-50-42? [Condition A.13] Yes ___ No ___ N/A ___ RMK# ___

WASTE MINIMIZATION REQUIREMENTS

1. 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 per Condition A.29(a) and OAC 3745-54-73? Yes No ___ N/A ___ RMK# ___

2. Did the permittee submit the waste minimization report to Ohio EPA within 180 days of journalization of this permit and biennially thereafter? [Condition A.29] Yes No ___ N/A ___ RMK# ___

3. Has the permittee reduced the amount of waste (hazardous waste, solid waste, air emissions, waste water discharges, etc) generated at their facility this year by implementing P2/waste minimization? Yes ___ No ___ N/A ___ RMK# ___

*not determined
L down CD*

WASTE ACCEPTANCE AND GENERATION

1. Is the permittee storing any container of hazardous waste received from any off-site source that it is not permitted to store? Yes ___ No N/A ___ RMK# ___

2. Has the permittee arranged to receive hazardous waste from a foreign or off-site source that it is not permitted to store? Yes ___ No N/A ___ RMK# ___

3. Has the permittee notified the director at least four weeks prior to the date the permittee expects to receive hazardous waste from a foreign source? OAC 3745-54-12(A), [Condition B.2(a)] Yes ___ No ___ N/A RMK# ___

OFF-SITE SHIPMENTS/MANIFEST REQUIREMENTS

- 1. Is the permittee complying with the following manifest requirements set forth in OAC 3745-52, 54-70, 54-71, 54-72, and 54-76 [Condition B.24] Yes No ___ N/A ___ RMK# ___
 - a. Have all hazardous wastes shipped off-site been accompanied by a completed manifest in compliance with OAC 3745-52-20(A)? Yes No ___ N/A ___ RMK# ___
 - b. The manifest form used contains all information required by OAC 3745-52-20 and the minimum number of copies required by OAC 3745-52-22? Yes No ___ N/A ___ RMK# ___
 - c. Has the permittee designated at least one permitted disposal facility and has/will designate an alternate facility or return waste in compliance with OAC 3745-52-20(B),(C),and (D)? Yes No ___ N/A ___ RMK# ___
 - d. Have prepared manifests been signed by the permittee and initial transporter in compliance with OAC 3745-52-23? Yes No ___ N/A ___ RMK# ___
- 2. 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 3745-52-40 and 3745-54-71(A)(5)? Yes No ___ N/A ___ RMK# ___
- 3. Does the permittee use only properly registered transporters when removing hazardous wastes? [Condition A.16] Yes No ___ N/A ___ RMK# ___
- 4. Does the permittee give one copy of the manifest to the transporter, send one copy to the generator within 30-days, and keep one copy for at least three years? [3745-54-71(B)] Yes No ___ N/A ___ RMK# ___
 - a. If shipping papers are used in lieu of manifests (bulk shipments, etc.), are the same requirements met? [3745-54-71(B)] Yes ___ No ___ N/A RMK# ___
 - b. Are any significant discrepancies been reconciled within 15 days as required by 3745-54-72(B)? Yes No ___ N/A ___ RMK# ___
- 5. Have any manifest discrepancies been reconciled within 15 days as required by 3745-54-72(B)? If not Yes No ___ N/A ___ RMK# ___
 - a. Has the owner/operator submitted the required information to the director? Yes ___ No ___ N/A RMK# ___

** residue returned in road cars - put into tank farm*

WASTE ANALYSIS/WASTE ANALYSIS PLAN

- 1. 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 57, 3745-218 and 3745-270 and the terms and conditions of the permit? [Condition B.3(a)]
Yes No ___ N/A ___ RMK# ___
- 2. Does the permittee follow the procedures described in the WAP? (Section C of the Application)? [Condition B.3(b)]
Yes No ___ N/A ___ RMK# ___
a. Is the schedule kept at the facility? [OAC 3745-54-15(B)(2)]
Yes No ___ N/A ___ RMK# ___
**except distillate*
- 3. Does the permittee repeat the waste analysis when the process or operation generating the hazardous waste has changed, or at least annually? [Condition B.3]
Yes No ___ N/A ___ RMK# ___
**except distillate*
- 4. Does the permittee place the results of all waste analyses in the facility operating record in accordance with OAC 3745-54-73?
Yes No ___ N/A ___ RMK# ___

GENERAL INSPECTION REQUIREMENTS

- 1. Is the permittee following the inspection procedures and schedules set forth in the permit (Section F of the application) and the requirements of OAC 3745-54-15(A)(C) and (D)? [Condition B.5]
Yes No ___ N/A ___ RMK# ___
- 2. Is the permittee following the approved inspection schedule for: monitoring equipment, safety equipment, emergency equipment, security devices, and operating and structural equipment as specified in OAC 3745-54-15(B) [Section F]
Yes No ___ N/A ___ RMK# ___
- 3. Does the permittee remedy deterioration or any malfunctions discovered by an inspection in a timely manner (OAC 3745-54-15(c))? [Condition B.5]
Yes No ___ N/A ___ RMK# ___
- 4. Do inspection records contain the following information (OAC 3745-54-15(D))?
 - a. Date and time of inspection? Yes No ___ N/A ___ RMK# ___
 - b. Name of inspector? Yes No ___ N/A ___ RMK# ___
Initials
 - c. Notation of observations made? Yes No ___ N/A ___ RMK# ___
 - d. Date and nature of any repairs or remedial actions? Yes No ___ N/A ___ RMK# ___

Security Requirements

1. Is the permittee complying with OAC 3745-54-14 and Condition B.4 of the permit? [Section F]
- a. Does the permittee have a 24-hour surveillance system which continuously monitors and controls entry onto the active portion of the facility? Yes No ___ N/A ___ RMK# ___
- b. An artificial or natural barrier (in good repair) which completely surrounds the active portion of the facility? Yes No ___ N/A ___ RMK# ___
- c. A means to control entry, at all times, through gates or other entrances to the active portion of the facility? Yes No ___ N/A ___ RMK# ___
2. Per OAC 3745-54-14(c), does the permittee have signs reading "Danger-Unauthorized Personnel Keep Out" posted at the entrances to the active portions of the facility and other locations? Yes No ___ N/A ___ RMK# ___

Facility Operations

3. Is construction, maintenance, and operation of the facility being conducted to minimize the possibility of a fire, explosion or unplanned release of hazardous waste or hazardous waste constituents to air, soil, ground or surface water? [OAC 3745-54-31; Condition B.1] Yes No ___ N/A ___ RMK# ___
4. Does the Permittee operate and maintain the facility in accordance with fire, explosion, or release prevention procedures, practices and design specification provided in Sections D, F, and G, of the Part B permit application [OAC 3745-54-31, Condition B.1] Yes No ___ N/A ___ RMK# ___
5. Does the permittee properly maintain and operate the facility to achieve compliance with the terms and conditions of the permit [Condition A.9] including:
- a. Effective management practices? Yes No ___ N/A ___ RMK# ___
- b. Adequate funding? Yes No ___ N/A ___ RMK# ___
- c. Adequate operator staffing and training? Yes ___ No ___ N/A ___ RMK# ___
- d. Adequate laboratory and process controls? Yes ___ No ___ N/A ___ RMK# ___

PERSONNEL TRAINING

1. Is the permittee conducting personnel training per Section H of the Application and the following requirements of OAC 3745-54-16? [Condition B.6]: Yes No ___ N/A ___ RMK# ___
- a. Personnel training which includes instruction in safe equipment operation and emergency procedures and implementation of the contingency plan? [OAC 3745-54-16(A)(B)(C)] Yes No ___ N/A ___ RMK# ___

- b. Personnel training to new employees within six months after their date of employment [OAC 3745-54-16(B)]? Yes No ___ N/A ___ RMK# ___
- c. Annual refresher training [OAC 3745-54-16(C)] Yes No ___ N/A ___ RMK# ___
2. Is the permittee maintaining personnel training records as per OAC 3745-54-16(D) and Section H, including: written job titles, job descriptions, and documented employee training records? [Condition B.6] Yes No ___ N/A ___ RMK# ___

REQUIRED EQUIPMENT

1. Has the permittee equipped the facility with the emergency equipment specified in Section G? [OAC 3745-54-32, Condition B.9]?
- a. An internal communications or alarm system? Yes No ___ N/A ___ RMK# ___
- b. A device capable of summoning emergency assistance from local emergency authorities? Yes No ___ N/A ___ RMK# ___
- c. Portable fire extinguishers and/or fire control equipment, spill control and decontamination equipment? Yes No ___ N/A ___ RMK# ___
- d. Water of adequate volume and pressure to supply water hose streams, foam producing equipment, automatic sprinklers or water spray systems? Yes No ___ N/A ___ RMK# ___
2. Is the permittee inspecting, testing, and maintaining the equipment specified to ensure its proper operation in accordance with OAC 3745-54-33 and Condition B.10? Yes No ___ N/A ___ RMK# ___
3. Has the permittee provided all personnel involved in the operation with immediate access to an internal alarm or emergency communication device [OAC 3745-54-34, Condition B.11]? Yes No ___ N/A ___ RMK# ___

CONTINGENCY PLAN – EMERGENCY PROCEDURES

1. Per Condition B.13 of the permit and OAC 3745-54-37(A) and (B), does the permittee:
- a. Familiarize emergency response agencies with the facility layout, associated hazards, places where personnel will normally be working, entrances and evacuation routes? Yes No ___ N/A ___ RMK# ___
- b. Inform such agencies of safety equipment, supplies, proper emergency safety procedures that are applicable to the facility? Yes No ___ N/A ___ RMK# ___

- c. Familiarize the local hospital, police, fire dept., and other responders listed in the permit application with the properties of haz waste handled at the facilities and the types of injuries or illness that could result from fires, explosions and releases? Yes No ___ N/A ___ RMK# ___
2. Have any response agencies declined to enter into the arrangements set forth in OAC 3745-54-37(A)?, If so: Yes ___ No N/A ___ RMK# ___
- a. Has the permittee documented the refusal in the operating record? (OAC 3745-37(B), [Condition B.13(b)])? Yes ___ No ___ N/A RMK# ___
3. Has the permittee 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? [OAC3745-54-53, Condition B.18(b)] Yes No ___ N/A ___ RMK# ___
4. Has the permittee notified all parties identified in the contingency plan, in writing of amendments, modifications, or revisions to the plan within 10 days of the effective date of the change in the plan? [Condition B.18(b)] Yes No ___ N/A ___ RMK# ___
5. Has the permittee submitted a copy of the approved contingency plan and all revisions, amendments, modifications to the Ohio EPA, Division of Emergency and Remedial Response in accordance with OAC 3745-54-53? [Condition B.18(c)] Yes No ___ N/A ___ RMK# ___
6. Is the permittee reviewing the approved contingency plan at least annually and amending the plan immediately if needed as per OAC 3745-54-54 [Condition B.17] Yes No ___ N/A ___ RMK# ___

Emergency Coordinator

7. Is there an emergency coordinator on premises or on call at all times? [OAC 3745-54-55; Condition B.19] Yes No ___ N/A ___ RMK# ___
8. Is/are the emergency coordinator(s) at the facility familiar with the following [OAC 3745-54-55; Condition B.19]:
- a. Contingency Plan? Yes No ___ N/A ___ RMK# ___
- b. Facility operations/activities? Yes No ___ N/A ___ RMK# ___
- c. Waste characterization and location? Yes No ___ N/A ___ RMK# ___
- d. Location of all records in the facility? Yes No ___ N/A ___ RMK# ___
- e. Facility Layout? Yes No ___ N/A ___ RMK# ___
9. Does/do the emergency coordinator(s) have the authority to commit the resources needed to carry out the contingency plan? [OAC 3745-54-55; Condition B.19]? Yes No ___ N/A ___ RMK# ___

10. Does the permittee have a contingency plan for the facility that meets the following: [Condition B.19, Section G]
- a. Describes the actions facility shall take to comply with OAC 3745-54-51 through 3745-54-56 in response to fires, explosions, or any unplanned release of haz waste or haz waste constituents to air, soil, or surface water? Yes No ___ N/A ___ RMK# ___
 - 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 No ___ N/A ___ RMK# ___
 - c. Includes and up-to-date list of names, addresses and phone numbers for all persons qualified to act as emergency coordinator in the order that they will assume responsibility for coordination of emergency response? Yes No ___ N/A ___ RMK# ___
 - d. Includes a list of all emergency equipment, including fire extinguishing systems, spill control equipment, communications and alarm systems and decontamination equipment? Yes No ___ N/A ___ RMK# ___
 - e. Includes the location and physical description of each item on the list referenced in Question 10(d), and a brief outline of its capabilities? Yes No ___ N/A ___ RMK# ___
 - f. Includes an evacuation plan for the 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 No ___ N/A ___ RMK# ___

Implementation of Contingency Plan

11. Has there been a fire, explosion or release of hazardous waste or hazardous waste constituents at the facility since the date of the last inspection? If so: Yes ___ No N/A ___ RMK# ___
- a. Did the permittee immediately implement the approved contingency plan and follow the emergency procedures described in OAC 3745-54-56? Yes ___ No ___ N/A RMK# ___
 - b. Did the permittee immediately notify the Ohio EPA's Division of Emergency and Remedial Response providing the following information [OAC 3745-54-56(D)(2)]:
 - i. Name and telephone number of the reporter Yes ___ No ___ N/A RMK# ___
 - ii. Name and address of the facility? Yes ___ No ___ N/A RMK# ___
 - iii. Time and type of incident? Yes ___ No ___ N/A RMK# ___

- iv. Name and quantity of materials involved? Yes ___ No ___ N/A ✓ RMK# ___
- v. The extent of injuries? Yes ___ No ___ N/A ✓ RMK# ___
- vi. The possible hazards to human health or the environment? Yes ___ No ___ N/A ✓ RMK# ___
- 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 the wastes are not hazardous wastes? [Condition B.16(b)] Yes ___ No ___ N/A ✓ RMK# ___
- d. Within 15-days of the incident, did the permittee submit to the director a written report of the incident?
If so: Yes ___ No ___ N/A ✓ RMK# ___
- e. Did the permittee note in the operating record the time, date, and details of any incident that required the implementation of the contingency plan? [OAC 3745-54-56(J); Condition B.23]. Yes ___ No ___ N/A ✓ RMK# ___

LAND DISPOSAL RESTRICTION REQUIREMENTS

1. Does the permittee comply with all applicable regulations regarding land disposal prohibition and restrictions as required by OAC 3745-270? Yes ✓ No ___ N/A ___ RMK# ___
2. Does the permittee comply with the notification and certification requirements of OAC 3745-270-07(A)? Yes ✓ No ___ N/A ___ RMK# ___
3. Does the permittee comply with the requirements of OAC 3745-270-03 and does not in any way dilute a restricted waste or treatment residue as a substitute for adequate treatment? Yes ✓ No ___ N/A ___ RMK# ___
4. Does the permittee retain supporting data used to determine if wastes managed at the facility are restricted from land disposal in the facility files as required by OAC 3745-270-07(A)(5)? Yes ✓ No ___ N/A ___ RMK# ___
- a. Are copies of all notices, certifications, demonstrations waste analyses, and other documentation produced pursuant to OAC 3745-270 retained for a period of three years as required by OAC 3745-270-07(A)? Yes ✓ No ___ N/A ___ RMK# ___
5. Is the permittee in compliance with the requirements of OAC 3745-270-50 regarding the storage of wastes restricted or prohibited from land disposal under OAC 3745-270-50? Yes ✓ No ___ N/A ___ RMK# ___

TANK STORAGE, TREATMENT, AND MAINTENANCE

- 1. Is secondary containment in the form of an external liner being provided for all permitted hazardous waste tanks (W-Tank Farm)? [3745-66-93(A)(1) to (A)(5)] Yes No ___ N/A ___ RMK# ___
- 2. Has the permittee operated the secondary containment systems per the design plans and descriptions in Sections D and F of the permit application? [Condition D.3] Yes No ___ N/A ___ RMK# ___
- 3. Is the liner in the secondary containment compatible with the wastes stored in the tank system? Yes No ___ N/A ___ RMK# ___
- 4. Is the liner free of cracks and gaps? Yes No ___ N/A ___ RMK# ___
- 5. Is the liner provided with a leak detection system designed/operated to detect failure to primary or secondary containment or any release of hazardous waste within 24 hours or at the earliest practical time. Yes No ___ N/A ___ RMK# ___
- 6. Is the liner proved with a leak detection system designed/operated to detect failure to primary or secondary containment or any release of hazardous waste within 24-hours or at the earliest practicable time? Yes No ___ N/A ___ RMK# ___
- 7. Is any liquid which accumulates in the containment unit resulting from spills, leaks, or precipitation removed within 24 hours or at earliest practicable time? Yes No ___ N/A ___ RMK# ___
- 8. Is ancillary equipment to the tank systems provided with secondary containment (such as double-walled piping, jacketing or a trench)? Yes No ___ N/A ___ RMK# ___
If not, is the ancillary equipment inspected daily, Yes ___ No ___ N/A RMK# ___
- 9. Is ancillary equipment to the tank systems provided with secondary containment (such as double-walled piping, jacketing or a trench)? Yes No ___ N/A ___ RMK# ___
- 10. Has the permittee stored or treated wastes in tanks consistent with the restrictions and prohibitions in Table C-1 of the Section C of the application? [Condition D.1(c)] Yes ___ No ___ N/A ___ RMK# ___ *not determined*
- 11. Does the permittee prevent placement of hazardous waste or treatment reagents in tanks or secondary containment if such placement can cause the system to leak, rupture, corrode, or otherwise fail? [3745-66-94(A)] Yes No ___ N/A ___ RMK# ___
- 12. Does the permittee use controls appropriate to facility design to prevent spills or overflows from the system (e.g., check valves, dry disconnect couplings, high level alarms, etc.)? [3745-66-94(A)] Yes No ___ N/A ___ RMK# ___

13. Has the permittee conducted and documented inspections of the tank system per the inspection schedule in Section F of the application? [Condition D.6] Yes No ___ N/A ___ RMK# ___
14. Has the permittee documented these inspection in the operating record, including inspection of the following:
- a. Spill Control Equipment (daily)? Yes No ___ N/A ___ RMK# ___
- b. Above ground portion of tank (daily)? Yes No ___ N/A ___ RMK# ___
- c. Data from leak detection equipment (daily)? Yes No ___ N/A ___ RMK# ___
- d. Construction materials and area immediately surrounding the tanks for signs of erosion or release of hazardous waste (daily)? Yes No ___ N/A ___ RMK# ___
15. Has the permittee had any leaks, spills or releases from the tank system (W-Tank Farm)? Yes ___ No N/A ___ RMK# ___
16. If so, did the permittee do any of the following?
- a. Immediately stop the flow of hazardous waste into the tank system or secondary containment system and inspect the system to determine the cause of the leak? Yes ___ No ___ N/A RMK# ___
- b. Remove the waste within 24 hours or the after detection of the release, or at the earliest practicable time, remove as much of the waste as necessary to prevent further release to the environment and to allow inspection and repair of the tank system to be performed? [Condition D.7(a)(ii)]. Yes ___ No ___ N/A RMK# ___
- c. Immediately conduct a visual inspection of all releases to the environment and, based upon the inspection:
- i. Prevent further migration of the release to soils or surface water and [Condition D.7(a)(iii)]. Yes ___ No ___ N/A RMK# ___
- ii. Remove and properly dispose of any visible contamination? [Condition D.7(a)(iii)]. Yes ___ No ___ N/A RMK# ___
17. Report the release to Ohio EPA within 24 hrs of detection? [Condition D.8(a)]. Yes ___ No ___ N/A RMK# ___
18. Was a written report submitted within 30 days of detecting the release that addressed the elements in [Condition D.8b]. Yes ___ No ___ N/A RMK# ___
19. If major repairs to a tank system were required, was a certification submitted to Ohio EPA within 7 days of returning the tank system to use? [Condition D.7(c)] Yes ___ No ___ N/A RMK# ___
20. Does the permittee have on file at the facility written statements by those persons required to certify the design and installation of the tank system? [Condition D.8(b)]. Yes No ___ N/A ___ RMK# ___

21. If the permittee was unable to repair and return the tank to service, was the tank system closed per 3745-66-97? [Condition D.9] Yes ___ No ___ N/A RMK# ___
22. Is the permittee following the special provisions for ignitable or reactive wastes, is the waste stored or treated to protect it from materials or conditions which may cause ignition or reaction? Yes No ___ N/A ___ RMK# ___
23. For tanks used to treat or store ignitable or reactive wastes, is the waste stored or treated to protect it from materials or conditions which may cause ignition or reaction? Yes No ___ N/A ___ RMK# ___
24. Is the permittee following the special provisions for incompatible wastes specified in Condition D.11? Yes No ___ N/A ___ RMK# ___
25. Has the permittee placed incompatible wastes or materials into the same tank system that has not been decontaminated and which previously held an incompatible waste or material? Yes ___ No ___ N/A ___ RMK# ___
not determined
- a. If so, have the requirements of 3745-65-17(B) been met? Yes ___ No ___ N/A ___ RMK# ___
not determined
26. In addition to conducting the waste analysis required by 3745-65-13, when the tank system is used to store or treat a waste which is substantially different or uses a substantially different process than previously used, has the permittee done one of the following [OAC 3745-66-100]: Yes ___ No ___ N/A ___ RMK# ___
not determined
- a. Conducted waste analysis and trial treatment or storage tests? [OAC 3745-66-100(B)]; OR Yes ___ No ___ N/A ___ RMK# ___
- b. Obtained written documentation on similar waste under similar operating conditions to show that the proposed storage/treatment will meet the requirements of OAC 3745-66-94? [OAC 3745-66-100(B)] Yes ___ No ___ N/A ___ RMK# ___

CLOSURE REQUIREMENTS

1. Does the permittee maintain the approved closure plan at the facility? [Condition B.29; Section I] Yes No ___ N/A ___ RMK# ___
2. Is the permittee keeping at the facility and submitting annually to the Ohio EPA, the latest closure cost estimate per OAC 3745-55-42(D)? [Condition B.36] Yes No ___ N/A ___ RMK# ___
3. Has the permittee amended the closure plan? Yes ___ No N/A ___ RMK# ___
 If so:
- Has the plan been amended per OAC 3745-55-18(D)? Yes ___ No ___ N/A RMK# ___
 [Condition B.28]

4. Has the permittee closed the facility?
If so:
- Yes ___ No N/A ___ RMK# ___
- a. Did the permittee complete closure of the facility 180 days after receiving the final volume of hazardous waste, as per Condition B.31 of the permit?
Yes ___ No ___ N/A RMK# ___
- b. Was closure conducted per the closure performance standard of OAC 3745-55-11? [Condition B.26]
Yes ___ No ___ N/A RMK# ___
- c. Did the permittee carry out the approved closure plan as set forth in Section I of the approved permit application [Condition B.27]?
Yes ___ No ___ N/A RMK# ___
- d. After receiving the final volume of hazardous waste, did the permittee remove all hazardous waste and complete closure activities as per the schedule specified in the approved closure plan? [OAC 3745-55-13; Condition B.31]
Yes ___ No ___ N/A RMK# ___
- e. Has the permittee decontaminated and/or disposed of all facility equipment, structures, and soils per OAC 3745-55-14 and the approved closure plan? [Condition B.33]
Yes ___ No ___ N/A RMK# ___
- f. Has the permittee certified that the facility has been closed per the specifications in the approved closure plan? [OAC 3745-55-15, Condition B.33]
Yes ___ No ___ N/A RMK# ___
- 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 ___ No ___ N/A RMK# ___

CORRECTIVE ACTION

1. Has the permittee identified any new WMU's or releases at the facility? [Condition E.3(f)]
Yes ___ No N/A ___ RMK# ___
- a. Did the permittee follow the steps in Condition E.10?
Yes ___ No ___ N/A RMK# ___