

US EPA ARCHIVE DOCUMENT

March 14, 2001



State of Ohio Environmental Protection Agency

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NOV 17 2000

## Cessation of Regulated Operations Program

## Permanent/Temporary CRO and Contact Person Form (30/45 day)

SOUTHWEST DISTRICT

☐ Original ☐ Update

Date: <u>11/06/00</u> County where facility is located: <u>GREENE</u>		Where to Send the Completed Form:	
Permanent Cessation of Regulated Operations <input checked="" type="checkbox"/> Facility Permanently Ceasing Operations <input type="checkbox"/> Courtesy CRO Report (Not Regulated Under CRO)		Temporary Discontinuance of Regulated Operations <input type="checkbox"/> Facility Temporarily Discontinuing Operations Less Than 365 Days <input type="checkbox"/> Waiver Application (Discontinuing Operations Greater Than 365 Days)	
1.0 Parent Company or Public Entity		Send Originals to: Ohio EPA-DHWM Compliance Assurance Section Lazarus Government Center P.O. Box 1049 Columbus, Ohio 43216-1049	
1.1 Name of Parent Company (50 char max) <u>CARBOLINE COMPANY</u>		Send Copies to: Local Emergency Planning Committee Local Fire Department within the Jurisdiction of the Facility	
1.2 Mailing Address (45 char max) <u>350 HANLEY INDUSTRIAL COURT</u>			
City (20 char max) <u>ST LOUIS</u> Zip Code <u>63144</u> State <u>MO.</u>			
2.0 Facility Identification		Optional Information	
2.1 Facility Name (50 char max) <u>CARBOLINE COMPANY</u>		2.4 RCRA Identification # <u>OH00230963615</u>	
2.2 Street Location (45 char max) <u>125 FAIRGROUNDS ROAD</u>		2.5 Ohio EPA NPDES Permit # <u>OH 6031461</u>	
City (20 char max) <u>XENIA</u> Zip Code <u>45385</u> State <u>OH</u>		2.6 Air Permit # <u>0829810021</u>	
Latitude <u>39° 41' 87" N</u> Longitude <u>83° 56' 31" W</u> Facility Dun & Bradstreet # <u>NA</u> SIC code <u>2851</u>		2.7 Stormwater Permit # <u>16R 00292</u>	
2.3 Fire Department (15 char max) <u>XENIA TOWNSHIP</u> Telephone # (include area code) <u>937 372 1561</u>		2.8 Do You Have a SPCC Plan? <u>YES</u>	
Check the Appropriate Box for the Contact Person: <input type="checkbox"/> Original <input type="checkbox"/> Revision		2.9 To Which WWTP does the Facility Discharge? <u>NO</u>	
3.0 Contact Person or Principle Office Information			
3.1 Owner's or Operator's Principle Office <u>350 HANLEY IND. CT.</u>		Name of Owner or Operator <u>LARRY POWLSEN</u>	
Mailing Address (45 char max) <u>SAME</u>		Owner or Operator Telephone # <u>(800) 848 4645</u>	
Name of Contact Person (25 char max) <u>WILLIAM LEWIS</u>		City (20 char max) <u>ST LOUIS</u> Zip Code <u>63144</u> State <u>MO</u>	
Mailing Address (45 char max) <u>125 FAIRGROUNDS RD</u>		Contact Person Telephone # <u>(937) 372 3512</u>	
City (20 char max) <u>XENIA</u>		Date Contact Person Designated <u>10-15-00</u>	
Zip Code <u>45385</u> State <u>OH</u>			
4.0 Temporary Discontinuance of Regulated Operations Information			
4.1 Start Date of Discontinuance of Regulated Operations: <u>11/06/00</u>		Date When Operations Will Resume: <u>11/06/00</u>	
Reason for Temporary Discontinuance of Regulated Operations (250 char max) <u>CONTINUING</u>			
5.0 Permanent Cessation of Regulated Operations		(This space for Ohio EPA use only)	
5.1 Date of Cessation of Regulated Operations <u>11/06/00</u> Start Date of Security: <u>CONTINUING</u>		NOV 14 2000	
6.0 Certification (Read and Sign After Completing all Sections)		Date Received: <u>NOV 14 2000</u>	
6.1 Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations, I, the undersigned, certify to the best of my knowledge, after making all appropriate inquiries, that the information contained in and accompanying this document is true, accurate and complete.			
6.2 Signature of Owner or Operator <u>William A. Lewis</u> Date Signed <u>11-7-00</u>		Signature of Contact Person <u>William A. Lewis</u> Date Signed <u>11-7-00</u>	



State of Ohio Environmental Protection Agency

**Cessation of Regulated Operations Program  
Regulated Substance & Equipment Removal (90 Day-Final Form)**

Date: <u>11 / 06 / 00</u> County where facility is located: <u>GREENE</u>		<b>Where to Send the Completed Form:</b>  <b>Send Originals to:</b> Ohio EPA-DHWM Compliance Assurance Section Lazarus Government Center P.O. Box 1049 Columbus, Ohio 43216-1049  <b>Send Copies to:</b> Local Emergency Planning Committee  Local Fire Department within the Jurisdiction of the Facility
<b>1.0</b>	<b>Facility Identification</b>	
<b>1.1</b>	Facility Name (50 char max) <u>CARBOLINE COMPANY - XENIA</u>	
	Street Location (45 char max) <u>125 FAIR GROUNDS ROAD</u>	
	City (20 char max) <u>XENIA</u>	Zip Code <u>45385</u> State <u>OH</u>
<b>2.0</b>	<b>Duties of an Owner or Operator</b>	
<b>2.1</b>	Have you attached a copy of the most recent emergency and hazardous chemical inventory form with a statement indicating whether any asbestos-containing materials are present at the facility? <u>yes</u> <input checked="" type="checkbox"/> <u>no</u>	
<b>2.2</b>	Have you attached a copy of the current hazardous chemical list, or each MSDS? <input checked="" type="checkbox"/> <u>yes</u> <u>no</u>	
<b>2.4</b>	Describe how the regulated substances (ORC 3752.06(A)(5)) were transferred, sold or disposed. (Attach documentation). If you will be leaving any stationary tank, vat, electrical transformer or vessel of any type that contains or is contaminated with regulated substances, you must submit a precise description of where each is located and a description of what regulated substances each of these contain or are contaminated with.  <u>SEE ATTACHED</u>	
<b>2.5</b>	Describe how all of the nonstationary equipment and furnishings, nonstationary containers, motor vehicles, rolling stock and debris that contained or were contaminated with a regulated substance (ORC 3752.06(A)(5)) were transferred, sold or disposed. (You must be able to provide any supporting documentation to the director or his designee when requested).  <u>SEE ATTACHED</u>	
<b>2.6</b>	Miscellaneous Information: (100 char max)	(This space for Ohio EPA use only)  Date Received: <u>    </u> / <u>    </u> / <u>    </u>
<b>3.0</b>	<b>Certification (Read and Sign After Completing all Sections)</b>	
<b>3.1</b>	Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations, I, the undersigned, certify to the best of my knowledge, after making all appropriate inquiries, that the information contained in and accompanying this document is true, accurate and complete.  <u>William S. Lewis</u>	
<b>3.2</b>	Name of the Owner/Operator and Signature (Print) <u>WILLIAM S. LEWIS</u>	Date Signed: <u>11 / 6 / 00</u>

EPA 0329 (Revised 10/99)

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OHIO EPA

NOV 14 2000

DIVISION OF  
HAZARDOUS WASTE MGT



State of Ohio Environmental Protection Agency

Southwest District Office

401 East Fifth Street  
Dayton, Ohio 45402-2911

TELE: (937) 285-6357 fax: (937) 285-6249

Bob Taft, Governor  
Maureen O'Connor, Lt. Governor  
Christopher Jones, Director

March 14, 2001

Re: **Carboline Company**  
**Greene County**

Mr. William Lewis  
Carboline Company  
1403 Regency Drive  
Xenia, Ohio 45385

Dear Mr. Lewis:

On January 22, 2001, Ohio EPA conducted an inspection of Carboline Company's Xenia, Ohio facility to determine Carboline's compliance with Ohio's Cessation of Regulated Operations (CRO) laws and rules as found under Chapter 3752 of the Ohio Revised Code (ORC) and Chapter 3745-352 of the Ohio Administrative Code (OAC). You and Mr. Dennis Finn represented Carboline. Tim Staiger and I represented Ohio EPA. Ohio EPA's inspection included a complete walk through of the entire facility and the inspection of remaining stationary items.

Ohio EPA did not identify any violations of Ohio's CRO laws and rules.

I have enclosed a copy of the checklists completed during the inspection. Should you have any questions, please feel free to call me at (937) 285-6594.

Sincerely,

A handwritten signature in cursive script that reads "Cathy L. Altman".

Cathy L. Altman  
District Representative  
Division of Hazardous Waste Management

Enclosure

cc: Paul Pardi, DHWM  
Ken LeBlanc, Greene/Montgomery County LEPC  
David Price, Xenia Fire Department

CESSATION OF REGULATED OPERATIONS CHECKLIST

<input type="checkbox"/> Permanent Cessation	<input type="checkbox"/> Temporary Discontinuation	<input type="checkbox"/> Requesting Waiver for Temporary Discontinuation
--	--	--

Company: Carboline Company EPA ID#: OH0 030912615  
Street: 125 Fairgrounds Rd City: Xenia  
County: Greene State: Ohio Zip: 45385

Mailing Address: \_\_\_\_\_  
(If different from above)

Telephone Number: 937-372-1561 Fax Number: \_\_\_\_\_

Owner/Operator: Carboline Company  
Street: 350 Hanley Industrial Court City: St. Louis  
County: \_\_\_\_\_ State: MO Zip: 63144

Telephone Number: 800-848-4645 Fax Number: \_\_\_\_\_

Contact Person: William Lewis  
Street: 1403 Regency Drive City: Xenia  
County: Greene State: OH Zip: 45385  
Telephone Number: 937-372-6072 Fax Number: \_\_\_\_\_

If the following applies, check the appropriate box and provide information:

<input type="checkbox"/> Holder of First Mortgage	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Receiver	<input type="checkbox"/> Indenture Trustee
---	------------------------------------	-----------------------------------	--

Name : \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Inspection Date(s): January 22, 2001 Time(s): 10:00 Am

Inspection Announced: ☒ YES ☐ NO If so, how much advance notice given?: Two weeks

	Name	Affiliation	Telephone Number
Inspectors:	<u>Tim Striger</u>	<u>Ohio EPA</u>	<u>937-285-6089</u>
	<u>Cathy Altman</u>	<u>Ohio EPA</u>	<u>937-285-6594</u>
Facility Rep(s)	<u>Bill Lewis</u>	<u>Carboline Co</u>	<u>937-372-6072</u>
	<u>Dennis Fian</u>	<u>RPM, Inc.</u>	<u>330-273-8847</u>

# OWNER/OPERATOR PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST

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## 30-DAY REQUIREMENTS

1. Did the owner/operator of the reporting facility submit a notice of the cessation of all regulated operations (CRO) on a form prescribed by the Director to the following within 30 days of CRO? [ORC 3752.04]
  - a. Director of Ohio EPA Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_
  - b. Local Emergency Planning Committee Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_
  - c. Local Fire Department Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_
2. Did the owner/operator designate a contact person? [ORC §3752.05] Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_
3. Did the owner/operator include the following information about the contact person? [ORC §3752.05(B)]
  - a. Address of principal office of the owner/operator. Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_
  - b. Business or residence address. Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_
  - c. Telephone number of contact person. Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_
4. Has the contact person changed? [ORC §3752.05(C)] Yes ☐ No ☒ N/A ☐ RMK# \_\_\_\_\_
5. If the contact person changed his/her address or telephone numbers, did the owner/operator or contact person provide the Director with the new address or telephone number? [ORC §3752.05(D)] Yes ☐ No ☐ N/A ☒ RMK# \_\_\_\_\_

**NOTE:** The owner/operator is also required to secure the facility and post warning signs within 30 days of CRO. See pp 5-6 of this checklist.

## REMARKS



## OWNER/OPERATOR PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST

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**90-DAY REQUIREMENTS [ORC §3752.06]**

1. Did the owner/operator make a written certification to Ohio EPA's Director concerning the completion of the removal action within 90 days after CRO? [ORC §3752.06(A)(6)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

**NOTE:** The owner/operator may receive approval from the Director to extend the 90-day period. [ORC §3752.06(B)]

2. Does the owner/operator hold a **valid** hazardous waste facility installation and operation permit or renewal permit or has obtained a generator identification number issued under the state's hazardous waste program? [ORC §3752.06(C)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

**NOTE:** If so, the owner/operator is not subject to CRO for its hazardous waste and must instead comply with the hazardous waste requirements.

Yes ☐ No ☐ N/A ☐ RMK# \_\_\_\_\_

3. Did the owner/operator submit to the Director a copy of the most recent emergency and hazardous chemical inventory form that was submitted to the State Emergency Response Commission ("SERC"), including a statement indicating whether any asbestos-containing materials are present at the facility? [ORC §3752.06(A)(1)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

4. Did the owner/operator submit to the Director a copy of the current hazardous chemical list or each material safety data sheet that the owner/operator is required to have on file with the SERC? [ORC §3752.06(A)(2)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

5. Did the owner/operator drain or remove all regulated substances from each stationary tank, vat, electrical transformer, and vessel and from all piping, that is to remain at the facility? [ORC §3752.06(A)(4)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

6. Did the owner/operator submit a list of every stationary tank, vat, electrical transformer, and vessel of any type that contains or is contaminated with regulated substances and that is to remain at the facility? [ORC §3752.06(A)(3)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

7. Did the owner/operator do the following?

- a. Transfer the regulated substances to another facility owned or operated by the owner/operator? [ORC §3752.06(A)(4)(a)]

Yes ☐ No ☐ N/A ☒ RMK# \_\_\_\_\_

OR

- b. Transfer ownership of the regulated substances to another person through sale or otherwise? [ORC §3752.06(A)(4)(b)]

Yes ☐ No ☐ N/A ☒ RMK# \_\_\_\_\_

# OWNER/OPERATOR PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST

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OR

- c. Transfer the regulated substances off-site in compliance with applicable and appropriate waste management laws? [ORC §3752.06(A)(4)(c)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

8. Did the owner/operator remove from the facility all debris, non-stationary equipment and furnishings, non-stationary containers, and motor vehicles and rolling stock that contain or are contaminated with a regulated substance? [ORC §3752.06(A)(5)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

9. Did the owner/operator do the following:

- a. Transfer the debris, equipment, furnishings, containers, and motor vehicles and rolling stock to another facility owned and operated by the owner/operator? [ORC §3752.06(A)(5)(a)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

OR

- b. Transfer ownership of the debris, equipment, furnishings, containers, and motor vehicles, and rolling stock to another person through sale or otherwise? [ORC §3752.06(A)(5)(b)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

OR

- c. Cause the debris, equipment, furnishings, and containers to be transported off-site in compliance with applicable and appropriate waste management laws and regulations? [ORC §3752.06(A)(5)(c)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

REMARKS



## OWNER/OPERATOR PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST

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**SECURITY & WARNING SIGNS REQUIREMENTS OF OWNER/OPERATOR [ORC §3752.07 AND OAC RULE 3745-352-20]**

1. Did the owner/operator secure the facility against unauthorized entry using one or more of the following as provided in OAC rule 3745-352-20(A)(1)-(6) within 30 days of CRO?

a. Boarded, locked or used other means to secure all windows, doors and other potential means of entry?

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

b. Fencing?

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

c. Lighting and a surveillance system?

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

d. Guard or security service?

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

e. Notarized statement from the county sheriff's department or the local police stating that the security measures secure against unauthorized entry?

Yes ☐ No ☐ N/A ☒ RMK# \_\_\_\_\_

f. Demonstrated to the satisfaction of the Director or his/her designee that the proposed security measures secure against unauthorized entry?

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

2. Did the owner/operator post the appropriate warning signs in the following fashion within 30 days of CRO?:

a. Prohibit trespassing and state: "The building, structure, or outdoor location of operations contains or is contaminated with regulated substances that may endanger public health or safety if released into the environment." [OAC rule 3745-352-20(B)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

b. Are warning signs posted on, or reasonable proximate to, the building, structure or outdoor location in sufficient number to alert people? [OAC rule 3745-352-20(B)(1)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

c. Posted on, or reasonably proximate to, locations that contain ignitable regulated substances and include the language, "No Smoking?" [OAC rule 3745-352-20(B)(2)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

d. Legible from a distance of at least 25 feet? [OAC rule 3745-352-20(B)(3)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

e. Constructed to withstand weather and affixed to secure against removal? [OAC rule 3745-352-20(B)(4)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

OWNER/OPERATOR PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST

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3. Are entry barrier and warning signs maintained to secure against unauthorized entry by the following measures listed below: [OAC rule 3745-352-20(C)]

a. Inspected weekly or as agreed by the Director or his/her designee, county sheriff's department or local police department? [OAC rule 3745-352-20(C)(1)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

b. The condition is recorded in an inspection log? [OAC rule 3745-352-20(C)(2)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

c. Prompt repair or replacement after discovery of damage, lost or removed? [OAC rule 3745-352-20(C)(3)]

Yes ☒ No ☐ N/A ☐ RMK# \_\_\_\_\_

**REMARKS**

**ADDITIONAL MULTI-MEDIA QUESTIONS**

If the owner/operator holds a valid hazardous waste installation and operation permit or renewal permit or has obtained a generator identification number issued under the state's hazardous waste program, the following four questions may apply.

1. If the facility has an U.S. EPA I.D. number, has or will the facility submit a *Change of Generator Activity Status* form?

Yes ☒No ☐

2. Were there any <90 day accumulation units for hazardous waste?

Yes ☒No ☐

List where unit(s) were/are: First & Second floors

In Building Six (6), Tanks outside of

Building Six (6)

3. Did the owner/operator close his facility in a manner that: [OAC 3745-66-11]

- a. Minimizes the need for further maintenance?

Yes ☒No ☐N/A ☐RMK# 

- b. Controls, minimizes, or eliminates, to the extent necessary to protect human health and the environment, post-closure escape of hazardous waste, hazardous constituents, leachate, contaminated run-off, or hazardous waste decomposition products to the groundwater, or surface waters, or to the atmosphere?

Yes ☒No ☐N/A ☐RMK# 

- c. Complies with the closure requirements of OAC rules 3745-66-10 to 3745-66-20, 3745-66-97, 3745-67-28, 3745-67-58, 3745-67-80, 3745-68-10, 3745-68-51, 3745-68-81 and 3745-69-04?

Yes ☒No ☐N/A ☐RMK# 

4. During the partial and final closure periods, were all contaminated equipment, structures, and soil properly disposed of or decontaminated unless otherwise specified in OAC rules 3745-66-97, 3745-67-28, 3745-67-58, 3745-67-80 or 3745-68-10?

Yes ☒No ☐N/A ☐RMK# 

- a. Were generated hazardous wastes handled in accordance with all applicable requirements of Chapter 3745-52 of the Administrative Code?

Yes ☒No ☐N/A ☐RMK# 

Every demolition of a facility requires notification to Ohio EPA or local air agency regardless of whether asbestos is involved as required by the National Emission Standard for Hazardous Air Pollutants (NESHAPS) Standard for Asbestos. Notification requirements are found in OAC 3745-20-03 and 40 CFR §61.145(b). The notification form is available from Ohio EPA's web page at <http://www.epa.state.oh.us/dapc/atu/atu.html#asbestos>.

5. Will any buildings be demolished? If yes:

Yes ☐No ☒

OWNER/OPERATOR PERMANENT CESSATION OF REGULATED OPERATIONS CHECKLIST

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Has a *Notification of Demolition and Renovation* form been submitted?

Yes<sup>3</sup> ☐

No<sup>4</sup> ☐

6. Are there any wells on the property?

Yes<sup>5</sup> ☐

No ☒

If yes, where are the wells?

\_\_\_\_\_

\_\_\_\_\_

What are the wells used for?<sup>6</sup>

\_\_\_\_\_

\_\_\_\_\_

7. Is there open dumping of solid waste on the property?

Yes<sup>6</sup> ☐

No ☒

REMARKS

1. Supply the facility with the form and tell them they must submit it.

2. Supply the facility with the requirements for generator closure and tell them they must close the unit and have documentation that closure was completed (LQGs only).

3. Check with the appropriate agency to determine if a form has been received.

4. Supply the facility with a form and contact the appropriate agency stating that demolition will occur.

5. If used for drinking water, let DDAGW know about the well.

6. Let DSIWM know about the open dumping of solid waste.