OhioEPA
State of Ohio Environmental Protection Agency

US EPA RECORDS CENTER REGION 5
584412

STREET ADDRESS:
Lazarus Government Center
122 S. Front Street
Columbus, Ohio 43215

TELE: (614) 644-3020 FAX: (614) 644-2329

RESS:
P.O. Box 1049
Columbus, OH 43216-1049

October 17, 2000

Mark Durno
Mahoningside Power Plant
25089 Center Ridge Road
Westlake, Ohio 44145-1743

Dear Mr. Durno:

In reference to your Notifcation of Regulated Waste Activity form dated October 2, 2000, enclosed please find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number which has been assigned to your installation. You will find your twelve character ID number on the top right portion under the date received section of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with §3010 of the Resource Conservation and Recovery Act (RCRA) and applicable rules of the Ohio Administrative Code (OAC). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by U.S. EPA and applicable chapters of the OAC.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1a, "Generator" in §VIII, you are a large quantity generator (LQG) producing over 1,000 kg/mo (2,200 pounds). LQGs are subject to all applicable regulations under Subtitle C of RCRA and applicable rules of the OAC including Ohio Annual Reports. If you determine Box 1a was checked in error, you can change your status to either a Small Quantity Generator (SQG) (100-1,000 kg/mo) or a Conditionally Exempt Small Quantity Generator (CESQG) (less than 100 kg/mo) by notifying Ohio EPA in writing at the address indicated below. Please indicate which generator category is correct for your installation.

Please note that the U.S. EPA ID number is site-specific. If your installation ***changes location***, a new notification is required for a new ID number. If your installation has ***changed ownership***, a subsequent nonfiction must be filed to allow the new owner to use the ID number.

At some time in the future, if your facility is no longer producing hazardous waste, please notify Ohio EPA in writing and the ID number will be deactivated at that time. Any other notification changes, i.e., contact person, mailing address, hazardous waste activity, or regulated EPA waste codes, can be sent to Ohio EPA by letter.

If you have any questions regarding hazardous waste activity, please contact us at the following address: Ohio EPA, Division of Hazardous Waste Management, Data Management Section, 122 South Front Street, Columbus, Ohio 43215, telephone (614)644-2977; facsimile (614)728-1245.

Sincerely,

Thomas E. Crepeau

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

wp8.JE.lcn.c.sub.newid

cc: Kurt Princic, DHWM, NEDO

Bob Taft, Governor
Maureen O'Connor, Lieutenant Governor
Christopher Jones, Director

Printed on Recycled Paper

*Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-92
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)
RECEIVED
OCT 10 2000
DIV. OF HAZARDOUS WASTE MGT

N

**I. Installation's EPA ID Number** (*Mark "X" in the appropriate box*)

[X] A. First Notification
[ ] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: OHR000100090

**II. Name of Installation** (*Include company and specific site name*)

MAHONINGSIDE POWER PLANT

**III. Location of Installation** (*Physical address not P.O. Box or Route Number*)

Street: 650 SUMMIT STREET

Street (continued):

City or Town: WARREN | State: OH | ZIP Code: 44483-

County Code: 155 | County Name: TRUMBULL

**IV. Installation Mailing Address** (*See Instructions*)

Street or P.O. Box: SAME

City or Town: | State: | ZIP Code: -

**V. Installation Contact** (*Person to be contacted regarding waste activities at site*)

Name (*last*): DURNO | (*first*): MARK

Job Title: OSC | Phone Number (*area code and number*): 440-250-1743

**VI. Installation Contact Address** (*See Instructions*)

A. Contact Address: Location [X] Mailing [X]

B. Street or P.O. Box: 25089 CENTER RIDGE ROAD

City or Town: WESTLAKE | State: OH | ZIP Code: 44145-4114

**VII. Ownership** (*See Instructions*)

A. Name of Installation's Legal Owner: CITY OF WARREN, OHIO

Street, P.O. Box, or Route Number: 391 MAHONING AVE

City or Town: WARREN | State: OH | ZIP Code: 44483-4634

Phone Number (*area code and number*): 330-841-2601

B. Land Type: [ ]

C. Owner Type: [ ]

D. Change of Owner Indicator: Yes [ ] No [ ]

(Date Changed) Month Day Year

Continue on reverse

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-92
GSA No. 0246-EPA-OT

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

### A. Hazardous Waste Activity

1. Generator (See instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

     Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

### B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - Indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

**A. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 - 261.24)*

| 1. Ignitable *(D001)* | 2. Corrosive *(D002)* | 3. Reactive *(D003)* | 4. Toxicity Characteristic *(D000)* | (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
|---|---|---|---|---|
| [ ] | [ ] | [ ] | [X] | D009 |

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| | | | | | |
| **7** | **8** | **9** | **10** | **11** | **12** |
| | | | | | |

**C. Other Wastes.** (State or other wastes requiring a handler to have an I.D. number. See instructions.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| PCB | | | | | |

## X. 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 | Name and Official Title *(type or print)* | Date Signed |
|---|---|---|
| [signature] | MARK DURNO, ON-SCENE COORDINATOR | 10/2/00 |

## XI. Comments

U.S. EPA SUPERFUND CLEAN-UP OF PCB CONTAMINATED STRUCTURE.

***Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)***