OH-110-05

ecology and environment, inc.
223 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60606, TEL. 312-663-9415

International Specialists in the Environmental Sciences

DATE: October 7, 1980

TO: W. Goode

FROM: Jerome D. Oskvarek, April Richards and Ann Weaver

SUBJECT: Ohio / TDD #F5-8009-05 Number 48
Ben Venue Laboratories, HotLine 810

On September 30, 1980, the authors along with Mr. S. Morgan of Ben Venue Laboratores conducted an on-site inspection of the subject site. The plant manufactures pharmaceuticals and any oily and solid refuse is sent to Ross and Son, Grafton, Ohio. The site has a lagoon in southwest corner which originated during the plants former manufacturing processes, the lagoon is not active and is being filled. This lagoon should be filled as soon as possible. The apparent seriousness of the problem is from none to low.

Attention: Send a copy of inspection report to
Mr. S.L. Morgan
Ben Venue Labs
270 Northfield Road
Bedford, Ohio 44146

JDO,AR,AW:pr

US EPA RECORDS CENTER REGION 5
416106

recycled paper

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by Hq)
V	

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (*Section II*). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME	B. STREET (or other identifier)		
BEO VENUE LABORATORIES	270 NORTHFIELD ROAD		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
BEDFORD	OHIO	44146	CUYAHOGA

G. SITE OPERATOR INFORMATION

1. NAME	2. TELEPHONE NUMBER		
BEO VENUE LABORATORIES	[illegible]		
3. STREET	**4. CITY**	**5. STATE**	**6. ZIP CODE**
[illegible]	BEDFORD	OHIO	44146

H. REALTY OWNER INFORMATION (*if different from operator of site*)

1. NAME	2. TELEPHONE NUMBER	
3. CITY	**4. STATE**	**5. ZIP CODE**

I. SITE DESCRIPTION

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☒ 4. MUNICIPAL ☐ 5. PRIVATE

II. TENTATIVE DISPOSITION (*complete this section last*)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (*mo., day, & yr.*)	B. APPARENT SERIOUSNESS OF PROBLEM
	☐ 1. HIGH ☐ 2. MEDIUM ● 3. LOW ☒ 4. NONE TO LOW

C. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (*mo., day, & yr.*)
Jerome D. Czernuszek	312-463-9415	9-30-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE	
JEROME D. CZERNUSZEK	GEOLOGIST, TEAM LEADER	
3. ORGANIZATION	**4. TELEPHONE NO. (area code & no.)**	
[illegible]	312 [illegible]	

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
[illegible]	[illegible]	[illegible]
[illegible]		

C. SITE REPRESENTATIVES INTERVIEWED (*corporate officials, workers, residents*)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
MR. MORGAN	VICE PRESIDENT 232-3320	270 NORTHFIELD ROAD

Continued From Front

III. INSPECTION INFORMATION *(continued)*

D. GENERATOR INFORMATION *(sources of waste)*

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
BEN VENUE			OIL WASTES, ISOPROPYL ALCOHOL, SOLVENTS, REAGENTS

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
TRIADGLE RECLAMATION	(ANTICIPATED)	NEW JERSEY
ROSS + SON		GRAFTON OHIO (SOLVENTS + OIL FOR INCINERATION)

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: *(credentials must be shown in all cases)*
9-30-80	13:40 - 14:10	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER *(describe)*

CLEAR, SUNNY, LOW HUMIDITY, 70'S

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER	/		
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER *(specify)*			

B. FIELD MEASUREMENTS TAKEN *(e.g., radioactivity, explosivity, PH, etc.)*

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

 Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

[X] a. GROUND [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF: FILE

D. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS: SITE SKETCH

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

[X] 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

[ ] 2. INACTIVE (Those sites which no longer receive wastes.)

[ ] 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

[ ] 1. NO [X] 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres): 7.4 ACRES

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 2. YES (specify): 18 BUILDINGS (SOME JOINED)

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity (ies) and details relating to each activity by marking 'X' in the appropriate boxes.

'X'	A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
	1. RAIL		1. FILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY	X	4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):	X	6. OTHER (specify): DOES STORE, BUT FOR LESS 90 DAYS, PENDING PICKUP BY ROSS + SONS.		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY	X	8. OTHER (specify): UNUSED LAGOON, HAS NOT BEEN USED IN 5 YEARS
					9. OTHER (specify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports have been filled out and attached to this form.

[ ] 1. STORAGE [ ] 2. INCINERATION [ ] 3. LANDFILL [X] 4. SURFACE IMPOUNDMENT [ ] 5. DEEP WELL

[ ] 6. CHEM/BIO/PHYS TREATMENT [ ] 7. LANDFARM [ ] 8. OPEN DUMP [ ] 9. TRANSPORTER [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

[X] 1. LIQUID [X] 2. SOLID [ ] 3. SLUDGE [ ] 4. GAS

B. WASTE CHARACTERISTICS

[ ] 1. CORROSIVE [X] 2. IGNITABLE [ ] 3. RADIOACTIVE [X] 4. HIGHLY VOLATILE

[X] 5. TOXIC [ ] 6. REACTIVE [ ] 7. INERT [X] 8. FLAMMABLE

[ ] 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

RECORDS ON FILE IN OFFICE OF BEN VENUE, ROSS + SONS HAS RECORDS OF MATERIALS HANDLE BY THEM

Continue On Reverse

Continued From Front

VII. WASTE RELATED INFORMATION *(continued)*

2. Estimate the amount *(specify unit of measure)* of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT Unknown	AMOUNT Unknown	AMOUNT Unknown	AMOUNT	AMOUNT Unknown
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
'X' (1) PAINT, PIGMENTS	'X' (1) OILY WASTES	'X' (1) HALOGENATED SOLVENTS	'X' (1) ACIDS	'X' (1) FLYASH	'X' (1) LABORATORY, PHARMACEUT. X
(2) METALS SLUDGES	X (2) OTHER *(specify)*: Vacuum Oil, A Couple Of Barrels Per Quarter Contaminated Wash Water	X (2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		X (3) OTHER *(specify)*: Isopropyl Alcohol, Ethanol	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			X (4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER *(specify)*:			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER *(specify)*:
			(6) CYANIDE	(6) OTHER *(specify)*:	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER *(specify)*:		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE *(place in descending order of hazard)*

1. SUBSTANCE	2. FORM *(mark 'X')* a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY *(mark 'X')* a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Solvents In Barrels										
Pharmaceutical By-Products									~20 lbs	/quarter

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☒ A. HUMAN HEALTH HAZARDS - Used Solvents, If They Broke Security Fence Around Materials, Or Broke Into Old Barrels Before Disposal

 Continue On Page 5

Continued From Page 4

VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

☒ C. WORKER INJURY/EXPOSURE RESPIRATORS USED IN PLANT MIXING PROCESS

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER SLIGHT POSSIBLITY FROM LAGOON (INACTIVE FOR 5 YEARS) OR BROKEN DRUM

☒ G. CONTAMINATION OF SURFACE WATER IMPOONDMENT FROM PREVIOUS ACTIVITIES OR BROKEN DRUMS

Continued From Front

VIII. HAZARD DESCRIPTION *(continued)*

[redacted] H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☒ L. CONTAMINATION OF SOIL

POSSIBLE FROM SPILLED BARRELS NEXT TO QUARANTINE BUILDING

☐ M. PROPERTY DAMAGE

 Continue On Page 7

Continued From Page 6

VIII. HAZARD DESCRIPTION *(continued)*

☐ N. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☒ R. INADEQUATE SECURITY YES, SITE AREA IS ACCESSABLE TO VANDALS

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

☒ U. OTHER *(specify)*: ETHYLENE OXIDE AS STERIZANT FOR PLANT

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE *(specify units)*
1. IN RESIDENTIAL AREAS	180		60	1/4 MILE
2. IN COMMERCIAL OR INDUSTRIAL AREAS	12		300	1/4 MILE
3. IN PUBLICLY TRAVELLED AREAS	UNKNOWN			
4. PUBLIC USE AREAS *(parks, schools, etc.)*				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
	UNKNOWN	
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
	LAKE ERIE	

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS*

☒ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS CLEVELAND MUNICIPAL

☐ 3. SURFACE WATER

☐ 4. WELL

Continue On Page 9

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA *(continued)*

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH *(specify unit)*	3. LOCATION *(proximity to population/buildings)*	4. NON-COMMUNITY *(mark 'X')*	5. COMMUNITY *(mark 'X')*
		NO PRIVATE WELLS		

I. RECEIVING WATER

1. NAME: TINKER CREEK

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER *(specify)*:

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK *(specify below)*	'X'	C. OTHER *(specify below)*
X	1. SAND				
X	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☒ A. UNKNOWN ☐ B. VERY HIGH *(100,000 to 1000 cm/sec.)* ☐ C. HIGH *(1000 to 10 cm/sec.)*

☐ D. MODERATE *(10 to .1 cm/sec.)* ☐ E. LOW *(.1 to .001 cm/sec.)* ☐ F. VERY LOW *(.001 to .00001 cm/sec.)*

G. RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

 Continue On Reverse

Continued From Front

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (*e.g., RCRA, State, NPDES, etc.*)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (*mo., day, & yr.*)	E. EXPIRATION DATE (*mo., day, & yr.*)	F. IN COMPLIANCE (*mark 'X'*)		
					1. YES	2. NO	3. UN-KNOWN

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (*summarize in this space*)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (*Section II*) information on the first page of this form.

Ben Vennue

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. TYPE OF IMPOUNDMENT
no longer in use ponds, for chemical waste

2. STABILITY/CONDITION OF EMBANKMENTS
One pond overgrown, other very shallow filling in

3. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc.)*
☐ YES ☐ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
☐ YES ☒ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
☐ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
☐ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM
☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
☐ YES ☐ NO has none

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

9. MONITORING WELLS
☐ YES ☐ NO

10. LENGTH, WIDTH, AND DEPTH
LENGTH WIDTH DEPTH

11. CALCULATED VOLUMETRIC CAPACITY

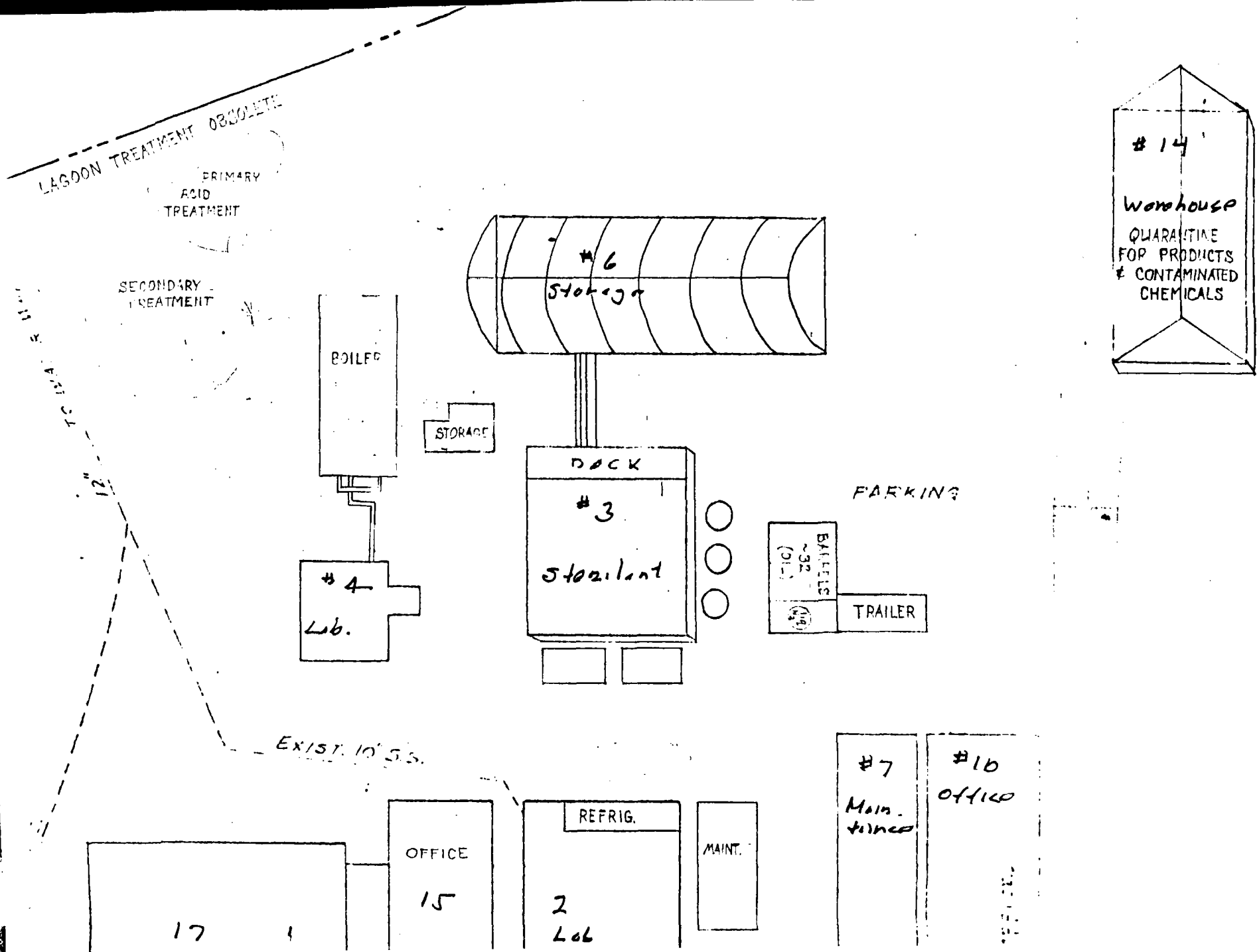
12. PERCENT OF CAPACITY REMAINING Filling in, very shallow

13. ESTIMATE FREEBOARD 3/4 empty

14. SOLIDS DEPOSITION
☒ YES ☐ NO

15. DREDGING DISPOSAL METHOD
not in use any longer

16. OTHER EQUIPMENT
fence around pond falling apart
two cement piers with manholes sticking out in the pond


LAGOON TREATMENT OBSOLETE
PRIMARY
ACID
TREATMENT
SECONDARY
TREATMENT
#6
Storage
BOILER
STORAGE
DOCK
#3
Sterilant
#4
Lab.
PARKING
BARRELS
~32
(OIL)
TRAILER
EXIST. 10' S.S.
#14
Warehouse
QUARANTINE
FOR PRODUCTS
& CONTAMINATED
CHEMICALS
#7
Main-
tenance
#16
Office
REFRIG.
MAINT.
OFFICE
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Lab
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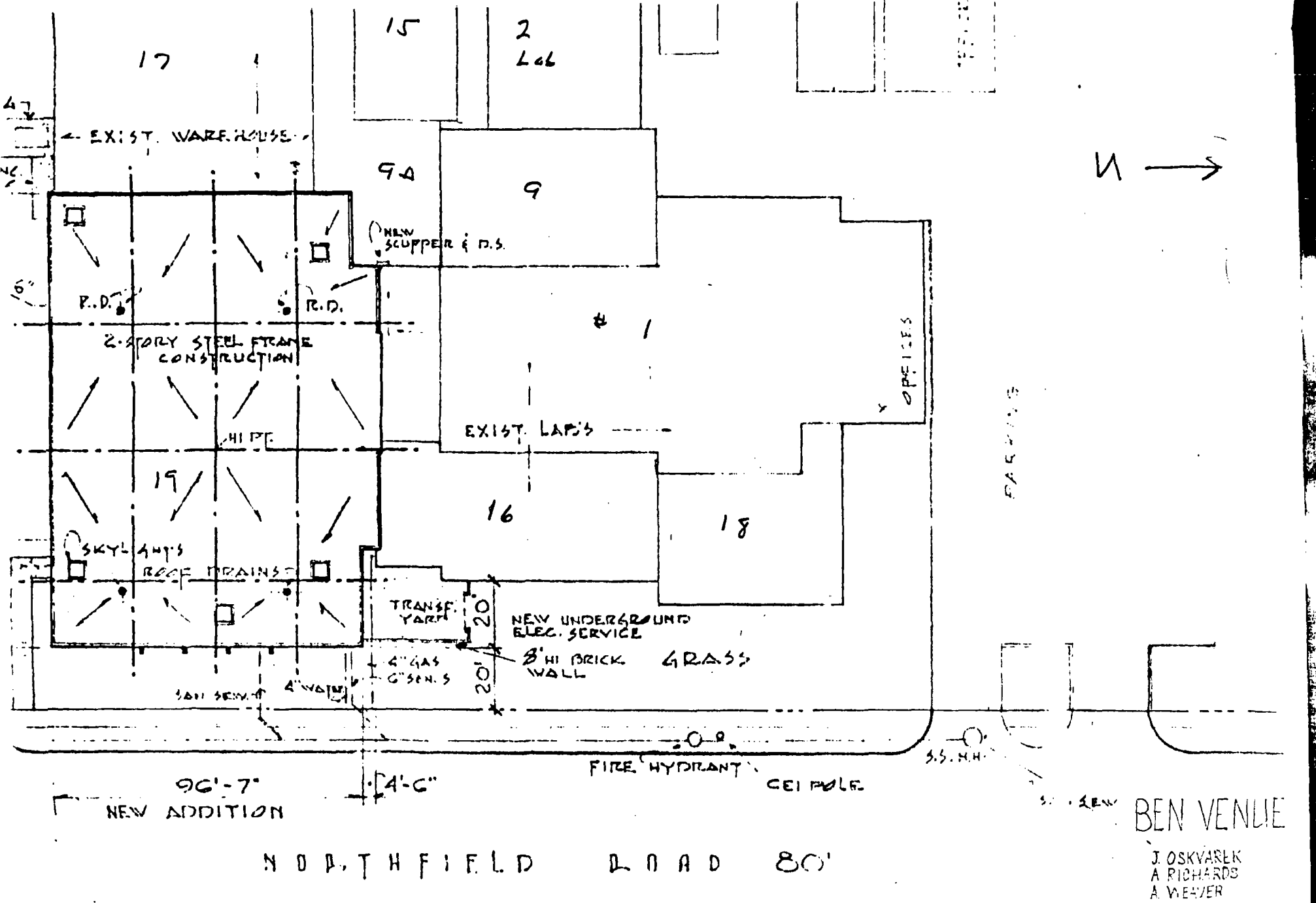
17
15
2
Lab
EXIST. WAREHOUSE
94
9
NEW SCUPPER & D.S.
R.D.
R.D.
2-STORY STEEL FRAME CONSTRUCTION
#1
OFFICES
EXIST. LAB'S
PARKING
19
16
18
SKYLIGHTS
ROOF DRAINS
TRANSF. YARD
20'
NEW UNDERGROUND ELEC. SERVICE
8' HI BRICK WALL
GRASS
4" GAS
6" SEN.S
20'
SAN SEW.
4" WATER
FIRE HYDRANT
S.S.M.H.
CEI POLE
96'-7"
4'-6"
NEW ADDITION
NORTHFIELD ROAD 80'
BEN VENUE
J. OSKVAREK
A. RICHARDS
A. WEAVER

Ben Venue Lab

Date: 30 Sept 80

Time: 1:40 A.M. P.M.

Photograph By: April Richards

TDD# F5-8009-5

State- Ohio

Bedford / Ben Venue Lab

Comments: Photograph taken toward the NW offsite from across Northfield Ave.

Date: 30 Sept 80

Time: 1:45 A.M. P.M.

Photograph By: April Richards

TDD# F5-8009-5

State- Ohio

Bedford / Ben Venue Lab

Comments: Photograph taken toward the north backside of lab

A. SPCC INSPECTION FIELD SHEET

(To be completed if SPCC Regulation is applicable to Facility – see 40CFR Part 112.1.)

Name of Facility, type of Facility, and location Ben Venue Laboratories, Inc.
270 Northfield Rd., Bedford, Ohio 44146

Name of individual owner and/or operator responsible for Facility, mailing address, and telephone number S.L. Morgan- Ex . Vice President 216-232-3320

Kennedy Smith- owner, president

Types of oil stored and capacity of aboveground and buried storage

No oil stored.

Is a certified SPCC Plan available for inspection? ( ) Yes (x) No

Date of inspection May 6, 1980

Name and registration number of certifying Engineer (x) Not Available

Date SPCC Plan was certified (x) Not Available

Is SPCC Plan fully implemented? (Are the items called for in the Plan in the interest of spill prevention actually installed – if observable?)

Not subject to regulations

( ) Not Applicable

Name of water body that potential spill could enter; or if unnamed tributary, then first named waterbody downstream (if known)

Storm sewer - Tinkers Creek Gorge

Comments: *(Including comments by owner/operator – write on back or attach extra sheets if needed)*

NPDES No. (x) Not Available

Inspector *(Sign)* Thomas H. DeFouw Date May 6, 1980

(Print) Thomas H. DeFouw

B. SPCC INSPECTION SUMMARY SHEET

Case No. TDD #5-8002-1 Date of Inspection May 6 19 80

Name of Inspector (Sign) Tom DeFouw Date of Documentation Report May 7 19 80

(Print) Tom DeFouw

1. Facility

a) Company Ben Venue Laboratories

Address 270 Northfield Rd. Telephone 216-232-3320

City Bedford State OH Zip

Facility Name

b) Facility Location Bedford, Ohio

Parent Corporation

Address

City State Zip

c) Water Body Protected Tinkers Creek

2. Purpose

Initiation: Routine Surveillance (X) Coast Guard Information ( )
Spill Report ( ) Citizen Information ( )

Other

Type: Plan Preparation ( ) Plan Implementation ( ) Follow-up ( ) Plan Amendment ( )

3. Inspection

Individual(s) Contacted S.L. Morgan Title Executive Vice President

Kennedy Smith Title President

Notification

4. Findings

Source in Apparent Compliance with SPCC Requirements:

(X) Yes
- (x) Have adequate plan
- ( ) Not subject to regulations
  - (x) Insufficient storage
  - ( ) No reasonable spill expectation
- ( ) Plan fully implemented
- ( ) New facility operational less than 6 months

( ) No
- ( ) No plan
- ( ) Plan not properly certified
- ( ) Plan does not have management approval
- ( ) Plan not maintained at facility manned 8 hrs/day
- ( ) Inadequate plan (detailed SPCC Plan review attached)
- ( ) Plan not fully implemented
- ( ) Plan not reviewed within 3 years

( ) Other

5. Attachments (NONE REQUIRED IF FACILITY IN APPARENT COMPLIANCE)

	None	Attached	Already on File
* Detailed Observations	( )	( )	( )
* Photographs	( )	( )	( )
Slides	( )	( )	( )
Map	( )	( )	( )
* Field Drawing	( )	( )	( )
* Comments	( )	( )	( )
Telephone Conversations	( )	( )	( )
* SPCC Plan	( )	( )	( )

* (ALL REQUIRED IF FACILITY IS NOT IN APPARENT COMPLIANCE. If photos not permitted, check "None" and explain. Add "SPCC Plan" to List of Attachments when appropriate.)