HUSCH BLACKWELL

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March 19, 2014

**VIA E-MAIL AND CERTIFIED MAIL**

Sally McDaniel
U.S. EPA Region 7
11202 Renner Blvd.
Lenexa, KS 66219

Marty Miller
Missouri Department of Natural Resources
P.O. Box 176
Jefferson City, MO 65102

Re: Ozark Mountain Technologies LLC
Cuba, Missouri

Dear Ms. Murray and Mr. Miller:

On December 3, 2013, Ozark Mountain Technologies LLC ("OMT"), a metals finishing facility in Cuba, Missouri, submitted to both the U.S. Environmental Protection Agency ("USEPA") and the Missouri Department of Natural Resources ("MDNR") a self-disclosure which met the criteria of the USEPA *Incentives for Self-Policing: Discovery, Disclosure, Correction and Prevention of Violations* policy (the "Self-Disclosure"). The Self-Disclosure included information from an independent third-party audit of the OMT facility. On January 13, 2014, I sent the first update on OMT's progress with addressing the items in the Self-Disclosure. This letter will provide you with a second update on OMT's progress to correct the audit items disclosed.

By March 1, 2014, OMT's self-disclosure indicated it would do a thorough inventory of all air emission sources and determine whether the OMT air permits and emission inventories are complete and accurate. Due to incomplete plant records, OMT requested and obtained construction permit and emission inventory records from MDNR. OMT has completed the inventory and has reviewed past construction permits and emission inventories. The results of this review indicate that MDNR records for four of the emission points with construction permits need updating and two additional emission points will need to be included in the facility Basic

Operating Permit. A listing of current permitted emission points as compared to emission points identified in the new air emission inventory is as follows:

| EP | Current Construction Permit | Inventory Finding | Revisions Needed |
|---|---|---|---|
| 1 | Paint Booth | Paint Booth | None |
| 2 | Paint Booth | Paint Booth | None |
| 3 | Paint Booth | Paint Booth | None |
| 4 | Sulfuric Acid Anodizing (4 tanks) | Sulfuric Acid Anodizing (7 tanks) | Add three sulfuric acid anodizing tanks |
| 5 | Chromic Acid Anodizing | Chromic Acid Anodizing | None |
| 6 | 8 drying ovens (4 electric and 4 natural gas) | 8 drying ovens (4 electric and 4 natural gas) | None |
| 7 | One 21 MMBtu/hr. Natural gas fired boiler | One 29.4 MMBtu/hr. natural gas fired boiler | Same boiler, but MMBtu/hr. needs revision |
| 8 | One 13.44 MMBtu/hr wood fired boiler | One 9.772 MMBtu/hr. wood fired boiler | Same boiler, but MMBtu/hr. needs revision |
| 9 | Methyl ethyl ketone distiller | Methyl ethyl ketone distiller | None |
| 10 | 24 stage zinc electroplating line | 33 stage zinc electroplating line | Addition of 9 stages |
| | Penetrant Line (listed in permit, but not considered an emission unit) | Penetrant Line—needs listing because of volatile organic compounds in aerosols used | Should be listed as emission unit |
| | | Masking area | Addition of masking area which uses volatile organic compounds and hazardous air pollutants. |

All changes will be reflected in the revised Basic State Operating Permit application which OMT projected in December to be submitted by July 1, 2014. No change to this date is anticipated at this time.

In addition, OMT's emission inventory lists eight emission units and based upon the above listing, will need to be revised to more closely reflect the emission points. Provided the MDNR concurs with this assessment of sources at the facility, OMT will be revising the 2012 emission inventory by April 1, 2014, as projected in the Self-Disclosure.

The Self-Disclosure attached a summary of the audit findings as a table which included the audit findings, a list of corrective actions to be taken and a target implementation date for the corrective actions. Attached is the same table, with an indication of the status of each corrective action proposed on December 3, 2013. At present, the facility has met implementation dates that have passed and currently plans to meet all the proposed implementation dates that have not yet occurred.

OMT will cooperate with USEPA and MDNR in providing information necessary and requested to determine the applicability of the Audit Policy. We will continue to update you on the status of all audit items until all items have been addressed. If changes to the implementation schedule are needed, OMT will notify the agencies.

Please feel free to call me at (314) 480-1840 or e-mail at amy.wachs@huschblackwell.com if you have any questions or need additional information.

Very truly yours,

Amy L. Wachs
Partner

ALW
Attachment

cc: Daren Eppley, Office of Attorney General
Kyra Moore, MDNR
David Lamb, MDNR
John Madras, MDNR
Renee Skonier, LMI Aerospace, Inc.
David Fillmore, LMI Aerospace, Inc.

**March 19, 2014 Update to Exhibit 1 to Ozark Mountain Technologies, LLC Disclosure Under the Audit Policy**

| ID # | Topic | Audit Finding | Corrective Action Progress as of January 12, 2013 | Full Implementation Date |
|---|---|---|---|---|
| E1 | Air – Emissions Reporting | Items noted regarding the Facility's calendar year (cy) 2012 Emissions Inventory Questionnaire (EIQ) include the following examples:<br>• Reported VOC emissions from EP01 through EP03 are not consistent with Facility cy 2012 VOC tracking records provided for review;<br>• EP04 is incorrectly identified as Chromium Anodizing rather than Sulfuric Acid Anodizing as listed in the Facility's Air Permit;<br>• Calculation methodologies (e.g., EP05 chromium anodizing emission factor) is not consistent with emission factors used in Appendix G of the Facility's Air Permit;<br>• Fumtrol 140 control is incorrectly indicated as control for EP04 rather than EP05;<br>• Scrubber control is incorrectly identified as control for EP05;<br>• MEK emissions are incorrectly identified as EP03 rather than EP09 as listed in the Facility's Air Permit; and<br>• Emissions are not quantified and are not reported for methylene chloride wipe cleaning, Nitric-HF etching and sodium dichromate / chromic sealing operations. | The Facility will conduct the following corrective actions:<br>• Integrate the OMT facility into LMI's 3E chemical management and tracking system to obtain accurate data on chemical use and subsequent emissions inventory, recording and reporting requirements. STATUS: Complete.<br>• Conduct a facility-wide emissions inventory review to accurately identify emission points and quantify emissions from these sources. This effort will be conducted in conjunction with the emission source review necessary as part of the Construction Permit corrective actions. STATUS: Complete.<br>• Revise the 2012 EIQ report to reflect accurate emission point and VOC information and data. STATUS: Target dates have not changed.<br>Due to the complexity of the emission points at the facility, a complete and accurate emission inventory cannot be completed until a full review of emission sources is completed. The anticipated effort required to fully evaluate all emission sources will extend beyond 60 days of discovery. Target dates have not changed from December 3, 2013 submittal. | a. Review all air emission sources to accurately identify, quantify and report emissions; March 1, 2014<br>b. Revise 2012 EIQ; April 1, 2014 |

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| E2 | Air – Permits | The following items were noted regarding Missouri Basic State Operating Permit requirements:<br>• The facility does not have a Basic State Operating Permit required for all emission units subject to a Federal NSPS (40 CFR Part 60, Subpart Dc) and/or NESHAP (40 CFR Part 63, Subparts N, HHHHHH and WWWWWW) standard as provided 10 CSR 10.065(4);<br>• The Basic State Operating Permit Notification submitted by the Facility in October 2013 did not identify applicable construction permit, NSPS (Subpart Dc) and NESHAP (Subparts N, 6H, 6W, 6J) requirements in Section B of the Notification Form as required by Form Instructions; and<br>• The Basic State Operating Permit Notification submitted by the Facility in October 2013 did not include a compliance evaluation and compliance plan as necessary in Section C of Notification Form as required by Form Instructions. | The Facility will conduct the following corrective actions:<br>• Conduct a compliance review of all air regulations and Facility operations to determine all applicable requirements and Facility compliance with those requirements; STATUS: COMPLETE.<br>• Resubmit the Basic State Operating Permit Notification to include all applicable permit and regulatory requirements in Section B; and STATUS: Review of emission sources has identified additional sources that require permitting. These will be included in updated Basic State Operating Permit application. There is no change to the proposed implementation date.<br>• If applicable, include a compliance plan in the Section C of the Basic State Operating Permit Notification resubmittal. STATUS: Pending.<br>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days. At this time, there is no change from the implementation dates proposed December 3, 2013. | a. Review all air emission sources to accurately identify, quantify and report emissions; March 1, 2014<br>b. Prepare applications/notifications, if needed, for sources: June 1, 2014<br>c. Resubmit Basic State Operating Permit notification, including compliance plan: July 1, 2014 |
| E3 | Air – Permits | The following items were noted regarding the Facility's Air Construction Permit No. 032009-015 or agency correspondence regarding permitting:<br>• The Facility does not control four of the 12' x 5' sulfuric acid anodizing tanks (E-7, E-9, E-11, E-14) with wet scrubbers as provided by Air Construction Permit No. 032009-015, Special Condition 3.C; | The Facility will conduct the following corrective action:<br>• Provide scrubber control for the four 12' x 5' sulfuric acid anodizing tanks.<br>The facility will consult with the MDNR to address construction and operating permit considerations to address the following sources: | a. Review all air emission sources to accurately identify, quantify and report emissions; March 1, 2014 |

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| | | • The air permit and/or available correspondence regarding permitting do not identify and address the 42' sulfuric (B-14) and boric-sulfuric (B-16) anodizing tanks;<br>• The air permit and/or available correspondence regarding permitting do not identify and address the 42' Nitric-HF etch tanks (A-3, A-7) and associated scrubber control system;<br>• The air permit and/or available correspondence regarding permitting do not identify and address the 42' sodium dichromate (B-23) and chromic (B-21) seal tanks and associated scrubber control system;<br>• The air permit and/or available correspondence regarding permitting do not identify and address methylene chloride emissions from wipe cleaning operations; and<br>• The permit incorrectly identifies the boiler as propane fired rather than natural gas fired. | • 42' sulfuric acid and 42' boric-sulfuric anodizing tanks;<br>• Nitric-HF etch, sodium dichromate and chromic seal tanks and associated wet scrubbers (permit or document that permitting is not required);<br>• Wipe solvent cleaning with methylene chloride; and,<br>• Natural gas fired boiler.<br>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days. STATUS: Emission sources have been identified. At this time, there is no change from the implementation dates proposed December 3, 2013. | b. Prepare applications/notifications, if needed, for sources: June 1, 2014<br>c. Resubmit Basic State Operating Permit notification, including compliance plan: July 1, 2014 |
| E4 | Air – NESHAP | Facility records are insufficient to demonstrate that certified annual compliance reports are completed for the Chromium Anodizing Operations (B-18, B-5) under 40 CFR 63.347(h)(1) – NESHAP Subpart N (chrome electroplating). | The Facility will conduct the following corrective actions:<br>• Complete the certified annual compliance report for 2013 for the Chromium Anodizing Operations. This report and subsequent annual reports will be maintained for a minimum of five (5) years. STATUS: Complete.<br>• Install a timer on the chrome anodizing tank rectifier to monitor times the rectifier is operational. This time will be logged on the Red Lion data acquisition system. STATUS: Complete. | On or before January 12, 2014 |

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| E5 | Air – NESHAP | The following items were noted regarding Federal NESHAP (40 CFR Part 63, Subpart WWWWWW (plating and conversion coating) requirements:<br>• Facility records are insufficient to demonstrate that initial notification, initial compliance certification and subsequent annual compliance certifications were completed and/or submitted for non-electrolytic conversion coating tanks (A-11, B-9, B-11, B-21, B-23, D-7, D-18) under 40 CFR 63.11509; and<br>• Records are insufficient to demonstrate that the Facility operates non-electrolytic plating operations (A-11, B-9, B-11, B-21, B-23, D-7, D-18), potentially with >0.1 % target HAP (e.g., chrome, nickel), in accordance with 40 CFR 63.11507(g). | The Facility will conduct the following corrective actions:<br>• Conduct an evaluation of all operations to determine applicability and current conformance with 40 CFR Part 63, Subpart WWWWWW requirements; STATUS: Complete.<br>• As appropriate, submit the initial notification and compliance status certifications; and STATUS: Complete.<br>• Begin to implement and document the operational requirements. STATUS: Complete.<br>Note: Alternatively, the Facility must develop and document a non-applicability determination as required by 40 CFR 63.10(b)(3). | On or before January 12, 2014 |
| E6 | Air – NESHAP | The following deficiencies and/or discrepancies were noted regarding Federal NESHAP (40 CFR Part 63, Subpart HHHHHH (surface coating) requirements:<br>• Facility records are insufficient to demonstrate initial notification, initial compliance certification and subsequent update notifications were completed and/or submitted for painting operations under 40 CFR 63.11175 and 63.11176; and<br>• Facility records are insufficient to demonstrate that paint booths are operated and Facility personnel are trained on specific operational requirements as provided in 40 CFR 63.11177. | The Facility will conduct the following corrective actions:<br>• Conduct an evaluation of all operations to determine applicability and current conformance with 40 CFR 63, Subpart HHHHHH requirements; STATUS: Complete.<br>• As appropriate, submit the initial notification and compliance status certifications; and STATUS: Complete.<br>• Implement and document the operational requirements STATUS: Complete.<br>Note: Alternatively, the Facility must develop and document a non-applicability determination as required by 40 CFR 63.10(b)(3). | On or before January 12, 2014 |
| E7 | Air – NESHAP | The Facility has not documented negative applicability determinations for unit operations that are identified in | The Facility will document and sign negative applicability determinations for 40 CFR 63 Subparts DDDDD and | On or before |

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| | | NESHAP (40 CFR 63, Subparts DDDDD (boilers) and MMMM (coating of metal parts) under 40 CFR 63.10(b)(3). | MMMM as outlined in 40 CFR 63.10(b)(3). This negative applicability determination will be maintained on-site for a minimum of five (5) years. STATUS: Complete. | January 12, 2014 |
| E8 | Air – NSPS | The following items were noted regarding reporting and/or recordkeeping for the Facility's natural gas and wood fired boilers subject to NSPS (40 CFR Part 60, Subpart Dc (boilers installed after 1989)):<br>• Records are insufficient to demonstrate that initial notifications for operation of the gas and wood fired boilers were submitted under 40 CFR 60.48c(a). | The Facility will conduct the following corrective actions:<br>• Submit initial notifications for each boiler. STATUS: Notification required for only the natural gas boiler at present. Notification complete. | On or before January 12, 2014 |
| E9 | Air – Ozone Depleting Substances | Facility records are insufficient to demonstrate that repairs performed by contractors on chillers that contain greater than 50 pounds of ozone depleting substances (e.g., R-22) are conducted and documented (e.g., leak rate calculations, repair leak checks) and are consistent with the repair and/or replacement requirements of 40 CFR 82.156(i). | The Facility will conduct the following corrective actions:<br>• Develop and maintain an electronic log to track refrigerant use and repairs for the chiller system components and other equipment that contain greater than 50 pounds of ozone depleting substances. Leak rates and repair leak checks will be documented on this log as well. STATUS: Complete.<br>• Maintain copies of refrigerant technician certification cards for technicians that work on regulated equipment. STATUS: Complete.<br>• Obtain previous CFC use and repair records for period 2008-2013 if these records are available. STATUS: Complete. | On or before January 12, 2014 |

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| E10 | Air – Permits | Review of available solvent use/emissions records for calendar year 2012 indicates that the Facility emitted 0.12 tons/yr, exceeding the permitted MDI emission limit of 0.1 tons/yr established by Air Construction Permit No. 032009-015, Special Condition 2.C.for the January-December 2012 rolling 12 month period. | The Facility will conduct the following corrective actions:<br>• Verify MDI emissions records/calculations for calendar year 2012 to determine if the 0.1 tons/yr emission limit was exceeded; and STATUS: Complete. Emissions are below 0.1 tons/yr.<br>• If exceedance of 0.1 tons/year is verified, provide an exceedance notification to MDNR as required by Air Construction Permit No. 032009-015, Special Condition 2.J. STATUS: Not Applicable. | On or before January 12, 2014 |
| E11 | Air – Permits | The following items were noted regarding emissions tracking:<br>• The Facility does not use the monthly emissions calculations/tracking forms provided in Attachments A through H of the Air Permit, or equivalent forms approved by the Missouri Department of Natural Resources (MDNR) Air Pollution Control Agency (APCA), as provided by Air Construction Permit No. 032009-015, Special Condition 2.I. | The Facility will conduct the following corrective actions:<br>• Use the emissions tracking forms provided in the Appendices of the Air Permit or demonstrate that alternative forms/tracking systems have received agency approval; and<br>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days. At this time, there is no change from the implementation dates proposed December 3, 2013. | April 1, 2014 |
| E12 | Air – Permits | The following items were noted regarding management of solvents:<br>• The Facility does not maintain cleaning and/or spent solvents in "sealed" containers when not in use (e.g., overnight storage of MEK cleaning solvents in unsealed containers) as provided by Air Construction Permit No. 032009-015, Special Condition 3.A. and 40 CFR 265.1087(c); and | The Facility will conduct the following corrective actions:<br>• Discontinue overnight storage of MEK in unsealed containers or begin using sealed storage containers; and<br>• Relabel solvent containers.<br>• Conduct training with appropriate personnel who utilize cleaning solvents to ensure proper solvent use | Complete |

| ID # | Topic | Audit Finding | Corrective Action Progress as of January 12, 2013 | Full Implementation Date |
|---|---|---|---|---|
| | | • The Facility does not provide and maintain easily read markings on cleaning and/or spent solvents as provided by Air Construction Permit No. 032009-015, Special Condition 3.A. | that minimize air emissions. These items were complete on or before Dec. 3, 2013. | |
| E13 | Air – Permits | The Facility did not maintain operations and maintenance logs for the multicyclone required by Air Construction Permit No. 032009-015, Special Condition 3.B.3 for at least two years as required.<br><br>Note: Facility personnel stated that maintenance information for the cyclone prior to January 2013 was lost due to a computer crash. | The Facility will begin maintaining records in an electronic or paper format, with adequate backup system should records be maintained electronically to prevent loss of data. STATUS: Current air permit does not require maintenance of these records. | January 12, 2014 |
| E14 | EPCRA – Tier II Reporting | The following items were identified regarding Hazardous Chemical Reporting (Tier II) required by 40 CFR 370:<br><br>• Sodium hydroxide was not reported on the 2011 and 2012 Tier II reports;<br><br>• Diatomaceous earth was not reported on the 2011 and 2012 Tier II reports;<br><br>• Wood chips were not reported on the 2011 and 2012 Tier II reports; and<br><br>• Records were insufficient to calculate the quantity of brine salt from the R.O. system present on-site.<br><br>• The Facility did not include sulfuric acid contained in wet cell batteries (e.g., inside truck repair room, in powered hand jacks and in fork trucks) in the 2011 and 2012 Tier II reports;<br><br>• The immediate and delayed hazards identified on the safety data sheet (SDS) for Turco ARR (T4181L) were | The Facility will conduct the following corrective actions:<br><br>• Obtain an SDS for the wood chips and quantify and document the amount present on-site; STATUS: Complete.<br><br>• Quantify and document the amount of salt on-site STATUS: Complete.<br><br>• Amend and submit a revised 2012 Tier II report including wood chips and salt, if applicable, as well as other chemicals and hazards as noted. If records are available, the Facility will also update previous Tier II submittals from 2008 through 2011. STATUS: Complete.<br><br>• As previously indicated, integrate the OMT facility into LMI's 3E chemical management and tracking system to obtain accurate data on chemical storage and reporting requirements. STATUS: Complete. | On or before January 12, 2014 |

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| | | not indicated on 2011 and 2012 Tier II reports; | | |
| E15 | EPCRA – TRI/Form R Reporting | The Facility has not conducted and documented annual threshold calculations to determine applicability of Toxic Chemical Release Reporting (TRI/Form R) as required by 40 CFR 372. | The Facility will conduct and document threshold calculations to determine applicability for Toxic Chemical Release Reporting (TRI/Form R). Toxic chemicals are manufactured, processed or otherwise used at the Facility that could trigger Form R reporting. If applicable, the facility will submit the TRI/Form R report by July 1 as required for cy 2013. There is no change to the implementation date proposed on December 3, 2013. | July 1, 2014 |
| E16 | Waste – Hazardous Waste | The following items were observed related to the management of hazardous waste from wastewater treatment plant (WWTP) filter press operations:<br>• Hazardous waste from the filter press is sometimes spilled into the containment area;<br>• Three of 26 bags of WWTP filter cake stored by the ALAR press and 1 of 2 bags in the Zinc Room are not closed except as necessary to add or remove waste as required by 40 CFR 265.173(a). | The Facility will conduct the following corrective actions:<br>• The Facility will clean up and containerize any hazardous waste spilled into the containment area from the ALAR vacuum system and correctly label each bag at the end of every ALAR run; STATUS: Complete. Additional employee training complete.<br>• Maintain all bags, including partially filled bags, of hazardous waste closed, except as necessary to add or remove waste. STATUS: Complete. Additional employee training complete.<br>These actions will be documented in the standard operating procedures being developed for the ALAR system and will be identified in annual and periodic hazardous waste training. | January 12, 2014 |
| E17 | Waste – Hazardous Waste | The following items were identified regarding the Facility's hazardous waste manifest recordkeeping:<br>• On 4 of 21 manifests reviewed, the Facility is reporting an incorrect EPA Generator ID. Note: All | The Facility will conduct the following corrective actions:<br>• Begin using the correct Generator ID number on all waste manifests STATUS: Complete. | On or before January 12, 2014 |

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| | | these manifests were destined for Siemens in Roseville, MN.<br>• The Facility is not recording weight in kg or lb for hazardous waste shipments measured in yards, as provided by 10 CSR 25-5.262(2)(B)(4).<br>• For one of 21 manifests reviewed, the Facility had not received the signed copy from the TSDF within 35 days and had not filed an exception report with MDNR within 45 days as required by 10 CSR 25-5.262(2)(D)2.C.<br>• The Generator's Hazardous Waste Summary Report filed for quarter ending 6/30/2013, required by 10 CSR 25-5.262(2)(D)(1), reported three waste streams in units of Y (cubic yards) for Section H Item 10, which is not an acceptable unit.<br>• Facility records were insufficient to reconcile shipment manifests with the quarterly Hazardous Waste Summary Reports. | • Begin recording weight of hazardous waste shipped in cubic yards; STATUS: Complete.<br>• File an exception report with MDNR. Note: The Facility was able to obtain a signed copy of the manifest from the TSDF during the audit, and the waste had been received at the TSDF prior to the 35 day window; and STATUS: Complete.<br>• Report all wastes on the Hazardous Waste Summary Report in the appropriate units, generally pounds (P), kilograms (K) or gallons (G). STATUS: Complete.<br>• These items will be identified in annual and periodic hazardous waste training. STATUS: Complete and additional training complete. | |
| E18 | Waste – Hazardous Waste | The Facility has not characterized electronic waste (e.g., CRTs, printed circuit boards) as hazardous or non-hazardous as required by 40 CFR 262.11. | The Facility will begin utilizing an approved electronic waste recycler. Documentation of electronic waste generation as well as recycling will be maintained at the Facility. STATUS: Complete. | On or before January 12, 2014 |

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| E19 | Waste – Hazardous Waste | The following items were noted regarding the Facility's 90-day hazardous waste storage area for liquids (the Bond Room):<br>• The area is not designed with containment to prevent spills from exiting the building as provided in 10 CSR 25-5.262(2)(C)(2)(D)(I); and<br>• The floor is not sloped or the containment system is not designed to drain and remove liquids resulting from leaks or spills unless the containers are elevated or are otherwise protected from contact with accumulated liquid as provided in 10 CSR 25-5.262(2)(C)(2)(D)(III)(b). | The Facility will engage an engineering firm to assist with designing and modifying the Bond Room to provide secondary containment meeting 90-day storage area design requirements under 10 CSR 25-5.262.<br>Alternately, the Facility, with the assistance of external resources will evaluate the option to of relocating the liquid hazardous waste to chemical storage area on the south end of the Facility which has adequate containment.<br>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days. There is no change to the proposed implementation date submitted on December 3, 2013. | April 1, 2014 |
| E20 | Waste – Hazardous Waste | The Facility's weekly Storage and Containers Inspection form used for the Bond Room does not include all information required by 40 CFR 265.15 and 265.174, such as:<br>• Time of inspection;<br>• Name of inspector;<br>• Observations specific to emergency equipment and container malfunctions, deterioration, discharges and/or operator errors; and<br>• Date and nature of any repairs or remedial actions.<br>The Facility is not conducting weekly inspections of the other 90-day storage areas – the ALAR bag storage areas in Processing and the Zinc Room. | The Facility has modified the inspection form to include all required information, and to identify the storage area(s) being inspected.<br>In the future, the Facility will conduct documented weekly inspections of all 90-day storage areas, including the ALAR bag storage areas in Processing and the Zinc Room.<br>These items will be identified in annual and periodic hazardous waste training. This item was complete at the time of the December 3, 2013 submittal. | Completed |

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| E21 | Waste – Hazardous Waste | The following deficiencies were identified with the Facility hazardous waste training required by 40 CFR 265.16:<br>• Facility records do not include the content of hazardous waste training provided by Nexeo;<br>• Training has not been provided within six month of hire/assignment date for all required employees; and<br>• Training records do not identify job titles and description for positions requiring training or a list of employees in those positions. | The Facility will identify job positions and associated descriptions for which hazardous waste training is required, including IT and maintenance staff, identify employees in those positions, provide training as required, and maintain records that include a description of the training content. STATUS: Complete.<br>This documentation will be maintained with the Facility's hazardous waste training records. STATUS: Complete. | On or before January 12, 2014 |
| E22 | Waste – Hazardous Waste | The following items were observed regarding the Facility's hazardous waste preparedness and prevention measures:<br>• The Facility does not conduct testing of communications or alarms systems as necessary (e.g., annual fire/evacuation drills as required by the Facility's Emergency Action Plan), as required by 40 CFR 265.33; and<br>• Containers are not provided with aisle space to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment as required by 40 CFR 265.35. | The Facility will conduct annual fire/evacuation drills. STATUS: Complete, drill conducted.<br>The Facility has reorganized the Bond Room and ALAR waste storage area to maintain required aisle space between waste containers. STATUS: Complete. | On or before January 12, 2014 |
| E23 | Waste – Hazardous Waste | The Facility's Hazardous Waste Contingency Plan, updated April 27, 2012, had the following:<br>• The Plan does not address emergency procedures for explosions, and the procedure for responding to fires is to 'initiate … fire emergency procedures as | The Facility will update the Plan to address the listed items. STATUS: Complete. | On or before January 12, 2014 |

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| | | specified in the Fire Protection Plan', but the FPP does not contain emergency response procedures required by 40 CFR 265.52(a); and<br>• The Plan does not discuss arrangements with local police, fire/EMS, hospitals, SERC, or other suppliers of response equipment as required by 40 CFR 265.52(c);<br>• The Plan does not include evacuation routes as provided in 40 CFR 265.52(f), but refers to the Facility Emergency Action Plan, which also does not include evacuation routes;<br>• The Plan contains contradictory statements regarding Environmental Coordinators' authority to commit resources to carry out the Plan, to reflect the requirements in 40 CFR 265.55 (e.g., Sections III.A., IV.B., and IV.C.);<br>• Emergency procedures in Sections IX – XII do not call for activation of internal facility alarms or communications systems as provided in 40 CFR 265.56(a);<br>• The Plan does not address monitoring plant systems during operational shut down in cases of emergency, as provided in 40 CFR 265.56(f); and<br>• The Plan does not include requirements for written reporting any incident that requires implementation of the Hazardous Waste Contingency Plan within 15 days to the EPA Regional Administrator, as required by 40 CFR 265.56(i). | | |

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| E24 | Waste – Universal Waste | The following items were observed related to management of Universal Wastes generated at the Facility:<br>• Universal waste lamps were not stored in containers or packages that are structurally sound with no evidence of leaking, adequate to prevent breakage, compatible with the contents of the lamps, and kept closed as provided in 40 CFR 273.13(d);<br>• Facility records were insufficient to demonstrate universal waste is accumulated for no longer than one year as provided in 40 CFR 273.15;<br>• The Facility is not managing spent non-lead acid batteries as either hazardous waste or universal waste under 40 CFR 273; and<br>• Facility does not conduct universal waste training for appropriate employees as required by 40 CFR 273.16. | The Facility will manage spent non-lead acid batteries as universal waste and managing universal waste streams in accordance with all applicable requirements. STATUS: Complete.<br>The Facility will conduct and document the required universal waste training for all employees who generate or dispose of universal waste. STATUS: Complete. | On or before January 12, 2014 |
| E25 | Waste – Used Oil | The following items were identified regarding the management of used oil generated at the Facility:<br>• Used oil filters are not punctured prior draining as required by 40 CFR 261.4(b)(13);<br>• Containers of used oil are not labeled "Used Oil" as required by 40 CFR 279.22(c)(1); and<br>• Used oil has not been analyzed for total halogen content to determine if the rebuttable presumption for hazardous waste characterization can be applied as allowed under 40 CFR 279.10(b)(1)(ii). | The Facility will conduct the following corrective actions:<br>• Begin puncturing used oil filters prior to hot-draining and label all used oil containers with the words 'Used Oil'; and STATUS: Complete.<br>• The Facility or disposal vendor will determine the total halogen content of the Facility's used oil prior to disposal to ensure it is less than 1,000 ppm to meet the rebuttable presumption. STATUS: Complete.<br>• Training will be provided for all maintenance staff that generate and dispose of used oil. STATUS: Complete. | On or before January 12, 2014 |

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| E26 | Water – Drinking Water | The Facility has not had the following backflow prevention assemblies inspected and tested by a certified backflow prevention assembly tester at the time of construction or installation as required by 10 CSR 60-11.010(7)(B):<br>• New installation of the assembly in the RO Room; and<br>• Replacement assembly in the janitor closet. | The Facility has scheduled Cintas (a certified backflow prevention assembly tester) to inspect and test these assemblies on December 4, 2013. STATUS: Complete. | On or before January 12, 2014 |
| E27 | Water – Drinking Water | The Facility backflow prevention device inspection records from 2012 are missing, and so documentation is insufficient to demonstrate that the annual testing conducted May 23, 2013 is within 30 days of previous test date or anniversary date as required by 10 CSR 60-11.010(6)(C). | The Facility will obtain a copy of the 2012 backflow prevention device inspection reports from the vendor. STATUS: Complete. | On or before January 12, 2014 |
| E28 | Water – SPCC | The Facility has not conducted and documented an applicability determination of the Oil Spill Prevention, Control and Countermeasure requirements of 40 CFR 112. | The Facility will document the aggregate amount of oil on-site, including oil-containing equipment (Rectifier and Penetrant tank of biodegradable oil) and oil storage containers of 55 gallons or greater. (If amount exceeds 1,320 gallons, the Facility will develop and implement a Spill Prevention, Control and Countermeasure Plan.) STATUS: Complete. Oil inventory below threshold for SPCC plan requirement. | On or before January 12, 2014 |
| E29 | Water – Storm Water | The Facility has the following non-storm water discharges (process wastewaters) that are prohibited by MO-R023414 #5:<br>• A small amount of Brine recharge water from overflow tanks is piped to the ground outside the RO Room; and<br>• The Glycol containment dike discharges directly to | The Facility will re-route these discharges to eliminate the discharges. STATUS: Complete. | January 12, 2014 |

| ID # | Topic | Audit Finding | Corrective Action Progress as of January 12, 2013 | Full Implementation Date |
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| | | the ground near the chillers. | | |
| E30 | Water – Storm Water | The Facility Storm Water Pollution Prevention Plan (SWPPP, dated July 14, 2009) does not include all elements required by Permit MOR203414, including:<br>• List of potential pollutants does not include annual estimate of amounts that will be used in the described activities;<br>• Requirement that deficiencies in the monthly inspection must be corrected within seven days and notification sent to the regional DNR office; and<br>• Certification statement by Responsible Corporate Officer does not match that listed in EPA 832-R-92-006, the guidance suggested in the Permit.<br>The Facility SWPPP has not been updated as described in Section 1.2 to address the current operations:<br>• Changes in personnel, including person responsible for developing and implementing the SWPPP (Section 3 – still refers to Greg S., 'Environmental Coordinator', 'Vice President of Production') and Certification by Responsible Corporate Officer (Section 12);<br>• Changes in significant materials associated with industrial activity/potential pollutants (Sections 5 and 7) (e.g., outdoor storage of boiler ash, metal rack storage west of building, metal racks and/or spare equipment outside WWTP chemical receiving area, parking areas);<br>• BMPs required for additional activities exposed to storm water (Section 10) (e.g., housekeeping in area | The Facility will revise the SWPPP to address all listed elements and current operations. STATUS: Complete. | On or before January 12, 2014 |

| ID # | Topic | Audit Finding | Corrective Action Progress as of January 12, 2013 | Full Implementation Date |
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| | | of wood chip receiving, covered dumpsters); and<br>• Annual inspection of Storm Water Management Devices is included in Section 10.B., but there are no such devices at the Facility. | | |
| E31 | Water – Storm Water | The Facility SWPPP is not implemented as outlined, including the following:<br>• Surplus machinery and excess equipment stored outside are to be covered with tarps (Section 5.A);<br>• Receiving area to be kept clear - WWTP Chemical receiving drive included scrap equipment (Section 10.A);<br>• Routine visual inspections recommended in Section 10.D are documented on the Monthly BMP SWPP Checks, which does not include all suggested areas listed for this inspection;<br>• Areas noted for corrective actions are relayed to the appropriate department verbally, rather than through the Maintenance Work Order system as described in Section 10.D; and<br>• SWPPP Training provided in 2013 as a component of the annual safety training included only housekeeping discussion and did not include spill response, material management practices, loading/unloading practices, outdoor storage areas or waste management practices (Section 10.E). | The Facility will implement the SWPPP as described, including material storage practices, inspections and training. STATUS: SWPPP revised. SWPPP fully implemented. | On or before January 12, 2014 |