

GENERATOR - RCRA INSPECTION REPORT

EPA ID #: INO 000 596 031 **NAME:** Lawrenceburg Gas Company

MAILING ADDRESS: P.O. Box 960, Room 552-A

Cincinnati, Ohio 45201

LOCATION ADDRESS: 336 Second Street

Lawrenceburg, Indiana 47025

CONTACT: Randall P. Born **PHONE:** 513/287-3234

PHONE: 513/287-3234

OWNERSHIP: PRIVATE **COUNTY:** Dearborn

COUNTY: Dearborn

STATUS CODE: 6 1=Active 2=Obsolete 3=Dead Mail 4=Non-Notifier
5=Out-of-Business 6=Non-Handler 9=Superfund

ACTIVITY: (This should reflect the actual functioning of the facility)

LQG __ SQG __ CEG __ TRANSPORTER __ TSD __ UI __

TRANSPORTERS: Air ___ Rail ___ Hwy ___ Water ___ Other ___

HAZARDOUS WASTE FUEL: Gen Mktg Burner ___ Other Mkter ___ Burner ___

OFF SPEC USED OIL FUEL: Gen Mktg Burner ___ Other Mkter ___ Burner ___

SPEC USED OIL FUEL MKTR: _____

BURNING DEVICE: Util Boiler ___ Indus Boiler ___ Indus Furn ___

Person(s) Interviewed: _____ **Title:** _____ **Telephone:** _____

Title:

Telephone:

Randall P. Born **Environmental Specialist** **513/287-3234**

Environmental Specialist

513/287-3234

Inspector(s): _____ **Title:** _____ **Telephone:** _____

Title:

Telephone:

Mary E. Shelton Environmental Scientist III 317/233-1522

Environmental Scientist III

317/233-1522

Date of Inspection: November 22, 1996 **Time of Inspection:** 2:00 p.m.

Time of Inspection: 2:00 p.m.

The Indiana Hazardous Waste Rules, 329 IAC 3.1, incorporates by reference federal standards which have been published in the Code of Federal Regulations as 40 CFR 260 through 40 CFR 270. Citations contained in this inspection form reference the federal rules as of July 1, 1990, except where the State rule substitutes full text language, in which cases the specific 329 IAC 3.1 citation will be used.

STATE OF INDIANA
1995 HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

EPA ID: IN0000596031

NAME: LAWRENCEBURG GAS CO

Change _____
Is the name change due to a change in ownership? ☐ yes ☐ no

LOCATION ADDRESS: 336 SECOND ST
LAWRENCEBURG IN 47025

Change _____

Is the location address change due to a move or did the Post Office change your address?
☐ We moved ☐ PO change ☐ Other (please explain in comments)

MAILING ADDRESS: PO BOX 960, RM 552-A
CINCINNATI OH 45201

Change _____

CONTACT: BORN, RANDALL ENV SPEC
PO BOX 960, RM 552-A
CINCINNATI OH 45201
513-287-3234

Change _____

OWNER: ~~CINCINNATI GAS & ELECTRIC CO~~
~~PO BOX 960, RM 552-A~~
~~CINCINNATI~~ OH 45201

Change Cinergy Corp.

COUNTY: DEARBORN

***** HAZARDOUS WASTE ACTIVITY *****

	DEM	1995	Future
GENERATOR STATUS	LQG	<u>LQG</u>	<u>CEG</u> 3 ✓ (please indicate LQG, SQG, or CEG)

TRANSPORTER STATUS
S—we transport our own waste
C—we transport commercially

TSD STATUS
(includes inactive TSD's who
have not completed RCRA closure)

POST CLOSURE STATUS
(indicates site has post closure activity)

- * NON HANDLER
- * OUT OF BUSINESS
- * ONE TIME GENERATOR

* If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off-site again.

SIC CODES: 4924 is a more accurate SIC Code *Primary*
4931
PRIMARY SECONDARY 4931 ✓

COMMENTS: Waste was generated in 1995 as a
result of voluntary site remediation.
Facility expected to generate no more than
conditionally exempt quantities in 1996 and beyond

SIGNATURE: Randall F. Born
DATE: 02-08-96 ✓



WHTMS 1/96

1A

**STATE OF INDIANA
HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM**

EPA ID: IN0000596031

NAME: LAWRENCEBURG GAS CO

Change

Is the name change due to a change in ownership? ☐ yes ☐ no

LOCATION ADDRESS: 336 SECOND ST
LAWRENCEBURG IN 47025

Change

Is the location address change due to a move or did the Post Office change your address?
☐ We moved ☐ PO change ☐ Other (please explain in comments)

MAILING ADDRESS: PO BOX 960
CINCINNATI OH 45201

Change

ADD: (ROOM 552-A)

CONTACT: BORN, RANDALL ENV SPEC
PO BOX 960
CINCINNATI OH 45201
513-287-3234

Change

ADD: (ROOM 552-A)

OWNER: CINCINNATI GAS & ELECTRIC CO
PO BOX 960
CINCINNATI OH 45201

Change

ADD: (ROOM 552-A)

COUNTY: DEARBORN

INVOICE: 95600015

*** HAZARDOUS WASTE ACTIVITY ***

	DEM	1994	1995
GENERATOR STATUS		CEG	LQG
	LQG	(please indicate LQG, SQG, or CEG)	

TRANSPORTER STATUS

S=for our own waste
C=commercially

TSD STATUS
(includes inactive TSD's who
have not completed RCRA closure)

POST CLOSURE STATUS
(indicates site has post closure activity)

* NON HANDLER

* OUT OF BUSINESS

* ONE TIME GENERATOR

* If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off-site again.

SIC CODES: 4931
PRIMARY SECONDARY

COMMENTS: SEE ATTACHED COVER LETTER.

SIGNATURE:

Randall P. Born

DATE:

2-8-95

FEB 10 1995

LG ■ The Energy Service Company

The Lawrenceburg Gas Company
230 West High Street
Lawrenceburg, Indiana 47025-1910

February 8, 1995

Indiana Department of
Environmental Management
Controller's Department
Attention: Cashier
Indiana Government Center North
P.O. Box 7060
Indianapolis, IN 46206-7060

RE: ANNUAL OPERATION FOR HAZARDOUS WASTE
GENERATORS (ACCT.: 2830-412500-100800)

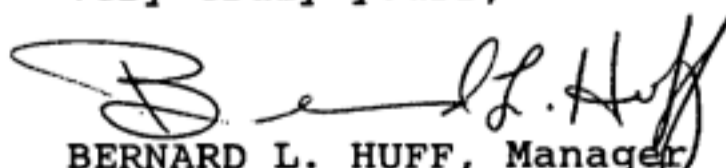
The Lawrenceburg Gas Company facility (INO 000596031) located at 336 Second Street in Lawrenceburg, Indiana, registered as a large quantity generator in 1994. This registration was made in anticipation of the potential for hazardous waste generation during a Manufactured Gas Plant site investigation. In fact, no hazardous waste was generated at this facility during 1994.

Enclosed you will find a Hazardous Waste Handler Information Form completed for the above mentioned facility indicating CEG status for 1994 and LQG status for 1995. The 1995 status again reflects the possibility of hazardous waste being generated during site remediation activities scheduled to occur during the year.

The invoice for the annual operation fee is also attached, indicating an enclosed payment of \$ 0.00, due to the CEG status of the facility during 1994.

Should you have any questions regarding hazardous waste activities at this site, or the enclosed forms, please contact Randall Born at (513) 287-3239.

Very truly yours,


BERNARD L. HUFF, Manager
Operational Compliance

RPB:lp

Enclosures

FFR 16 1995

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INVOICE

ANNUAL OPERATION FEE FOR HAZARDOUS WASTE GENERATORS

COUNTY: DEARBORN INVOICE#: 95G00015
EPA ID NUMBER: IN0000596031
DATE: 01/13/95
ACCT: 2830-412500-100800

FACILITY NAME: LAWRENCEBURG GAS CO
FACILITY LOCATION: 336 SECOND ST
LAWRENCEBURG IN 47025

ANNUAL OPERATION FEE DUE: \$1,565.00

PAYMENT MUST BE POSTMARKED BY: February 15, 1995

PAYMENT AMOUNT ENCLOSED: \$ 0.00

FACILITY CONTACT: RANDALL BORN
TELEPHONE: (513) 287-3234

Make check or money order payable to:

Indiana Department of Environmental Management

Please return this invoice with your payment to:

Indiana Department of Environmental Management
Controller's Department
Attention: Cashier
Indiana Government Center North
P.O. Box 7060
Indianapolis, IN 46206-7060

RECEIVED

FEB 15 1995

CASHIER/PAYROLL

FEB 16 1995

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).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
JUN 10 1994

U. S. EPA, REGION 1

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

☒ A. First Notification ☐ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

IN0000596031

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

LAWRENCEBURG GAS COMPANY

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

Street

336 SECOND STREET

Street (Continued)

City or Town

LAWRENCEBURG

State

Zip Code

IN 47025

County Code

County Name

229 DEARBORN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. Box 960 (Room 552-A)

City or Town

State

Zip Code

CINCINNATI OH 45201

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

Name (Last)

(First)

BORN

RANDALL

Job Title

Phone Number (Area Code and Number)

ENVIRON. SPEC.

513-287-3234

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

☐ ☒ ☐

B. Street or P.O. Box

City or Town

State

Zip Code

II. Ownership (See Instructions)

Name of Installation's Legal Owner

CINCINNATI GAS & ELECTRIC CO.

Street, P.O. Box, or Route Number

P.O. Box 960 (Room 552-A)

City or Town

State

Zip Code

CINCINNATI OH 45201

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

513-287-3234

P

P

Yes

No

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)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own use 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 Referral
☐ 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 Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous 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 (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D 0 1 8

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

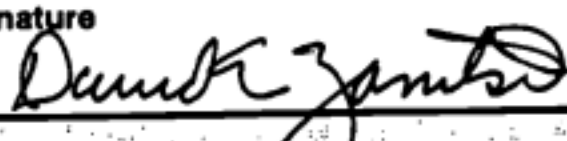
1	2	3	4	5	6
7	8	9	10	11	12

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

1	2	3	4	5	6

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) David Zanitsch, Manager Gas Operating & Engineering	Date Signed 3-10-94
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XI. Comments

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