



July 7, 2022

**VIA EMAIL**

**Confidential**

Jennifer Reno, Section Chief (JRENO@idem.IN.gov)  
Enforcement Section  
Office of Land Quality  
Indiana Department of Environmental Management  
100 North Senate Ave.  
Indianapolis, IN 46204-2251

Re: Violation Letter VL-2022-28612-H

Dear Ms. Reno:

This letter is being timely submitted by Covestro LLC (“Covestro”) formerly known as Covestro Coating Resins, Inc. We are responding to the Violation Letter referenced above that followed your office’s record review of the Self-Disclosure and Environmental Audit submitted by Covestro on January 27, 2022. The facility at issue is located at 3110 West State Road 28, Frankfort, Indiana.

Covestro LLC  
Frankfort Operations  
3110 W St. Rd 28  
Frankfort, IN  
46041  
USA

David Wagner and Erik Klinkhamer discussed the Violation Letter with the Enforcement Section’s Christina Halloran on June 8, 2022. Our discussions were in line with the requirements set forth in the Violation Letter, specifically that:

Penne Hout  
Site Manager

Phone: 765-654-2672  
Mobile: 317-459-5756  
[penne.hout@covestro.com](mailto:penne.hout@covestro.com)

1. Covestro shall submit copies of Manifest Tracking Numbers 021671770JJK and 021678728JJK with the signature of the designated facility.
2. Upon receipt of this Violation Letter, Covestro shall comply with 40 CFR 262.42(b).
3. Upon receipt of this Violation Letter, Covestro shall comply with 40 CFR 261.16(b)(2)(iv). Specifically, ensure in the future that weekly inspections are being conducted weekly in the hazardous waste container accumulation area.

In response, please know that the facility has achieved compliance with each requirement as of June 8, 2022. This letter serves to document our compliance.

Jennifer Reno, Section Chief

July 7, 2022

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With respect to item 1, please find attached signed copies of Manifest Tracking Numbers 021671770JJK and 021678728JJK. As for item 2, we can confirm that the facility complies with the manifest requirements in 40 CFR 262.42(b). Finally, consistent with item 3, the facility as a small quantity generator inspects central accumulation areas and we have included a copy of a recent Hazardous Waste Storage Weekly Check. As part of this inspection, we look for leaking containers and for deterioration of containers caused by corrosion or other factors. See 40 CFR 262.16(b)(2)(iv).

Please contact me with any questions at (765) 654-2672 or [penne.hout@covestro.com](mailto:penne.hout@covestro.com).

Sincerely,

*Penne Hout*

Penne Hout  
Site Manager

cc: *via email only*

Christina Halloran, IDEM's Enforcement Section (CHALLORA@idem.IN.gov)

Donna Bates, IDEM's Enforcement Section (DBATES@idem.IN.gov)


Dave Wagner, Covestro LLC

Erik Klinkhamer, Covestro LLC

Attachments

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>IND982073074</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>800-424-9300</b>		4. Manifest Tracking Number <b>021678728 JJK</b>					
		5. Generator's Name and Mailing Address <b>DSM COATING RESINS 3110 W STATE ROAD 28 FRANKFORT IN 46041-8776 Generator's Phone: 765-654-2666 ATTN: LINDA MCCLAIN</b>						Generator's Site Address (if different than mailing address) <b>DSM COATING RESINS 3110 W STATE ROAD 28 FRANKFORT IN 46041-8776</b>					
<b>GENERATOR</b>		6. Transporter 1 Company Name <b>UNIVAR SOLUTIONS USA INC.</b>						U.S. EPA ID Number <b>TXR000084869</b>					
		7. Transporter 2 Company Name						U.S. EPA ID Number					
<b>DESIGNATED FACILITY</b>		8. Designated Facility Name and Site Address <b>VEOLIA ES 4301 INFIRMARY RD WEST CARROLLTON OH 45449 Facility's Phone: 937-859-6101</b>						U.S. EPA ID Number <b>DHD093945293</b>					
<b>TRANSPORTER</b>		9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
						No. Type							
		X		1. UN3265, WASTE Waste Corrosive liquid, acidic, organic, n.o.s. (D002), 8, III, RQ (D002), 29-5937, CORROSIVE LIQ/ACIDIC/ORGANIC, CRR 573830		03 DF		120 P				D002	
<b>INT'L</b>		14. Special Handling Instructions and Additional Information <b>9b.1 5G</b> Emergency Phone: Chemtrec 800-424-9300 CCN1811; 11579414(10)											
		15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
<b>DESIGNATED FACILITY</b>		Generator's/Officer's Printed/Typed Name <b>Joelmo Ceun</b>						Signature <i>[Signature]</i>		Month Day Year <b>11 17 2020</b>			
		16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.						Port of entry/exit:		Date leaving U.S.:			
<b>DESIGNATED FACILITY</b>		17. Transporter Acknowledgment of Receipt of Materials						Signature <i>[Signature]</i>		Month Day Year <b>11 17 20</b>			
		Transporter 1 Printed/Typed Name <b>Darrell Smith</b>						Signature <i>[Signature]</i>		Month Day Year <b>11 17 20</b>			
<b>DESIGNATED FACILITY</b>		Transporter 2 Printed/Typed Name						Signature		Month Day Year			
<b>DESIGNATED FACILITY</b>		18. Discrepancy											
		18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
<b>DESIGNATED FACILITY</b>		Manifest Reference Number:											
		18b. Alternate Facility (or Generator) U.S. EPA ID Number											
<b>DESIGNATED FACILITY</b>		Facility's Phone:											
		18c. Signature of Alternate Facility (or Generator) Month Day Year											
<b>DESIGNATED FACILITY</b>		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
		1. <b>H141</b> 2. 3. 4.											
<b>DESIGNATED FACILITY</b>		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
		Printed/Typed Name <b>Bethany Blankenship</b>						Signature <i>[Signature]</i>		Month Day Year <b>11 17 2020</b>			

# Forms and Checklists

	<b>INTERNAL</b>		<b>Location: Frankfort</b>	
	<b>FORM ID:</b>	<b>Revision Number</b>	<b>Last Review Date</b>	
	FRF-HSE-071A	1	3/16/2022	
	<b>Document Owner:</b>		Erik Klinkhamer	
<b>Reference Document:</b>			FRF-HSE-071	
<b>Title: Hazardous Waste Storage Weekly Check</b>				

## Hazardous Waste Storage Area:

Location	Were Any Leaks Detected? (Y / N)	Are All Containers Labelled? (Y / N) If "N" explain	Are any Haz Waste containers Past 90 Days Old? (Y / N) If "Y" explain
West Shed Hazardous Waste Storage	N	Y	N

*\* Moved Satellite Storage from NTF. Replaced with new foil*

## Satellite Waste Area:

Location	Were Any Leaks Detected? (Y / N)	Are All Containers properly covered / sealed? (Y / N) If "N" explain	Are any containers full? (Y / N) If "Y" move to West Shed and Label
North Tank Farm	N	Y	N * see above
East Tank Farm	N	<del>N/A</del> Y	N
QC Lab Fume Hood	N	Y	N
QC Lab GC Waste	N	Y	N
Maintenance Shop	N	Y	N
Monomer Header	N	Y	N

Name of Inspector: Erik Klinkhamer Signature of Inspector:  Date: 5/12/22

## Revision History

Revision	Date	Summary
New	3/16/2022	Initial Release MOC 2022-011
1	05/09/2022	Changed verbiage for clarification / added QC Lab GC Waste

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number IND982073074		2. Page 1 of 1		3. Emergency Response Phone 800-424-9300		4. Manifest Tracking Number 021671770 JJK			
		5. Generator's Name and Mailing Address DSM COATING RESINS 3110 W STATE ROAD 28 FRANKFORT IN 46041-8776 Generator's Phone: 765-654-2666 ATTN: LINDA MCCLAIN		Generator's Site Address (if different than mailing address) DSM COATING RESINS 3110 W STATE ROAD 28 FRANKFORT IN 46041-8776							
6. Transporter 1 Company Name UNIVAR SOLUTIONS USA INC.		U.S. EPA ID Number TXR000084869		7. Transporter 2 Company Name <i>AMERICAN TRANSPORTATION SOLUTIONS L PAGE ETC INC</i>		U.S. EPA ID Number <i>KYD985073196</i>		U.S. EPA ID Number <i>KYD985073196</i>			
8. Designated Facility Name and Site Address CLEAN EARTH OF CALVERT CITY LLC 1689 SHAR CAL RD CALVERT CITY KY 42029-8948 Facility's Phone: 270-395-0504		U.S. EPA ID Number KYD985073196									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes	
						No.	Type				
	X	1. NA3082, Hazardous waste, liquid, n.o.s. (Benzene), 9, III, 60 (D018), ERG 171, 329-0656, COPPERON SOLUTION IN WATER, RES#M61-94164				01	TP	600	P	D018	
		2.									
		3.									
	4.										
14. Special Handling Instructions and Additional Information Emergency Phone: Chemtrec 800-424-9300 CCM1811; 11472877(20)											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name <i>Jason Crum</i> Signature <i>[Signature]</i> Month <i>09</i> Day <i>01</i> Year <i>2020</i>											
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>Bryan Priest</i> Signature <i>[Signature]</i> Month <i>09</i> Day <i>01</i> Year <i>2020</i> Transporter 2 Printed/Typed Name <i>Eric Walters</i> Signature <i>[Signature]</i> Month <i>09</i> Day <i>02</i> Year <i>2020</i>										
TRANSPORTER	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____										
DESIGNATED FACILITY	Facility's Phone: _____										
	18c. Signature of Alternate Facility (or Generator) Month _____ Day _____ Year _____										
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
	1. <i>H41</i>		2.		3.		4.				
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name <i>JOE MUMFRIE</i> Signature <i>[Signature]</i> Month <i>09</i> Day <i>03</i> Year <i>2020</i>											



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>IND982073074</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>800-424-9300</b>		4. Manifest Tracking Number <b>021678728 JJK</b>					
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		Transporter 1 Printed/Typed Name <b>Darrell Smith</b>						Signature <i>[Signature]</i>		Month Day Year <b>11 17 20</b>			
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		Printed/Typed Name <b>Bethany Blankenship</b>						Signature <i>[Signature]</i>		Month Day Year <b>11 17 2020</b>			