

REPORT OF RCRA COMPLIANCE EVALUATION INSPECTION

At

**PLASTIC PACKAGING TECHNOLOGIES LLC
(F/K/A PPT ACQUISITION LLC)**

750 South 65th Street
Kansas City, Kansas 66111
(913) 596-9001

EPA ID Number: KSD981711260

On

March 23 and 24, 2023

By

U.S. ENVIRONMENTAL PROTECTION AGENCY
Region 7
Enforcement & Compliance Assurance Division

1.0 INTRODUCTION

I performed a Resource Conservation and Recovery Act (RCRA) compliance evaluation inspection (CEI) at Plastic Packaging Technologies LLC (PPT), located in Kansas City, Kansas, on March 23 and 24, 2023. I conducted the inspection under the authority of RCRA Section 3007(a), as amended. During the inspection, I collected the information necessary to determine compliance with the applicable regulatory and statutory requirements. This report and attachments present the results of the inspection. Based on the information obtained during the inspection, I inspected the facility as a State of Kansas and Federal Large Quantity Generator (LQG) of hazardous waste, a small quantity handler of universal waste lamps, and a used oil generator. PPT was last inspected by the Kansas Department of Health and Environment (KDHE) on November 30 and December 1 and 12, 2017. Eighteen potential findings or violations were observed or cited as a result of the 2017 inspection.

2.0 PARTICIPANTS

PPT:

Brad Humbolt, Plant Manager
Amanda Hicks, Compliance Coordinator
Abe Carrete, Press/Laminator/Slitter Manager
Sean Riley, Maintenance Supervisor
Corey Jenkins, Ink Technician III, Sun Chemical (Ink Supplier)
Don Gansert, Senior Consultant - Trinity Consultants

Eric Woods, Lead Operator – Laminator Area
Travis Smith, Press Operator
Josh Campbell, Press Operator
C. C. Lee, Operator – Laminator Area
Gorki Enciso, Quality Assurance Technician – QA Lab
Todd Riley, Director of Regional Operations (Via Teams Meeting; Exit Briefing)
Dan D’Anofrio, Chief Operating Officer (Via Teams Meeting; Exit Briefing)

Kansas Department of Health and Environment
Chris Norris, Environmental Compliance/Regulatory Specialist

U.S. Environmental Protection Agency (EPA):
Timothy Evans, Life Scientist, ECAD (Lead Inspector)

3.0 INSPECTION PROCEDURES

On May 23, 2022, Chris Norris and I arrived at the facility at approximately 9:00 a.m. A drive-by inspection was possible on the south, east, and north sides of the facility. Multiple blue 55-gallon polyethylene drums were observed, outside on the south side of the facility, adjacent to the regenerative thermal oxidizer (RTO). See Section 3.0, in this report, and the waste stream table, Attachment 7, for additional information related to the drums. Mr. Norris and I then proceeded to the facility office and asked for Amanda Hicks, listed as site contact on the Notification Acknowledgement/Verification Report form (Attachment 6). We were informed that Ms. Hicks was not available, and that Mr. Humbolt would be able to assist us. Mr. Norris and I signed in as visitors using an electronic system and were then introduced to Mr. Humbolt. After checking in and receiving visitor passes, Mr. Humbolt escorted Mr. Norris and me to his office for the in briefing. I presented Mr. Humbolt with my business card and EPA credentials. Mr. Humbolt was informed that Mr. Norris was accompanying me as an observer. During the in-briefing, I presented Mr. Humbolt with a copy of the RCRA Facility Access Information Sheet, March 2013, which provides inspection authority. I explained my need to collect accurate information and presented Mr. Pearson with a copy of Title 18 U.S. Code, Sections 1001 and 1002. As part of the in-briefing, Mr. Humbolt was made aware of PPT’s confidentiality rights and informed that a Confidentiality Notice would be provided at the end of the inspection to make, or not to make, any claims. Ms. Hicks joined the remainder of the in briefing at approximately 10:00 AM. Mr. Gansert joined Ms. Hicks, Messrs. Humbolt and Norris, and me during inspection of the ink room at approximately 11:00 AM. Ms. Hicks and Messrs. Humbolt and Gansert acted as the facility representatives during the on-site inspection activities.

During the inspection, discussions consisted of wastes generated and waste management practices. Document photocopies and photographs were collected as inspection documentation (see Attachments 1-17, including Photos 1-34). Information collected during the inspection was documented in a bound notebook, on the waste stream table (Attachment 7), and as discussed in this report. I followed the inspection procedures discussed in the RCRA CEI Standard Operating Procedure (No. 2321.1E), unless noted differently. Any Federal regulatory citations noted in this report are as adopted by reference in the authorized Kansas regulations.

Method 21 Monitoring

I calibrated a Thermo Fisher Scientific TVA2020 organic vapor analyzer (OVA) the morning of March 23, 2023, prior to our arrival at the facility (Attachment 8). I used the OVAs for Method 21 monitoring of volatile organic emissions; the OVA was equipped with a flame ionization detector (FID). Findings from the operation of the FID-equipped OVAs was recorded on field sheets (Attachment 8).

Mr. Norris and I conducted a visual inspection of the following areas on March 23, 2023:

Zone 3 Building

- Compressor Room
- Ramp between Laminator Area and Press Area
- Ink Room, Including Central Less Than 90 Day Hazardous Waste Accumulation Areas
- QA Laboratory
- Press Department, Including Chamber Cleaning Table and Plate Sleeve Cleaning Areas
- Laminator Area
- Maintenance Shop

On March 24, 2023, I inspected the area outside, on the south side of the facility, next to the RTO. During the initial drive by survey of the facility property on March 23, 2023, I observed five blue 55-gallon polyethylene drums located next to the RTO. During the inspection, it was determined that three of the drums were empty. Two drums contained, product, inhibited propylene glycol for use in a closed loop chiller system.

At the conclusion of the inspection, I summarized the findings and recommendations with Messrs. Humbolt and Gansert and Ms. Hicks. I provided Mr. Humbolt with a Confidentiality Notice (Attachment 3) which he signed as acknowledgement of receipt. Mr. Humbolt made no confidentiality claims. I also provided Mr. Humbolt with a Receipt for Documents and Samples (Attachment 4) and Notice of Preliminary Findings (NOPF) (Attachment 5), which Mr. Humbolt signed as acknowledgement of receipt.

The following inspection documents were provided to PPT:

Inspection Documents

Confidentiality Notice

*Notice Regarding Proprietary/Confidential Business Information Submitted to or Collected by
EPA In Connection with Inspections*

Receipt of Documents and Samples

Notice of Preliminary Findings

Instructions for Responding to a Notice of Preliminary Findings

EPA Compliance Assistance Handouts (Provided by e-mail on March 30, 2023)

U.S. EPA Small Business Resources

EPA Industry Sector Notebooks List

EPA Compliance Assistance Centers

Security Awareness

KDHE Compliance Assistance Handouts
Container Management Poster

4.0 FINDINGS AND OBSERVATIONS

4.1 General Information/Facility Description and RCRA Status

PPT is a manufacturer of flexographic food-grade packaging. Printing presses and laminating equipment are used in the manufacturing process. Chemicals used in the printing and manufacturing process include, but are not limited to, ink, solvents, and a two-part adhesive. D001 ignitable hazardous waste ink and solvent, and D001 ignitable and F003 listed hazardous waste ethyl acetate and adhesive waste are generated as a result of printing and laminating, respectively. See Attachment 7 for additional waste stream information. PPT is located in one approximately 120,000-square foot building in a mixed industrial area. See Attachment 2 for a facility layout and aerial photo. According to Mr. Humbolt, PPT is staffed by approximately 130 employees and operates 24 hours each day, seven days each week. According to Ms. Hicks, the facility utilizes a Pittman Schedule - a 14-day rotational cycle in which each employee works seven, 12-hour shifts. The Pitman Schedule traditionally involves 4 teams that work 2 day/night shifts, then get 2 rest days, followed by 3 day/night shifts. See the November 30, 2017 RCRA inspection for additional facility information (Attachment 9). Except for relocation of the converting department (cutting, folding, and sealing various plastic polymers in order to produce pouches and other packaging), the manufacturing process has not changed since the previous inspection.

4.2 RCRA Status

According to the RCRAInfo database, PPT has notified as a State of Kansas and Federal Large Quantity Generator of D001 hazardous waste. I provided Ms. Hicks with a Notification Acknowledgement/ Verification Report form (Attachment 6). Ms. Hicks updated the form, adding a new owner name; operator name; a beginning date for the new owner; two waste codes; and Ms. Hicks' new e-mail address (See Section 4.3, 4.5.4 below, for additional information). Based upon the amount and type of hazardous waste generated at PPT, I inspected the facility as a State of Kansas and Federal Large Quantity Generator of D001, F003, and U359 hazardous waste, small quantity handler of universal waste, and used oil generator.

4.3 Previous Inspections and Any Related Violations/Issues

The report of the KDHE inspection on November 30 and December 1 and 4, 2017, included the following potential findings or violations:

1. K.S.A. 65-3441(a)(4) - Store, collect, treat or dispose of hazardous waste contrary to the rules and regulations, standards or orders of the secretary.

2. 40 CFR 262.11 - Determine if a waste is a hazardous waste.
3. 40 CFR 262.40(c) - Test results and waste analyses retention for 3 years.
4. K.A.R. 28-31-4 - Notification of regulated waste activity not accurate or updated.
5. 40 CFR 273.13(d)(1) - Lamp must be in containers that are structurally sound, adequate to prevent breakage & containers must remain closed & evidence of leakage, spillage or damage that could cause leakage.
6. 40 CFR 273.14(e) - Each lamp or container in which lamps are contained must be clearly labeled or marked with universal waste lamp(s) or waste lamp(s) or used lamp(s).
7. 40 CFR 273.15(c) - Small quantity handlers must be able to demonstrate the length of time the universal waste has been accumulated.
8. 40 CFR 273.16 - Small quantity handler employees who handle or are responsible for managing universal wastes must be informed of the proper handling and emergency procedures for the universal waste(s) handled.
9. K.A.R. 28-31-262(c)(6) - Accumulate no more than 55 gallons of each type of hazardous waste, or 1 quart of acutely hazardous waste, in no more than 1 container, at or near the point of waste generation.
10. 40 CFR 262.34(a)(2) - Date each period of accumulation begins is marked and visible.
11. 40 CFR 262.34(a)(3) - Label or mark each storage container with the words "Hazardous Waste."
12. K.A.R. 28-31-262(c)(7) - Mark each satellite accumulation container with the words "Hazardous Waste."
13. 40 CFR 265.173(a) - Closed container during storage.
14. 40 CFR 265.174 - Weekly inspections
15. 40 CFR 265.16(a)(1) - Personnel complete training to ensure compliance with 40 CFR 265.
16. 40 CFR 262.20(a) - Offsite transportation; manifest preparation – type of container(s) misidentified (totes rather than drums).
17. 40 CFR 262.20(a) - Offsite transportation; manifest preparation – waste codes missing (F003 and U359).
18. 40 CFR 268.7(a)(3) - LDR forms on site did not contain waste codes F003 or U359.

4.4 Changes Since Previous Inspection

Changes at the facility since the previous 2017 KDHE inspection include, but are not limited to, the following:

Personnel Changes

- Brad Humbolt became the new Plant Manager in December of 2022.
- Amanda Hicks became the Compliance Coordinator in March of 2020.
- Sean Riley became the Maintenance Supervisor in January of 2023.
- James Schuman, EHS Manager (PPT); Chris Radetic, Customer Technical Service (Sun Chemical Corporation); George Caswell, Ink Technician (PPT); Kate Hall, Quality Documentation Specialist (PPT); Brad Pederson, VP Operations (PPT); Ashley Boudria, Plant Manager (PPT); and Will Bartels, Press Manager (PPT) are no longer at the facility.

According to Mr. Humbolt and Ms. Hicks, PPT was sold to Fischer Container Holdings, LLC, and is operating as PPC Flexible Packaging – Consumer Central Business Unit as of October 2022 (See Sections 4.1, RCRA Status and 4.5.4, below, for additional information).

In 2018, the facility installed a new RTO. The facility is in the process of installing a new printing press in the south end of the Zone 3 Area of the facility. According to Mr. Humbolt, the new printing press will tentatively be operating by June 2023. At the time of the inspection, one printing press was not being operated. Mr. Humbolt stated that the press had not been operated for approximately one month.

According to Mr. Humbolt, manufacturing which had occurred in the converting department, previously located in the Zone 2 area of the facility, has been moved to the PPT Pouching Center of Excellence, located at 6825 Orville Ave, Kansas City, Kansas 66102. Construction for the new, approximately 130,000 square foot facility began in December of 2020. Operations at the previous Zone 2 converting department involved cutting, folding, and sealing various plastic polymers in order to produce pouches and other packaging for food and drug products. According to the 2017 RCRA inspection report, paper and plastic trimmings had been generated in the converting department.

According to Mr. Humbolt, PPT is using a new supplier to purchase their two part adhesive. Mr. Humbolt stated that the adhesive is the same chemical composition as the previously used adhesive, but with a different name.

4.5 Waste Streams and Waste Management

Information related to waste streams is listed in the Waste Stream Table (Attachment 7). An e-mail was sent to Mr. Humbolt and Ms. Hicks requesting additional information related to facility waste streams (Attachment 17). The additional information was not received prior to completion of this report.

4.6 Areas Visually Inspected and Related Violations/Issues

4.6.1 Press and Lamination Areas and Ink Room

Hazardous Waste Determination Not Conducted, 40 CFR 262.11 (NOPF 1) – During inspection of the press area, I observed multiple five-gallon step cans containing solvent and ink-contaminated cloth rags (Photos 21 and 22). During inspection of the lamination area, I observed multiple five-gallon step cans containing ethyl acetate and adhesive-contaminated cloth rags. During inspection of the Ink Room, I observed one approximately 1/3-full 55-gallon drum containing solvent-contaminated mop heads and one approximately 1/2-full 55-gallon drum containing solvent-contaminated cloth rags (Photos 23, 25, and 32). Some of the five-gallon step cans were labeled with the words “Excluded Solvent-Contaminated Wipes” and some of the five-gallon step cans and the two 55-gallon drums containing solvent-contaminated cloth rags in the Ink Room were not labeled. The 55-gallon drum containing solvent-contaminated mop heads was labeled “Dirty Mop Heads Only” (Photo 24).

According to Mr. Humbolt, Barsol A-2154 is used with cloth rags to clean press equipment. The Barsol A-2154 Safety Data Sheet (SDS) lists a flash point of 53.2°F (Attachment 10). During inspection of the plate sleeve cleaning station, within the Press Area, I asked Travis Smith, Press Operator, if it was possible to have free liquids in the bottom of the step cans used to accumulate spent solvent and ink-contaminated cloth rags. Mr. Smith indicated it is possible that free liquids would accumulate in the bottom of step cans. During inspection of the lamination area, I observed a laminator operator soaking a cloth rag in a bucket of what Eric Woods, Lead Operator – Laminator Area, stated was ethyl acetate. The ethyl acetate 99% SDS lists a flash point of 24.1°F (Attachment 11).

Because cloth rags used in the Lamination Area are submerged in ethyl acetate prior to cleaning, I asked Mr. Woods if there would be any free liquid in the bottom of the 5-gallon step cans used to accumulate spent ethyl acetate and adhesive-contaminated cloth rags. Mr. Woods stated that it is possible to have free liquids in the bottom of the step cans.

According to the SDSs for both Barsol A-2154 and ethyl acetate solvent, cloth rags and mop heads have the potential to be D001 hazardous waste associated with Barsol A-2154 and D001 and F003 hazardous waste associated with ethyl acetate – both characteristic for ignitability. However, because I was not able to verify if free liquid was accumulating in the bottom of any step cans or in the 55-gallon drums, some of the 5-gallon step cans were labeled “Excluded Solvent-Contaminated Wipes”, and some of the 5-gallon step cans and the two 55-gallon drums were not labeled, I asked the facility to conduct a hazardous waste determination for solvent and ink-contaminated cloth rags and mop heads and ethyl acetate and adhesive-contaminated cloth rags.

Hazardous Waste Container Not Closed, 40 CFR 265.173(a) (NOPF 7) – During inspection of the Ink Room, I observed the following two hazardous waste containers:

- One white polyethylene 5-gallon bucket containing approximately one quart (one pound) of varnish/lacquer (Photo 13). The container was open and not labeled. I asked Mr. Jenkins if the varnish was still in use or would be used. Mr. Jenkins stated that the varnish/lacquer would not be used and would be considered a waste.
- One black metal 55-gallon hazardous waste satellite accumulation area drum (Photo 16). The drum was approximately half-full of hazardous waste ink/solvent solids and was labeled with the words “Hazardous Waste.” However, the drum lid ring was not secured and bolted.

Facility personnel emptied the waste varnish/lacquer into the 330-gallon hazardous waste tote equipped with the funnel, located in the Ink Room (Photos 14 and 15), and secured and bolted the drum lid ring on the satellite accumulation container (Photos 17 and 18), addressing NOPF 7 at the time of the inspection.

Failure to Minimize a Release of Hazardous Waste, 40 CFR 265.31 (NOPF 10) – During inspection of the Press Area and Ink Room, I observed what appeared to be waste ink on the floor and walls.

Press Area – Chamber Cleaning Table

According to Josh Campbell, Press Operator, the material on the wall and floor next to the chamber cleaning table, within the Press Area, consisted of waste ink and solvent (Photos 19 and 20). I asked Mr. Campbell why the material was on the wall and floor. Mr. Campbell stated that the material is splashed onto the wall and floor when press chambers are being cleaned with solvent. I asked Mr. Campbell if he knew how long the material had been on the wall and floor next to the chamber cleaning table. Mr. Campbell estimated that the material had been on the wall and floor for approximately six or eight months.

Press Area – Plate/Sleeve Cleaning Area

According to Mr. Campbell and Mr. Smith, material on the wall and floor next to the plate/sleeve cleaning area, within the Press Area, also consisted of waste ink and solvent (Photo 21). I asked Mr. Campbell if he knew how long the material had been on the wall and floor next to the plate/sleeve cleaning area. Mr. Campbell estimated that the material had been on the wall and floor for approximately six or eight months.

Ink Room

According to Mr. Jenkins, material on the wall and floor, next to the hazardous waste satellite accumulation area container, within the Ink Room, also consisted of waste ink and solvent (Photos 15-18, 26 and 27). According to Mr. Jenkins, the material had been accumulating on the floor and wall in this area for approximately one month.

I also observed material on the wall and floor within the northeast portion of the Ink Room (Photos 28 and 29). According to Mr. Jenkins, the material consisted of ink and solvent and has been accumulating on the floor and wall in this area for approximately four years.

Waste ink and solvent mixture is managed at PPT as D001 hazardous waste, due to the characteristic for ignitability. In an e-mail dated April 3, 2023, Mr. Humbolt verified that Barsol A-2154 solvent is used to clean in the Press Area (Attachment 10). According to the SDS, waste Barsol A-2154 would be considered a D001 hazardous waste. On May 18, 2023 an e-mail was sent to Mr. Humbolt and Ms. Hicks requesting an SDS for ink used at the facility (Attachment 17). The additional information was not received prior to completion of this report.

Level 2 Controls Not Used on Tote, 40 CFR 265.1087(d) (NOPF 12) – During inspection of Ink Room, I observed a funnel attached to a less than 90-day, 330-gallon tote used to accumulate a mixture of D001 hazardous waste ink and solvent, lacquer/varnish, and ethyl acetate and adhesive (Photos 14 and 15). The tote was labeled, dated, and closed. However, Level 2 control requirements were not being met, due to the attached funnel. Level 2 control requirements apply to containers with a volume greater than 121.5 gallons. Because the facility is an LQG of hazardous waste, PPT is subject to 40 CFR Part 265, Subpart CC (Subpart CC). Subpart CC addresses control of air emissions from containers used to store or accumulate hazardous waste with a volatile organic concentration of 500 parts per million (ppm) or greater. During review of SDS, I was able to confirm that the Barsol A-2154 solvent, used to clean the presses, Ethyl Acetate 99%, and Matte Varnish all had volatile organic concentrations greater than 500 ppm (Attachments 10, 11, and 12, respectively).

A container using Level 2 controls is one of the following:

- (i) A container that meets the applicable U.S. Department of Transportation (DOT) regulations on packaging hazardous materials for transportation as specified in paragraph (f) of this section.
- (ii) A container that operates with no detectable organic emissions as defined in 40 CFR § 265.1081 of this subpart and determined in accordance with the procedure specified in paragraph (g) of this section.
- (iii) A container that has been demonstrated within the preceding 12 months to be vapor-tight by using 40 CFR part 60, appendix A, Method 27 in accordance with the procedure specified in paragraph (h) of this section.

4.6.2 Compressor Room

Universal Waste Lamp Boxes Not Closed, 40 CFR 273.13(d)(1) (NOPF 2); Universal Waste Lamp Boxes Not Labeled, 40 CFR 273.13(c)(1) (NOPF 3); Universal Waste Lamps Accumulated for Longer than One Year, 40 CFR 273.15(c) (NOPF 4) – During inspection of the Compressor Room, I observed the following cardboard boxes containing spent fluorescent lamps:

- Three, 8-foot cardboard boxes containing spent fluorescent lamps. Two boxes each contained ~26 spent lamps and one box contained nine spent lamps. All three boxes were labeled with the words “Used Lamps.” However, two of the three boxes were open and none of the boxes were marked with accumulation start dates (Photo 1).
- One cardboard box containing ~50 spent metal halide and high pressure sodium lamps. The box was closed, labeled with the words “Used Lamps”, but was not marked with an accumulation start date (Photos 2-4 and 6).
- Seven, 4-foot cardboard boxes containing greater than 70 Lamps (Photos 1 and 3-8). Five of the seven boxes were closed. However, all seven of the boxes were not dated or labeled with the words “Waste Lamps”, “Used Lamps”, or “Universal Waste Lamps.”

I asked Sean Riley, Maintenance Supervisor, if PPT employed any other way to track the accumulation start date for the lamps or to demonstrate the length of time that the waste lamps had been accumulated from the date the lamps became a waste and were first added to the boxes. Mr. Riley stated that PPT was not employing any other way to track the date of accumulation for the spent lamps. I asked Mr. Riley for the last shipment invoice for lamps (Attachment 13). PPT was not able to accurately determine an accumulation start date for spent lamps. Facility personnel were able to close all boxes containing spent fluorescent lamps, and label boxes with the words “Used Lamps”, addressing NOPF 2 and NOPF 3 at the time of the inspection.

4.6.3 QA Lab – Spent and Waste Accu Dyne Test Marker Pens

More Than One Container of the Same Waste Stream in a Satellite Accumulation Area, K.A.R. 28-31-262(c)(6) (NOPF 6) – As a result of the 2017 KDHE inspection, it was determined that waste Accu Dyne marker pens containing unused material would be considered a D001 characteristic and U359 listed hazardous waste (Attachment 9). During inspection of the QA Lab, I observed two 5-gallon hazardous waste satellite accumulation area buckets containing empty and partially full Accu Dyne Test marker pens (Photos 33 and 34). For satellite accumulation of hazardous waste, the State of Kansas only allows 55-gallons or less of each waste stream, accumulated at or near the point of generation, in one container. Facility personnel moved the full bucket of marker pens to the less than 90-day storage area, within the Ink Room, addressing NOPF 6 at the time of the inspection. It should be noted that, according to Gorki Enciso, QA Technician, the one full bucket of spent and waste Accu Dyne Test marker pens became full on March 23, 2023 – the first day of the inspection.

4.6.4 Records Review

Weekly Inspections Not Conducted, 40 CFR 265.174 (NOPF 8) – Mr. Norris reviewed weekly inspection documentation for hazardous waste located in the Less Than 90-day Accumulation Area, within the Ink Room. Ms. Hicks was only able to provide inspection documentation through September of 2022.

Additional missing weekly inspections included:

- 1/30/2022 - 2/3/2022
- 12/26/2021 – 12/30/2021
- 11/21/21 – 11/25/21
- 11/28/21 – 12/2/21
- 10/24/21 – 10/28/21
- 10/10/21 – 10/14/21
- 9/19/21 – 9/23/21

Manifests and Shipping Documents

Prior to arriving at the facility, I had conducted an on-line review of electronic manifests dated January 2, 2020 through February 14, 2023, using RCRAInfo. Aside from waste code discrepancies, discussed below, all manifests appeared to be complete and signed by the designated facility. See NOPF 14, below, for additional information.

2021 Comprehensive Biennial Report

Prior to arriving at the facility, I was able to review the facility's 2021 Biennial Report using RCRAInfo. The Biennial Report does not list waste code F003 associated with generation of hazardous waste ethyl acetate or the waste code U359 associated with waste Accu Dyne test marker pens. See NOPF 14, below, for additional information. Other than the waste code discrepancies, no apparent issues were observed during review of the 2021 comprehensive biennial report.

Personnel Training

Employees Not Trained on Universal Waste Management, 40 CFR 273.16 (NOPF 5); and Hazardous Waste Training Program Not Established, 40 CFR 265.16(a)(1) (NOPF 9) –

During review of facility documents, Mr. Norris requested hazardous and universal waste training documentation for PPT employees. Ms. Hicks provided Mr. Norris with documents entitled “Introduction to Globally Harmonized System of Classification and Labeling of Chemicals” and “GHS: Safety Data Sheet” (Attachment 14). The documents did not include training related to hazardous or universal waste management.

It should be noted that Ms. Hicks provided copies of position descriptions for the Materials Coordinator, Lamination Operator, and Press Operator. The three positions involve hazardous waste management duties and list required introductory and continuing training. Language specific to the Materials Coordinator position states, "The site-specific emergency contingency plan is reviewed with the employee, which includes the identification of Materials Coordinator waste, container management, preparing/signing waste manifests, spill notification, spill response, and evacuation. The material coordinator's main task is moving the hazardous waste containers,"

Contingency Plan

Capabilities of All Emergency Equipment and Location Not Listed in the Contingency Plan, 40 CFR 265.52(e) and (f) (NOPF 11) – Ms. Hicks provided Mr. Norris and me with a copy of the PPT document entitled “Hazardous Waste Contingency Plan” (Attachment 15). A list of emergency equipment was listed within the plan. However, the capabilities for most of the equipment was not listed and the location of all emergency equipment was not listed. The contingency plan states that both emergency equipment and emergency evacuation routes are listed on the facility site map. However, neither are either listed or visible on the map.

Other than capabilities and location for all emergency equipment not being listed and evacuation routes not visible on the site map, the facility contingency plan appears to be complete.

Preparedness and Prevention - Emergency Equipment Testing and Inspection

During the inspection, I noted ABC-rated fire extinguishers throughout the facility had been inspected by Keller Fire & Safety, Kansas City, Kansas, in December of 2022. Ms. Hicks provided Mr. Norris and me with a fire alarm inspection report conducted by Johnson controls dated December 12, 2022. Ms. Hicks also provided Mr. Norris and me with a July 20, 2021 report for an inspection conducted by the Kansas City Fire Department (KCFD). As part of the inspection, the KCFD tested the water pressure associated with the facility sprinkler system water supply. No apparent issues were observed during review of emergency equipment testing and inspection records.

Familiarize Local Authorities

While reviewing the facility's contingency plan, I observed three draft letters which indicate that PPT intends to submit a revised, updated contingency plan to local authorities – Kansas City Fire Station 20, Providence Medical Center, and the Kansas City Police Department (Attachment 15). Mr. Humbolt provided me with an e-mail documenting that PPT has been currently working with Mr. Gansert to revise the contingency plan (Attachment 16).

Written Waste Determinations Not Maintained/Kept in Files for Three Years, 40 CFR 262.40(c) (NOPF 13) – During review of facility documents, Mr. Norris requested written waste determinations for hazardous and non-hazardous waste streams generated at PPT. Although Ms. Hicks and Mr. Humbolt were able to provide SDS for chemicals used at the facility, PPT was not able to produce written waste determinations related to waste streams at the facility e.g., documentation showing why both D001 and F003 waste codes are applicable to ethyl acetate hazardous waste and why D001 and U359 waste codes are applicable to Accu Dyne test marker pens.

Current Notification Not Accurate, K.A.R. 28-31-4 (NOPF 14) – During the in briefing on March 23, 2023, I provided Ms. Hicks with a Notification Acknowledgement/Verification Report form (Attachment 6). Ms. Hicks updated the form, adding a new owner name; operator name; a beginning date for the new owner; two waste codes; and Ms. Hicks' new e-mail address. According to K.A.R. 28-31-4, *“Each person shall update the information associated with that person's EPA identification number if there is a change in the information. The person shall submit these changes to the department on KDHE form 8700-12 or another form approved by the secretary, no more than 60 days after the change occurs.”*

New Owner and Operator

According to Mr. Humbolt and Ms. Hicks, PPT was sold to Fischer Container Holdings, LLC, and is operating as PPC Flexible Packaging – Consumer Central Business Unit as of October 2022.

Waste Codes

As a result of the 2017 KDHE inspection, it was determined that waste Accu Dyne marker pens, containing unused material, would be considered a D001 characteristic and U359 listed hazardous waste (Attachment 9). While shipment of Accu Dyne test marker pens may not have recently occurred, the facility is still generating and accumulating spent and waste Accu Dyne test marker pens. Therefore, the waste codes associated with the Accu Dyne pens should be reflected on the facility Notification Acknowledgement/Verification Report form.

According to the 2021 Biennial Report, ethyl acetate had been shipped 11 times between January 2, 2020 and February 14, 2023. The facility is using technical grade ethyl acetate for cleaning laminators and laminator rollers (Attachment 11). Therefore, the F003 waste code would be applicable to waste ethyl acetate shipped from the facility and should appear on manifests, land disposal restriction notifications, in biennial reporting, and on the facility Notification Acknowledgement/Verification Report form.

Equipment in Contact with Hazardous Waste

The facility provided documentation showing compliance with 40 CFR § 265.1050(e), by providing a list of equipment in contact with hazardous waste with organic concentrations of at least 10 percent.

The document provided the following information for piping attached to Presses 1, 2, and 3:

- Pump Gallons Per Minute
- Number of Minutes
- Usage Per Day
- Time/Day
- Hours/Day
- Days/Year
- Utilization
- Totals Hours Per year

No apparent issues were observed during review of the document entitled “Table A. Discharge Solvent from Press to Tote.”

4.7 Additional RCRA and Non-RCRA Related Issues

Emergency Coordinators Not Familiar with Location of All Facility Records, 40 CFR § 265.55 – As part of the in briefing, I informed Mr. Humbolt that the inspection would include a discussion of a list of documents that I would provide to him, a visual inspection, records review, and an exit briefing. I asked Mr. Humbolt and Ms. Hicks about their schedules and told them that I would like to attempt to stick to their regular schedule for breaks and when they typically leave at the end of the day.

Ms. Hicks stated that she would leave when her daughter contacted her and Mr. Humbolt indicated that his schedule was varied, depending on what was occurring in his workday. When I asked about their respective schedules, Mr. Humbolt did not state that he needed to leave or end his day at the same time as Ms. Hicks. Furthermore, I was not told that Ms. Hicks was the only employee that could locate documents for me as part of the inspection.

Between approximately 3:00 PM and 3:15 PM on March 23, Ms. Hicks and Messrs. Humbolt, Gansert, Norris, and I completed a visual inspection of the maintenance area. As we were walking back to Mr. Humbolt’s office, I asked Ms. Hicks if we could look at facility documents. Ms. Hicks stated that she had been contacted by her daughter and would need to leave the facility. I then asked Ms. Hicks if there was anyone else at the facility that could assist me with gathering documents for review. Ms. Hicks stated that the only other person that could help would be Katie Boyer, Regional CI Leader. However, Ms. Hicks stated that Ms. Boyer was in Utah; Ms. Hicks also stated that Mr. Humbolt acted as a backup when she was not available. When we arrived in Mr. Humbolt’s office, I told Ms. Hicks that I would make a list of documents, that I would like to review, and would leave the list with Mr. Humbolt. I spent approximately 20-30 minutes going through the regulations while compiling a list of documents for review. During this time, Ms. Hicks did not leave the facility and sat in Mr. Humbolt’s office while I compiled the list of requested documents. While I was reviewing the regulations and compiling my list, I asked Ms. Hicks if she was sure she couldn’t attempt to locate some documents for me. Ms. Hicks stated that facility documents were scattered throughout the facility because her office location had changed multiple times and, again, she needed to leave the facility.

However, Ms. Hicks did not leave the facility and continued to stay in Mr. Humbolt's office until I completed my list of requested documents. Mr. Norris and I then left the facility at approximately 4 PM on March 23, 2023.

On March 24, during the conclusion of the exit briefing, I reminded Ms. Hicks and Messrs. Humbolt and Gansert of the documentation that I provided during the March 23 in briefing - specifically the language contained in the March 2013, RCRA Facility Access Information Sheet. On Page 2 of the RCRA Facility Access Information Sheet, under RCRA Section 3007 §6927, Inspections, it states:

“For purposes of developing or assisting in the development of any regulation or enforcing the provisions of this chapter, any person who generates, stores, treats, transports, disposes of, or otherwise handles or has handled hazardous wastes shall, upon request of any officer, employee or representative of the Environmental Protection Agency, duly designated by the Administrator, or upon request of any duly designated officer, employee or representative of a State having an authorized hazardous waste program, furnish information relating to such wastes and permit such person at all reasonable times to have access to, and to copy all records relating to such wastes.”

As part of the review of records on March 24, 2023, the second day of the inspection, Ms. Hicks provided Mr. Norris and me with several documents for review, including the facility's contingency plan. Within the section entitled “Emergency Coordinators”, Mr. Humbolt is listed as the Primary Emergency Coordinator and Ms. Hicks is listed as the Alternate Emergency Coordinator. Under 40 CFR § 265.55, the following requirements apply to emergency coordinators:

At all times, there must be at least one employee either on the facility premises or on call (i.e., available to respond to an emergency by reaching the facility within a short period of time) with the responsibility for coordinating all emergency response measures. This emergency coordinator must be thoroughly familiar with all aspects of the facility's contingency plan, all operations and activities at the facility, the location and characteristics of waste handled, the location of all records within the facility, and the facility layout. In addition, this person must have the authority to commit the resources needed to carry out the contingency plan.

According to Ms. Hicks, she and Ms. Boyer were the only individuals at the facility that could locate, assist with, and provide documents. However, when I requested to see facility documents, Ms. Hicks stated she was not sure she could locate facility documents for me. Ms. Hicks stated that documents were scattered throughout the facility because her office location had changed multiple times. Furthermore, because Mr. Humbolt was identified as the Primary Emergency Coordinator and was unable to provide relevant documents, at the time of the inspection, the facility was not in compliance with the requirement for emergency coordinators to be able to provide documents in accordance with 40 CFR § 265.55. This additional finding was not communicated to the facility subsequent to the inspection.

Venting VOC Emissions to the Atmosphere

During inspection of the area outside and south of the Zone 3 building, adjacent to the RTO, I detected an organic solvent smell and felt air being blown onto me. I looked up towards the top of the south facing wall of the Zone 3 Area building and observed an approximately 3-foot by 4-foot open vent. I noticed that all other vents along the top of the building were closed off with a sheet metal cover. The sheet metal cover for the open vent was laying on the cement pad in between the Zone 3 building and the RTO. I asked Mr. Humbolt why the cover was off of the vent. Mr. Humbolt stated that the vent cover had been removed because work requiring use of diesel-powered equipment was occurring in the Zone 3 Area building. According to Mr. Humbolt, a new flexographic printing press was being installed. I asked Mr. Humbolt why the facility wouldn't allow the diesel exhaust to be controlled through the RTO. Mr. Humbolt stated that he thought it would be safer to vent any diesel exhaust to the atmosphere.

I asked Mr. Humbolt if the facility had obtained a Clean Air Act permit. Mr. Humbolt stated that the facility had been issued a Class II air permit.

Subsequent to the inspection, I contacted Sean Bergin, EPA Region 7 air program. According to Mr. Bergin, PPT operates as a synthetic minor (a federal enforceable state operating permit). Synthetic minors are sources with major source potential to emit (PTE) that opt to take limits to restrict PTE and actual emissions below major source levels. At the time of the inspection, I was not able to determine whether PPT was permitted to vent VOC air emissions to the atmosphere. It should be noted that the facility operates three printing presses and four pieces of laminating equipment in the Zone 3 Area, which involve use of VOC containing inks and solvents. Barsol A-2154 solvent is used to adjust ink viscosity and for cleaning printing presses (Attachment 10). Technical grade Ethyl Acetate is used to clean laminating equipment (Attachment 11). The facility operates 24 hours each day, seven days each week.

5.0 SUMMARY

I inspected PPT as a Federal and State of Kansas Large Quantity Generator of hazardous waste, small quantity handler of universal waste, and used oil generator.

The following preliminary findings were noted as discussed above:

1. Hazardous Waste Determination Not Conducted, 40 CFR 262.11 (NOPF 1)
2. Universal Waste Lamp Containers Not Closed, 40 CFR 273.13(d)(1) (NOPF 2)
3. Universal Waste Lamp Containers Not Labeled with the Words "Universal Waste Lamps", "Waste Lamps", or "Used Lamps", 40 CFR 273.13(c)(1) (NOPF 3)
4. Universal Waste Lamps Accumulated for Longer than One Year, 40 CFR 273.15(c) (NOPF 4)
5. Employees Not Trained on Universal Waste Management, 40 CFR 273.16 (NOPF 5)
6. More Than One Container of the Same Waste Stream in a Satellite Accumulation Area, K.A.R. 28-31-262(c)(6) (NOPF 6)
7. Hazardous Waste Satellite Accumulation Container Not Closed, 40 CFR 265.173(a) (NOPF 7)
8. Weekly Inspections Not Conducted, 40 CFR 265.174 (NOPF 8)
9. Hazardous Waste Training Program Not Established, 40 CFR 265.16(a)(1) (NOPF 9)

10. Failure to Minimize a Release of Hazardous Waste, 40 CFR 265.31 (NOPF 10)
11. Capabilities of All Emergency Equipment and Location Not Listed in the Contingency Plan, 40 CFR 265.52(e) and (f) (NOPF 11)
12. Level 2 Controls Not Used on Totes, 40 CFR 265.1087(d) (NOPF 12)
13. Written Waste Determinations Not Maintained/Kept in Files for Three Years, 40 CFR 262.40(c) (NOPF 13)
14. Current Notification Not Accurate, K.A.R. 28-31-4 (NOPF 14)

Other than the items noted above, no other apparent preliminary findings were observed or cited. However, EPA's post-inspection review of this report may change or add to my findings.

**TIMOTHY
EVANS**

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Timothy R. Evans
Life Scientist
ECAD/CB/RCRA, EPA Region 7

AMBER WHISNANT

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Amber Whisnant
Section Chief
ECAD/CB/RCRA, EPA Region 7

Attachments

1. Digital Image Log (39 pages/34 photos)
2. Aerial Photo and Facility Map (2 pages)
3. Confidentiality Notice (1 page)
4. Document of Receipt (1 page)
5. NOPF (3 pages)
6. Notification Acknowledgement/Verification Report Form (2 pages)
7. Waste Stream Table (10 pages)
8. OVA Calibrations and Field Sheet (4 pages)
9. 2017 KDHE inspection (72 pages)
10. Barsol A-2154 SDS (12 pages)
11. Ethyl Acetate 99% SDS (10 pages)
12. HR Matte OVP (Matte Varnish/Lacquer) (9 pages)
13. Lamp Shipment Invoice (2 pages)
14. Introduction to Globally Harmonized System of Classification and Labeling of Chemicals and GHS: Safety Data Sheet (43 pages)
15. Hazardous Waste Contingency Plan (9 pages)
16. E-mail Documenting PPT Work/Correspondence with Mr. Gansert (2 pages)
17. May 18, 2023 E-mail to Facility – Request for Additional Information (1 page)