

INSPECTION REPORT

Inspection Entry Date/Time	09/23/2024 09:23 AM (CT)	Announced: No	
Inspection Exit Date/Time	09/23/2024 02:30 PM (CT)	Access: Granted	
Regulatory Program	Resource Conservation and Recovery Act (RCRA)		
Type of Inspection	Compliance Evaluation Inspection (CEI)		
Facility or Site Name	Pace Analytical Services LLC		
Facility/Site Identifier	KSD984972992		
Facility/Site Physical Address	9608 Loiret Blvd		
City, State, Zip Code	Lenexa, KS 66219		
Generator Status	Large Quantity Generator (LQG)		
NAICS	54138		
Type of Operation	Wide range of environmental testing, wet chemistry, metal and organic testing.		
Geographic Coordinates	38.95427, -94.77021		
Permit Number (If Applicable)	Not Applicable		
Lead Inspector:	TIFFANY  Digitally signed by TIFFANY DELONG Date: 2024.11.01 13:14:59 -05'00'		
Tiffany DeLong	DELONG [Signature]		[Date]
	EPA REGION 7	delong.tiffany@epa.gov	(913) 551-7729
Supervisor Review:	 Digitally signed by AMBER WHISNANT Date: 2024.11.25 00:59:56 -06'00'		
Amber Whisnant	AMBER WHISNANT [Signature]		[Date]
	EPA REGION 7	whisnant.amber@epa.gov	

SECTION I – INTRODUCTION

Site Entry and Purpose of the Inspection

Type of inspection: CEI

At the request of the Enforcement Compliance and Assurance Division, I conducted a RCRA unannounced CEI at Pace Analytical Services (the “Site”, “Facility”, “Pace”, “Pace Analytical”), located at 9608 Loiret Boulevard, Lenexa, Kansas, at 9:23 a.m. (CT) on September 23, 2024. A drive-by of the facility was conducted prior to entering the building. No areas of concern were noted. Mr. Melton and I entered the building's office and I introduced myself as an EPA inspector to conduct a RCRA compliance inspection and requested to see Mr. Reese Hicks who is listed as the site contact. Mr. Hicks introduced himself and I provided my credentials to him and discussed the reason and general procedures of the inspection. I informed Mr. Hicks that this was an EPA Region 7 inspection to determine compliance with the RCRA. The CEI was conducted under the authority of Section 3007(a) of RCRA, as amended. I collected the information and data necessary to determine compliance with the applicable regulatory and statutory requirements. The inspection report and attachments present the results of the CEI. In addition, information gathered prior or subsequent to the Inspection from a review of USEPA, State, and public records may be included in this report.

The CEI consisted of a discussion of facility operations, waste generation, and waste management; a review of waste management records; and a visual inspection of waste generation and management areas. Document photocopies and photographs were collected as inspection documentation (Appendix 1-2). A total of 45 photographs were collected and a photolog was prepared a (Appendix 1). I followed the inspection procedures discussed in the RCRA CEI Standard Operating Procedure (No. 2321.1E), unless noted differently. Any authorized Federal regulatory citations noted in this report are adopted by reference in the authorized Kansas regulations.

The facility was last inspected for RCRA compliance April 3, 2024, by the Kansas Department of Health and Environment (KDHE). The following findings were cited at that inspection:

1. 40 CFR 265.52(e) – Failure to list emergency equipment at the facility,
2. 40 CFR 265.54(d) – Failure to update emergency coordinator information when a change occurs,
3. 40 CFR 265.37(a)(1) – Failure to make arrangements with emergency authorities,
- 4. 40 CFR 265.173(a) – Failure to keep hazardous waste storage container closed,**
5. 40 CFR 265.31 – Failure to maintain and operate the facility to minimize the possibility of a fire, explosion, or release of hazardous waste,
6. KAR 28-31-262(c)(7) – Failure to mark each hazardous waste satellite accumulation container with the words “hazardous waste”,
7. 40 CFR 265.52(a) – Failure to describe emergency actions facility personnel must take to respond to fires, explosions, or releases of hazardous wastes.

Finding 4 above was repeated during this inspection and described in Observation [TD2-OB-003](#) below.

Note – when selecting a link within the inspection report, press ALT and left arrow at the same time to go back to the original location prior to clicking the link.

Attendees

Title/Organization	Name	Phone	Email	Opening Conf.	Closing Conf.
Lead Inspector/EPA REGION 7	Tiffany DeLong	(913) 551-7729	delong.tiffany@epa.gov	Yes	Yes
Compliance Officer/EPA Region 7	Donald Melton	(913) 551-5021	melton.donald@epa.gov	Yes	Yes
Quality Assurance Manager/Pace Analytical	Ashley Larssen		ashley.larssen@pacelabs.com	Yes	Yes
Scientist/Waste Coordinator/Pace Analytical	Reese Hicks	(913) 599-5665	reese.hicks@pacelabs.com	Yes	Yes
Safety Officer/Pace Analytical	Priya Lakshman		priya.lakshmananarasimhan@pacelabs.com	Yes	No
Official job title unknown	Robert Perez				
Official job title unknown	Dave Rader				

Official job title unknown	Eric				
Official job title unknown	Melissa				
Official job title unknown	Rebecca Dennis				

Opening Conference

I explained the purpose and procedures of the inspection and presented Reese Hicks with a copy of RCRA Section 3007(a), which provides inspection authority. I explained my need to collect accurate information and presented a copy of Title 18 U.S. Code, Sections 1001 and 1002 regarding false statements and documents. I discussed Pace Analytical's confidentiality rights and informed Mr. Hicks that a Confidentiality Notice would be provided at the end of the inspection to make a confidentiality claim, if desired.

I asked Mr. Hicks to review the Notification Acknowledgement/Verification Report (Appendix 2). According to the EPA RCRA Handler Information Report, Pace Analytical operates as a LQG of characteristic and listed hazardous wastes (D001, D002, D004, D005, D006, D007, D008, D009, D010, D011, D018, D019, D020, D021, D022, D023, D024, D025, D026, D027, D028, D029, D030, D031, D032, D033, D034, D035, D037, D038, D039, D040, D041, D042, D043, F001, F002, F003, F005, U154, U165, U188, U196, U211, U239). During discussions, he provided me with an updated office phone number. Based on my review of their monthly hazardous waste (HW) generation rate and manifest data, Pace Analytical generates greater than 2,200 pounds of hazardous waste per month and is therefore operating as an LQG. See Process Description Section for discussion of their monthly hazardous waste generation.

Facility/Site Information

Number of employees	75
Length of Facility at Location	30 years
Operating Hours	8-4/9-5, 5-days a week. Saturday open limited hours for sample receiving.
Safety Training Provided to Inspector(s)?	No
Size of Facility	20,000 square feet under roof
What type of generator facility notified?	LQG

Process Description

Pace Analytical performs lab testing services for multiple institutions, municipalities, and facilities throughout the United States. The primary testing that they perform at the Lenexa location are for wastewater municipalities that have NPDES permits or other regulatory requirements. Throughout the course of lab prep, and analysis and testing, multiple different waste streams are generated. Since August 2024, all wastes that are generated throughout the facility are sent off to various Veolia treatment, storage, and disposal facilities throughout the United States. Prior to August 2024, wastes were sent off primarily to Heritage/Heritage Thermal Services, and Clean Harbors. See ManifestInspectorsReport_Pace.pdf (Appendix 2) for more information.

Pace Analytical primary waste streams are described below:

- **Methylene chloride** (D002, D018, D039)- this is a solvent the facility uses for extractions and the primary hazardous waste they generate. Approximately 1 ton (approximately 2,200 pounds) of this hazardous waste is generated per month.
- **Oily water** (D001, D004, D005, D006, D007, D008, D010, D011, D012, D013, D014, D015, D016, D017, D018, D019, D020, D021, D022, D038, D040, F003)- this hazardous waste is sample waste that encompasses almost all characteristic waste codes. Because they receive so many samples from so many different types of entities, they state it is easier to have a catch-all waste stream that can incorporate all potential hazardous wastes that may be present. They generate approximately 1 ton (approximately 2,200 pounds) a month of this hazardous waste.
- **Flammable solvents** (D001, F002, F003)- this is a solvent, primarily hexane, the facility utilizes throughout the course of sample preparation and analysis. They generate approximately 0.5 tons (approximately 1,100 pounds) a month of this waste.
- **PCB-containing waste** (D001, D002)- this waste is corrosive and used for specific types of extractions. They generate approximately 1, 55-gallon container a month of this waste.
- **TKN waste** (D001, F001, F003)- this waste is generated through the prep and analysis related to Total Kjeldahl Nitrogen. No more than 1, 55-gallon container of this waste is generated a month, if that.
- **COD vials** (D002, D007, D009, D011)- this waste is generated by prep and analysis related to chemical oxygen demand and contains mercury vials. No more than 1, 55-gallon container of this waste is generated a month, if that.
- **Methylene chloride wipes/filters** (F002)- this waste is generated from various analyses that occur and are disposed of as a hazardous waste. Approximately 1, 55-gallon container is generated approximately every 2-3 months.
- **Used oil** (UO)- this waste is generated when maintenance occurs on lab machine pumps. This waste is generated rarely.
- **Universal waste lamps** (UW)- Pace Analytical uses fluorescent lighting through their building. When lamps are deemed a waste, they are discarded once a year as a universal waste.
- **Universal waste batteries** (UW)- Pace Analytical rarely generates used batteries. No batteries were observed at the time of inspection.

Pace Analytical does not generate Universal Waste mercury-containing equipment nor aerosol cans. For specific waste codes for each waste stream, please refer to the 2023 biennial report (23BR_PaceAnalytical.pdf) and manifest inspectors report in Appendix 2.

Building(s)

Building→ Area→ Sub-area	Area of Concern
Disposal Area	Yes
→ Outside Hazardous Waste Storage Area	No
Metals Analysis Room	No
Metals and Organic Prep Room	No
Semi-volatile Room	No
VOA/Volatile Room	Yes
Wet Chemistry Room	Yes
Wet Chemistry Room 2	No

SECTION II – OBSERVATIONS

Building: Disposal Area

Observation #: TD2-OB-001

Date: 09/23/2024

Contains AOC: Yes

Contains CBI: No

All wastes throughout the building are collected by Robert Perez and brought to the Disposal Area where Dave Rader categorizes/makes waste determinations and subsequently disposes of the wastes.

When Mr. Rader receives wastes such as samples, they are already grouped by a unique ID that he scans to give him more information about the waste. After he scans the barcode for the group of sample wastes, it states whether the group of wastes has a RCRA hazardous sample or not. It will also tell him what samples within the group, categorized by unique IDs of each sample, are not RCRA hazardous. Based on this information, he able to select the samples by unique ID that are not hazardous wastes. If they are not hazardous wastes, they are disposed of in one of two neutralization tanks that are then picked up by a waste vendor or sent to local publicly owned treatment works and disposed of and non-hazardous waste. If they are hazardous wastes, the individual sample ID will state what the hazards and which waste stream the sample belongs to and then Mr. Rader discards the sample waste inside the appropriate storage container.

Next to Mr. Rader's desk was a 55-gallon hazardous waste accumulation container of hazardous Oily Water where the samples were discarded into once deemed a hazardous waste. The hazardous waste accumulation container had an accumulation start date of 9/13/2024 and all container management requirements were met with no issues noted. (Photo 1)

On the other side of Mr. Rader's desk was a wire rack with multiple sample containers that he was currently in the process of scanning and grouping RCRA hazardous wastes from non-hazardous waste samples and then discarding into the Oily Water hazardous waste accumulation container or the neutralization tank as appropriate. At the time of inspection, I originally determined Pace Analytical had failed to make a hazardous waste determination on these sample wastes, but after further review, Mr. Rader was currently in the process of disposing of the wastes based on their hazardous waste determination that have already been made and discarding them as appropriate. This finding has been rescinded. I informed Pace Analytical on 9/25/2024 that this finding that has been rescinded. (Photo 2, 13)

At the north side of the Disposal Room were two 5-gallon containers with the words "Hazardous Waste" on them underneath a metal desk with no accumulation start dates (Photos 3-6). I asked Mr. Hicks and Mr. Rader what was inside the buckets. Mr. Hicks was not aware of what was inside the buckets. Mr. Rader stated he had never looked in the containers nor had anyone asked about them. They summoned Mr. Perez to inquire what was in the buckets. Mr. Perez stated the bucket on the right was mercury contaminated hazardous waste. When he opened the container, there was approximately one ampule inside and another device with a pig mat on the bottom. I asked Mr. Perez how long the container of mercury hazardous waste had been there, he stated he was not sure. **Notice of Preliminary Finding (NOPF) 2(a): 40 CFR 262.41(a)(2) - Failure to mark accumulation start date on hazardous waste accumulation containers.** I asked Mr. Perez what was inside the left 5-gallon hazardous waste accumulation container. He stated that the label states the waste is 50% sulfuric acid, 50% hexane PCB-containing hazardous waste and opened the bucket to see what was inside. Inside appeared to be multiple sample bottles and other wastes. I asked Mr. Perez how long the waste has been inside the container. He stated he did not know and picked up one of the PCB-containing sample wastes and stated that it had a date of August 20th, 2020. **NOPF 2(b): 40 CFR 262.41(a)(2) - Failure to mark accumulation start date on hazardous waste accumulation containers.**

On the same shelf of the two 5-gallon hazardous waste containers was a small container with a small amount of used oil inside. The container was in good condition and marked with the words "Used Oil." I noted no areas of concern. (Photo 7)

On the east side of the disposal room was an approximately 4-foot closed universal waste container of waste

lamps (Photos 8-9). Mr. Hicks opened the container so I could see what was inside. There was approximately 10 waste lamps inside, 4 of which were about a foot long. There was no accumulation start date on the universal waste lamp container. I asked Mr. Hicks how long the universal waste lamps had been accumulating. He stated he did not know. **NOPF 4: 40 CFR 273.15(c) - Failure to demonstrate accumulation time of universal waste lamps.**

On the east side of the room were multiple wire racks with hundreds of 40 mL sample containers. I asked Mr. Hicks what these bottles were. He stated the bottles were samples that were being stored here. I asked why samples were being stored in the disposal room. He stated sometimes they run out of room in other parts of the facility so sometimes they store samples in the disposal room. I asked if the samples needed to be preserved or refrigerated according to Pace Analytical Standard Operating Procedures for handling samples. He stated that depending on the samples some do not need to be refrigerated, and some samples already have preservative in them in which case they do not need refrigerated. I observed the samples and saw "due dates" ranging from May to July of 2024. Because these samples were in the disposal room where wastes are collected and await discarding and the dates on the bottles of the samples exceeded 90-days I determined that a waste determination needed to be made on these sample bottles. **NOPF 1(a): 40 CFR 262.11 - Failure to make a hazardous waste determination.** Note: While walking through the semi-volatile lab, Mr. Hicks explained to me that all samples are held for at least 40 days before being disposed of after analysis has completed. This is to ensure samples are available should testing be re-done or other testing be performed as requested by each customer. (Photos 11, 12)

In the middle of the room was one, 55-gallon hazardous waste accumulation container of hazardous waste solids with an accumulation start date of 9/5/2024 and one 30-gallon hazardous waste accumulation container of corrosive hazardous wastes with an accumulation start date of 8/29/2024. Both hazardous waste accumulation containers met all container management requirements, and no concerns were noted. (Photo 10)

Directly outside of the Disposal Room was a 55-gallon hazardous waste accumulation container of methylene chloride wipes that are collected from throughout the facility. The accumulation container had no accumulation start date. **NOPF 2(c): 40 CFR 262.34(a)(2) - Failure to mark accumulation start date on hazardous waste accumulation containers.** All other container management requirements were met for this hazardous waste accumulation container. (Photo 19)

Photo(s)

1. [IMG-2024092310113811382104084.jpg](#)
2. [IMG-2024092310143014303011867.jpg](#)
3. [IMG_0016.jpg](#)
4. [IMG_0017.png](#)
5. [IMG_0018.png](#)
6. [IMG_0019.png](#)
7. [IMG_0020.jpg](#)
8. [IMG_0021.jpg](#)
9. [IMG_0022.jpg](#)
10. [IMG_0023.jpg](#)
11. [IMG_0024.jpg](#)
12. [IMG_0025.jpg](#)
13. [IMG_0026.jpg](#)
14. [IMG_0027.jpg](#)
15. [IMG_0032.jpg](#)

Building: Semi-volatile Room			
Observation #: TD2-OB-002	Date: 09/23/2024	Contains AOC: No	Contains CBI: No
In a hazardous waste satellite accumulation area within the semi-volatile lab were two, 30-gallon hazardous waste accumulation containers, one of corrosive hazardous waste vials and one of flammable hazardous waste vials. Both hazardous waste accumulation containers met all satellite accumulation area conditional exemptions (Photos 20, 21). Under a hood where testing and analysis is performed were two containers of hazardous waste methylene chloride. While prepping for testing, chemicals would be prepared in a small, approximately 1-gallon container at the forefront of Photo 22. After preparing the solution in that container and after testing has occurred, the contents of that container would be poured into the red carboy. Because the 1-gallon container is used in the preparation of analyses, I did not consider this to be a hazardous waste satellite accumulation container and noted no concerns with the process of their operation in this area. There was one other hazardous waste satellite accumulation area in the semi-volatile lab with an approximately 1-gallon hazardous waste satellite accumulation container of flammable analytical vials that met all container management requirements. I noted no areas of concern within the semi-volatile lab. (Photo 23) Photo(s) 1. IMG_0033.jpg 2. IMG_0034.jpg 3. IMG_0035.jpg 4. IMG_0036.jpg			

Building: Wet Chemistry Room			
Observation #: TD2-OB-003	Date: 09/23/2024	Contains AOC: Yes	Contains CBI: No
Mr. Hicks introduced Mr. Melton and me to Eric who regularly works within the wet chemistry room. Eric explained what types of processes occur in the wet chemistry lab and what types of wastes are generated. He stated that hazardous waste ammonia, phosphorus, mercury, cyanide, phenols, and chloroform are generated in this area. He showed me around to multiple hazardous waste satellite accumulation areas to observe hazardous wastes and how they were accumulated and managed at each station where testing and analyses are performed. Underneath a desk was a container of TKN waste with tubes going inside (Photo 30). No waste was actively being added nor removed through the tubes. Because the container did not have a secure lid and waste was not actively being added or removed, the container was open. NOPF 3(a): 40 CFR 265.173(a) - Failure to keep satellite container closed when not adding or removing waste. At another area within the wet chemistry room was an approximately 1-gallon hazardous waste satellite accumulation container of TKN/phosphorus waste with a hole in the lid and a small tube going inside the container through the hole (Photo 31). No waste was actively being added nor removed through the tubes. Because the container did not have a secure lid and waste was not actively being added or removed, the container was open. NOPF 3(c): 40 CFR 265.173(a) - Failure to keep satellite container closed when not adding or removing waste. Near the same island as the above 1-gallon hazardous waste satellite accumulation container was a 15-gallon hazardous waste satellite accumulation container of corrosive waste with a funnel attached. The funnel did not have a lid on it. I stated to Mr. Hicks that a lid must be on the funnel to be considered a closed container. Mr.			

Hicks stated that an employee was currently filling the container with corrosive waste. I did not observe any employees nearby and stated that waste must be actively being removed or added for the container to be open.

NOPF 3(b): 40 CFR 265.173(a) - Failure to keep satellite container closed when not adding or removing waste.

Mr. Hicks promptly removed the funnel and screwed on the bung into the bunghole shown as shown in Photo 32.

There was a 55-gallon container of corrosive hazardous waste that had an accumulation start date of 8/29/2024 and met all container management requirements (Photo 35). No other concerns were noted within the wet chemistry room.

Photo(s)

1. [IMG_0037.jpg](#)
2. [IMG_0038.jpg](#)
3. [IMG_0039.jpg](#)
4. [IMG_0040.jpg](#)
5. [IMG_0041.jpg](#)
6. [IMG_0042.jpg](#)
7. [IMG_0043.jpg](#)
8. [IMG_0044.jpg](#)
9. [IMG_0045.jpg](#)
10. [IMG_0046.jpg](#)
11. [IMG_0047.jpg](#)
12. [IMG_0048.jpg](#)

Building: Wet Chemistry Room 2**Observation #:** TD2-OB-004**Date:** 09/23/2024**Contains AOC:** No**Contains CBI:** No

Eric escorted us to the Wet Chemistry Room 2. There were three satellite containers in this room all of which met all container management requirements. I noted no areas of concern within the Wet Chemistry Room 2.

Photo(s)

1. [IMG_0049.jpg](#)
2. [IMG_0050.jpg](#)
3. [IMG_0051.jpg](#)

Building: Metals and Organic Prep Room**Observation #:** TD2-OB-005**Date:** 09/23/2024**Contains AOC:** No**Contains CBI:** No**Title:**

Mr. Hicks and Ms. Larssen introduced me to Melissa who escorted us through the metals and organic prep room to show me how hazardous waste was managed in the area. No photos nor areas of concern were documented in this area.

Building: Metals Analysis Room**Observation #:** TD2-OB-006**Date:** 09/23/2024**Contains AOC:** No**Contains CBI:** No

Melissa escorted us to the Metals Analysis Room. She took me to a hazardous waste satellite accumulation container labeled "metals" that contained mercury hazardous waste (Photo 43, 44). On top of the lid was an open hole with no tubing inside and a hole with tubing inside where waste was actively being added. I originally noted this as a finding, NOPF 3(d), but rescinded it after the inspection. I informed Mr. Hicks of the rescission on 9/25/2024 via email.

Across from the metals hazardous waste satellite accumulation container was an open, approximately 1-gallon corrosive container on the floor. I asked Melissa what this 1-gallon container on the floor was. She stated that the container is their drip container the catches the drips from the above plastic dispenser that dispenses acids that are needed for certain testing and analyses. The container on the floor is then emptied back into the dispenser container to continue being used. The container above the 1-gallon container was actively catching drips as shown in Photo 45. I asked if anyone has ever kicked the container over when turning the corner. She stated no one has kicked the container to her knowledge. I asked Melissa what the staining was on the ground near the drip container and in some other spots inside the metals analysis room. She stated she did not know what the stain was but assumed it was likely a spill that occurred at some point a long time ago since no spills had occurred anytime recently. While I did not note any findings related to this, a compliance officer may add to my findings.

Photo(s)

1. [IMG_0056.jpg](#)
2. [IMG_0057.jpg](#)
3. [IMG_0058.jpg](#)

Building: VOA/Volatile Room**Observation #:** TD2-OB-007**Date:** 09/23/2024**Contains AOC:** Yes**Contains CBI:** No

Mr. Hicks and Ms. Larssen introduced Mr. Melton and me to Rebecca Dennis who regularly works within the VOA/volatile room. She escorted us throughout the room to show how waste was managed within the area. There were multiple 1-gallon hazardous waste accumulation containers in a hazardous waste satellite area some of which were empty (Photos 39, 40, 42). All containers that had hazardous wastes within them met all container management requirements. Ms. Dennis stated that wastes within these satellite containers would be transferred to a carboy that would then be picked up by Mr. Perez to be placed into a hazardous waste accumulation container in the disposal room. I checked the carboy and it did not contain any hazardous waste. I discussed the state of Kansas' option to utilize day cans for the smaller containers of hazardous waste that would allow Pace Analytical to place the waste from the smaller containers into the carboy without the need of an accumulation start date on the carboy container. I also discussed that they could manage the carboy container as a hazardous waste accumulation container by putting an accumulation start date on that container the moment hazardous waste begins accumulating inside it. Because no wastes were currently within the carboy container, I did not note any findings related to this area.

Adjacent to the hazardous waste satellite accumulation area was a 30-gallon s hazardous waste satellite accumulation container of methanol vials that met all container management requirements (Photo 41).

Near the same area was a small flammable cabinet (Photo 42). I asked Ms. Dennis what was inside. She stated

she did not know. I asked her to open the cabinet and inside were various vials and chemicals. I asked Ms. Dennis if she knew what these items were used for. She stated she did not know and that she had not used them since she had started working at Pace Analytical. I asked her how long she had worked for Pace Analytical, and she stated she had been with the company for 18-years but worked within the VOA/volatile room for 6-years. Mr. Hicks stated that it appeared the items were various standards and solvents such as hexane and methanol that were likely expired. I stated that they must make a waste determination on these items and dispose of them appropriately. **NOPF 1(c): 40 CFR 262.11 - Failure to make a hazardous waste determination.**

Photo(s)

1. [IMG_0052.jpg](#)
2. [IMG_0053.jpg](#)
3. [IMG_0054.jpg](#)
4. [IMG_0055.jpg](#)

Building: Disposal Area/Outside Hazardous Waste Storage Area**Observation #:** TD2-OB-008**Date:** 09/23/2024**Contains AOC:** No**Contains CBI:** No

Outside in a shed just outside of the disposal room was their hazardous waste storage area (Photos 15, 16, 17, 18). Inside were two, 55-gallon hazardous waste accumulation containers of hazardous waste awaiting to be picked up for disposal. The left container had an accumulation start date of 9/6/2024 and the right container had an accumulation start date of 9/23/2024. Both containers met all container management requirements. I asked Mr. Hicks if inspections occur at the hazardous waste storage area. Mr. Hicks stated they conduct weekly inspections for all accumulation containers, including the hazardous waste storage area, and they conduct inspections at all satellite accumulation areas once every three weeks. He also stated that when hazardous waste is placed or moved inside the hazardous waste storage area there are always two individuals together to perform the task. This is so that if an emergency occurs, the other individual can summon help, if needed. I asked how help is summoned. Mr. Hicks stated that personnel have personal cell phones they can utilize should an emergency occur. There is also an intercom system to alert the facility of emergencies, should they occur. I noted no areas of concern in the hazardous waste storage area.

Photo(s)

1. [IMG_0028.jpg](#)
2. [IMG_0029.jpg](#)
3. [IMG_0030.jpg](#)
4. [IMG_0031.jpg](#)

SECTION III – RECORDS REVIEW**Record:** Inspections**AOC:** No**Ref #:** TD2-RR-001**Reviewed By:** Tiffany DeLong**Reviewed Date:** 09/23/2024

Mr. Melton and I reviewed inspection documentation provided by Pace Analytical. Pace Analytical does weekly inspections of their hazardous waste central accumulation area outside and within the disposal room. They do inspections at all hazardous waste satellite accumulation areas throughout the facility every three weeks. No

deficiencies were noted.

Record: Manifests

AOC: No

Ref #: TD2-RR-002

Reviewed By: Tiffany DeLong

Reviewed Date: 09/23/2024

Mr. Melton and I reviewed multiple manifests utilizing e-manifest within RCRAInfo as well as manifests Pace Analytical kept onsite. I noted no areas of concern with the manifests.

Record: Personnel Training

AOC: No

Ref #: TD2-RR-003

Reviewed By: Tiffany DeLong

Reviewed Date: 09/23/2024

Pace Analytical utilizes a Standard Operating Procedure (SOP) that describes the training that all employees in waste management must complete upon initial employment as well as continual training. This SOP also includes all job titles and their descriptions for those positions requiring waste training. It also includes an outline for the training that is required based on the level of waste management required for each job title. Ms. Larssen provided me with a list of individuals who have completed training in 2019-2023. While reviewing the contingency plan, the primary emergency coordinator was listed as Caitlin Brice, but I did not see her name on the training list which would be required for an emergency coordinator. I asked if Ms. Brice had received waste management training and Ms. Larssen stated no. At the conclusion of the inspection, I added NOPF 5 for Pace Analytical failing to train employees within 6-months of hire. Ms. Larssen then provided clarification that Ms. Brice joined Pace Analytical in April of 2024. Therefore, Caitlin still had time to meet the 6-month training requirement for new employees within the month of September and I removed that finding. No other areas of concern were noted.

Document(s)

1. WasteManagementTrainingSOP.pdf
2. EHS Training Report 2023 - Lenexa.xlsx

Record: Documentation of arrangements with response agencies

AOC: No

Ref #: TD2-RR-004

Reviewed By: Tiffany DeLong

Reviewed Date: 09/23/2024

Ms. Larssen provided me with documentation showing they have sent their Contingency Plan to multiple local emergency authorities. Within the contingency plan it also notes these arrangements in Section IV. No areas of concern were noted.

Document(s)

1. EmergencyAuthorityArrangemnetsDoc.pdf

Record: Contingency Plan

AOC: No

Ref #: TD2-RR-005

Reviewed By: Tiffany DeLong

Reviewed Date: 09/23/2024

Pace Analytical provided me with their contingency plan which both myself and Mr. Melton reviewed and noted no areas of concern.

Document(s)

1. ENV-SOP-LENE-0077 v02_Contingency plan-87331.pdf

Record: Biennial Reports

AOC: No

Ref #: TD2-RR-006	Reviewed By: Tiffany DeLong	Reviewed Date: 09/23/2024
Prior to the inspection, I reviewed Pace's biennial report submission for 2023. I noted no areas of concern.		
Document(s)		
1. 23BR_PaceAnalytical.pdf		

SECTION IV – AREA OF CONCERN

The presentation of Area(s) of Concern does not constitute a formal compliance determination or violation.

Building: Disposal Area	Area:	Sub-area:
TD2-OB-001		
NOPF 2(a): 40 CFR 262.41(a)(2) - Failure to mark accumulation start date on hazardous waste accumulation containers.		
Building: Disposal Area	Area:	Sub-area:
TD2-OB-001		
NOPF 2(b): 40 CFR 262.41(a)(2) - Failure to mark accumulation start date on hazardous waste accumulation containers.		
Building: Disposal Area	Area:	Sub-area:
TD2-OB-001		
NOPF 4: 40 CFR 273.15(c) - Failure to demonstrate accumulation time of universal waste lamps.		
Building: Disposal Area	Area:	Sub-area:
TD2-OB-001		
NOPF 1(a): 40 CFR 262.11 - Failure to make a hazardous waste determination.		
Building: Disposal Area	Area:	Sub-area:
TD2-OB-001		
NOPF 2(c): 40 CFR 262.34(a)(2) - Failure to mark accumulation start date on hazardous waste accumulation containers.		
Building: Wet Chemistry Room	Area:	Sub-area:
TD2-OB-003		
NOPF 3(a): 40 CFR 265.173(a) - Failure to keep satellite container closed when not adding or removing waste.		
Building: Wet Chemistry Room	Area:	Sub-area:
TD2-OB-003		
NOPF 3(c): 40 CFR 265.173(a) - Failure to keep satellite container closed when not adding or removing waste.		

Building: Wet Chemistry Room	Area:	Sub-area:
TD2-OB-003		
NOPF 3(b): 40 CFR 265.173(a) - Failure to keep satellite container closed when not adding or removing waste.		
Building: VOA/Volatile Room	Area:	Sub-area:
TD2-OB-007		
NOPF 1(c): 40 CFR 262.11 - Failure to make a hazardous waste determination.		

SECTION V – CLOSING CONFERENCE AND FOLLOW UP

Closing Conference

I summarized the findings and recommendations with Mr. Hicks and Ms. Larssen. I provided Mr. Hicks with a Confidentiality Notice which he signed as acknowledgement of receipt (Appendix 2); Mr. Hicks made no confidentiality claims. I also provided Mr. Hicks with a Receipt for Documents and Samples and NOPF, which he signed as acknowledgement of receipt (Appendix 2). No compliance assistance documents were provided to the facility at the conclusion of the CEI.

Follow Up

I observed no follow up at the time of the inspection.

Communication Log

Ms. Brice responded to the NOPF via email on 9/26/2024 to which I responded on 9/30/2024 acknowledging receipt and clarifying NOPF 2(c). Ms. Brice replied to that email the same day acknowledging my response. Other communication with Pace Analytical is described within the inspection report above.

SECTION VI – SAMPLING ACTIVITIES AND ANALYTICAL RESULTS

No sampling was conducted

SECTION VII – LIST OF APPENDICES

1. Photo Log
2. Document Log