# BEFORE THE ENVIRONMENTAL APPEALS BOARD UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C.

	)
In re:	)
HAGERSTOWN AIRCRAFT SERVICES, INC.,	)
Respondent	)
Docket No. RCRA-03-2011-0112	)

# MOTION TO SET ASIDE DEFAULT ORDER AND TEMPORARILY STAY PROCEEDINGS

**Exhibit D** 

#### WHITEFORD, TAYLOR & PRESTON L.L.P.

SEVEN SAINT PAUL STREET BALTIMORE, MARYLAND 21202-1636 MAIN TELEPHONE (410) 347-8700

FACSIMILE (410) 752-7092

BALTIMORE, MD BETHESDA, MD COLUMBIA, MD DEARBORN, MI FALLS CHURCH, VA TOWSON MD WASHINGTON, DC WILMINGTON, DE\*

WWW.WTPLAW.COM (800) 987-8705

August 5, 2013

#### VIA EMAIL TO AENWEZE@MDE.STATE.MD.US AND PSUDANO@MDE.STATE.ME.US AND U.S. MAIL

Anthony Enweze Maryland Department of the Environment Land Management Administration 1800 Washington Boulevard Baltimore, MD 21230

Paul Sudano Maryland Department of the Environment Land Management Administration 1800 Washington Boulevard Baltimore, MD 21230

> Re: Hagerstown Aircraft Services, Inc. RCRA ID No. MDD046282398

#### Gentlemen:

M. TRENT ZIVKOVICH

COUNSEL

DIRECT LINE (410) 347-8778

DIRECT FAX (410) 223-4176

TZivkovich@wtplaw.com

My firm and I have been retained to represent Hagerstown Aircraft Services, Inc. ("Hagerstown Aircraft") with regards to environmental compliance matters. On behalf of my client, please find enclosed a copy of documentation and certifications for Hazard Communication Training conducted with the staff of Hagerstown Aircraft on July 31, 2013. In addition, it is my understanding that a copy of the facility's new Contingency Plan may have been inadvertently left off a July 25th email transmittal of compliance documents from Hagerstown Aircraft to Mr. Sudano. A copy of that Plan is also enclosed for your review.

Based on my review, it appears that each of the issues identified by MDE during its May 3 and June 26, 2013 compliance evaluation inspections has now been addressed. My client will contact you directly to discuss arranging for a follow-up compliance inspection at your convenience.

Please don't hesitate to contact me at tzivkovich@wtplaw.com or 410-347-8778 with any questions.

Sincerely,

M. Trent Zivkovich

Enclosures

cc: Kim Potter, Hagerstown Aircraft Services, Inc.

Employee Name: DAVE KUWKLEMAD

# Company Name

#### HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

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Trainer Signature

Hazard Communication Certification

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# Employee Name: DAVE KUNKhem AN

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# Employee Name: DAWE KUNKLEMAN

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# Certification

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Employee Name: Kim Potter

### Company Name

#### HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

**Hazard Communication Certification** 

Employee Name:	him	totter
Work Location:	offic	e

Note to Evaluator:

By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the

requisite knowledge for the subject.

Note to Trainee:

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### **Required Courses**

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Employee Name: Kim Pottor

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Employee Name: Nim PoH 1

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Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

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Employee Name: Cutte J. Ruse

### Company Name

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

**Hazard Communication Certification** 

Employee Name:

Work Location:

Note to Evaluator:

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### **Performance Requirements**

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Employee Name: Centre J. Kepst

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Employee Name: Cutto g. Report

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## Certification

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Employee Name: Quane Maul

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

# **Company Name**

**Hazard Communication Certification** 

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Employee Name: Quan Mound

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Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

Enter any workplace specific requirements here.

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Trainer Signature	Date

Employee Name: Danielle Hootetter

hazard communication written plan.

# Company Name

#### HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

Date 7

Trainer Signature

Hazard Comm	nunication Certification		
Employee Name:	Danielle		
Work Location:	Paint		
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Employee Name: Danielle Hostetter

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Employee Name: Danielle Hostetter

Demonstrate understanding of the company hazard communication program.

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Employee Name: Hunter Rock

Company Name		HAGERSTOWN AIRCRAFT SERV 14235 OAK SPRINGS RD HAGERSTOWN MD 21742	/ICES INC
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Employee Name:

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7-30-13

# **Certification**

Employee Name: \_

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals. HR CarMet 7:31-17
7:30-13 Trainer Signature Date

Trainer Signature

Date

Employee Name: Raina MillS

### Company Name

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

#### Hazard Communication Certification

Employee Name:	Regio Mills
Work Location:	Office

Note to Evaluator:

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requisite knowledge for the subject.

Note to Trainee:

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### **Required Courses**

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# Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

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Trainer Signature

Date

Employee Name: Ragina Mills

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Describe the location of the chemical inventory list.

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

Describe the physical hazards of the chemicals in the work area.

Describe the health hazards of the chemicals in the work area.

Demonstrate the ability to use proper personal protective equipment in the work area.

Demonstrate understanding of any special chemical safety procedures used in the work area.

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

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Employee Name: Regina MillS

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Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

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# Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

an 2-31-1/5	RLM
Trainer Signature	Date

Trainer Signature

Date

Employee Name:	JOE	HARM	

# HAGERSTOWN AIRCRAFT SERVICES INC

Date

Trainer Signature

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Employee Name: JOE HART		
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Demonstrate understanding of the company hazard communication program.

Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

Enter any workplace specific requirements here.

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# Certification

ades	1-31-12
Trainer Signature	Date

Employee Name: LIONEL 3711TH

### Company Name

#### HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS FID HAGERSTOWN MD 21742

#### **Hazard Communication Certification**

Employee Name:

LIONEL SMITH

Work Location:

THEET METAL

Note to Evaluator:

By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the

requisite knowledge for the subject.

Note to Trainee:

By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.

## **Required Courses**

Company Safety Orientation		-
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Hazard Communication Safety Training		A
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## **Performance Requirements**

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

Describe the location and availability of the hazard communication written plan.

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Trainer Signature	Date

Employee Name: LIONEL SKITH	
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Employee Name: LOWEL SKITH	
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# Certification

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I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

Enter any workplace specific requirements

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hazard communication written plan.

## Company Name

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS AD HAGERSTOWN MD 21742

Date

Trainer Signature

Hazard	Commu	nication	Certification
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Hazard Comm	unication Certification		
Employee Name:	Larry Gelsung		
Work Location:			
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Employee Name: Larry belson

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Employee Name: Larry Gelang

Demonstrate understanding of the
company hazard communication program.

Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

Enter any workplace specific requirements here.

Enter any workplace specific requirements here.

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Trainer Signature	Date

# Certification

at 31-11	131/13
Trainer Signature	Date

Employee Name: CLARENCE CANNON

### Company Name

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

**Hazard Communication Certification** 

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Employee Name:	CLARENCE	- JUJUU

Work Location: AVIONICS

Note to Evaluator:

By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the

requisite knowledge for the subject.

By accepting this signature, you are confirming that you have the ability

**Note to Trainee:** to safely perform the task listed, or have the requisite knowledge for the

subject, and have been given the opportunity to ask any questions.

### Required Courses

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Trainer Signature

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# Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

Describe the location and availability of the hazard communication written plan.

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# Employee Name: CLANENCE CANNON

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Employee Name: CLARENCE CANNON

Demonstrate understanding of the
company hazard communication program.

Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

Enter any workplace specific requirements here.

Enter any workplace specific requirements here.

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# Certification

and with	cee
Trainer Signature	Date

Employee Name: A Ridgway

### Company Name

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

#### **Hazard Communication Certification**

Employee Name:

J Ridgway

Work Location:

Avionics / Sheet motal

Note to Evaluator:

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requisite knowledge for the subject.

Note to Trainee:

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subject, and have been given the opportunity to ask any questions.

## **Required Courses**

Company Safety Orientation	Ų.
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# Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

Describe the location and availability of the hazard communication written plan.

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Employee Name: J Ridgung

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Employee Name:	I Ridgues
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Demonstrate understanding of the company hazard communication program.

Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

Enter any workplace specific requirements here.

Enter any workplace specific requirements here.

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Trainer Signature	Date 7-31-13

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 Trainer Signature	Date 7-3173

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Trainer Sign	nature Date 7-31-13

# Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals. Cerul et 9 Trainer Signature Date 9-31-13 Employee Name: Keith Sheffler

### Company Name

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

#### **Hazard Communication Certification**

Employee Name: Keith Sheffler

Work Location:

Hagerstown Afrenaft

Note to Evaluator:

By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the

requisite knowledge for the subject.

Note to Trainee:

By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the

subject, and have been given the opportunity to ask any questions.

## Required Courses

Company Safety Orientation

Hazard Communication Safety Training

	7/31/13
Trainer Signature	Date

	7/31/13
Trainer Signature	Date

# **Performance Requirements**

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

Describe the location and availability of the hazard communication written plan.

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Employee Name: Keith Shefffer

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Employee Name: Keith Sheffler

Demonstrate understanding of the company hazard communication program.

Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

Enter any workplace specific requirements here.

Enter any workplace specific requirements here.

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Trainer Signature	Date

# Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

and and	7/31/13
Trainer Signature	Date

Employee Name: Tracy Slyconish

### **Company Name**

HAGERSTOWN AIRCRAFT SERVICES INC 14235 OAK SPRINGS RD HAGERSTOWN MD 21742

**Hazard Communication Certification** 

Employee Name:

Tracy Slyconish

Work Location:

Hagerstown MD

Note to Evaluator:

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requisite knowledge for the subject.

Note to Trainee:

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subject, and have been given the opportunity to ask any questions.

### Required Courses

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Hazard Communication Safety Training		15
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# Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

Describe the location and availability of the hazard communication written plan.

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Trainer Signature	Date

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Trainer Signature	Date

# Employee Name: Tracy Slyconish

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area.	Trainer Signature	Date
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Demonstrate understanding of any special		7-31-13
chemical safety procedures used in the		
work area.	Trainer Signature	Date
and the second s		15
Demonstrate understanding of any		
emergency procedures for dealing with		7-31-13
chemical hazards.	Trainer Signature	Date

Employee Name: _	Tracy	Slycon	ish
------------------	-------	--------	-----

Demonstrate understanding of the
company hazard communication program.

Demonstrate understanding of the company chemical hazard labeling system.

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

Enter any workplace specific requirements here.

Enter any workplace specific requirements here.

	7-31-13
Trainer Signature	Date
	75 7-31-13
Trainer Signature	Date
	75 7-31-13
Trainer Signature	Date
-	75 7-31-13
	1

Trainer Signature

Trainer Signature

Date

75

Date

7-31-13

# **Certification**

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

Card 52-13	75 7-31-13
Trainer Signature	Date

# **CONTINGENCY PLAN**

HAGERSTOWN AIRCRAFT SERVICES, INC 14235 OAK SPRINGS ROAD HAGERSTOWN, MD 21742

This plan is reviewed annually and amended whenever changes occur that will significantly affect the ability of this facility to respond to an emergency situation. This includes revision of the regulations, if the plan fails in an emergency, if this facility changes in a way that materially increases the potential for an emergency or changes in the response necessary in an emergency, if the list of emergency coordinators changes or if the list of emergency equipment changes. When warranted, revisions are made to the plan within 24 hours.

#### **Table of Contents**

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1. General Facility Information

Hagerstown Aircraft Services, Inc

Facility Name

Kimberly A. Potter

Facility Owner/Operator

14235 Oak Springs Road – Hagerstown, MD 21742

Physical Address

Washington County, Maryland

County

14235 Oak Springs Road – Hagerstown, MD 21742

Mailing Address

301-733-7604

301-739-0527

Facility Telephone

Facility Fax

MDD042682398

**EPA Identification Number** 

SIC/NAICS Code

Alan Shanholtz

301-733-7604

Contingency Plan Development and Maintenance Coordinator

#### 2. Purpose and Scope of Plan

Although this facility is designed, constructed, maintained and operated in a manner that minimizes the possibility for emergency incidents such as fire, explosions and any unplanned sudden or non-sudden release of hazardous waste constituents to air, soil or surface water, this plan is designed to minimize hazards to human health and the environment in the unlikely event of such incidents.

3. Overview of Facility Operations, Wastes, and Processes Generating Wastes The operations at HAS involve general maintenance of aircraft. This includes structural repair, engine repair, painting and general maintenance. Listed below are the types of hazardous waste generated at HAS:

Page Revision	n Date
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#### 4. Emergency Response Coordinator

At all times there must be at least one employee either on the facility premises or on-call to respond to an emergency by coordinating all emergency response measures.

The Emergency Response Coordinator (or alternate) has full authority to commit resources needed to Respond to emergencies at this facility and to direct other trained employees to assist in the implementation of this contingency plan.

A list of emergency response coordinator (s), first aid and spill response team is included in Appendix A.

A list of available emergency equipment and capabilities and location is included in Appendix B.

#### Name of Fire and Emergency Protection

Listed below are the local fire departments, police department, and hospital.

1. Hagerstown Regional Airport Fire Dept.

18434 Showalter Road

Hagerstown, MD 21742

Telephone 240-313-2777 Dial 911 for emergencies

2. Maugansville Fire Dept

13730 Maugansville Road 21767

Maugansville, MD 21767

(301) 739-8515 Dial 911 for emergencies

3. Hagerstown City Police

50 N. Burhans Blvd.

Hagerstown, Md 21740

301-791-2371

#### 4. Maryland State Policy – Barack O – Hagerstown

18345 Col. Henry K. Douglas Drive

Hagerstown, MD 21740

301-739-2101 (request for police)

301-766-3800 (all other calls)

#### 5. Meritus Health

1116 Medical Campus Road

Hagerstown, MD 21742

301-790-8000

#### 5. Evacuation Plans

If an emergency should occur we will make the necessary announcement informing all employees to evacuate the buildings. All employees will report to the designated safe area. This area is the entrance gate of HAS. (see attached building diagrams)

- -Immediately after an emergency, provide cleanup, treatment, storage and/or disposal of recovered waste, contaminated soil or surface water, and other material that results for the by:
- -Ensure all wastes are managed and disposed of in accordance with federal, state and local requirements;
- -Ensure that no waste incompatible with the released material is processed until cleanup procedures are completed;
- -Ensure that all emergency equipment is cleaned and fit for its intended use before operations are resumed;
- -Coordinate with federal, state, and/or local regulatory agencies to determine that appropriate response actions have been successfully completed and terminate emergency response;
- -Provide details of the incident to the Owner/Operator and notify them when emergency reponse has terminated and that all emergency equipment is ready for use.

Appendix A – List of Emergency Response Team Members

Name Address Phone (wk) Phone (hm or cell)

Alan Shanholtz 14235 Oak Springs Rd Hagerstown, MD 301-733-7604 717-729-2862

Primary Emergency Response Coordinator (Required)

Kim Potter 14235 Oak Springs Rd Hagerstown, MD 301-733-7604 301-667-0755

Alternate Emergency Response Coordinator 1

(Designation of spill response teams and first aid specialists is optional)

Name Phone

Alan Shanholtz 301-733-7604

Spill Response Team Leader

Kim Potter 301-733-7604

Alternate Spill Response Team Leader 1

Name Phone

Kim Potter 301-733-7604

First Aid Specialist

Gina Mills 301-733-7604

First Aid Specialist

## Appendix B – List and location of Emergency Equipment

This is an up-to-date list of all emergency response equipment at the facility. All equipment is tested and maintained as necessary to assure its proper operation in time of emergency.

Equipment	Location	Description	Capabilities
Internal Comm.	Building 1	Intercom System	Use this to notify all
System			employees of emergency
Fire Control equip	Parts Room	Fire Extinguisher 2	
	Sheet Metal Shop	Fire Extinguisher 5	
	Avionics	Fire Extinguisher 1	
	Engine Shop	Fire Extinguisher 2	
	Maintenance shop	Fire Extinguisher 2	
	Paint shop	Fire Extinguisher 2	
	Strip Shop	Fire Extinguisher 2	

Appendix C – Fire Protection and Prevention Plan

-This facility is within an established fire protection district

Hagerstown Regional Airport Fire Dept.

18434 Showalter Road

Hagerstown, MD 21742

Telephone 240-313-2777

Dial 911 for emergencies

Maugansville Vol. Fire Dept

13730 Maugansville Rd.

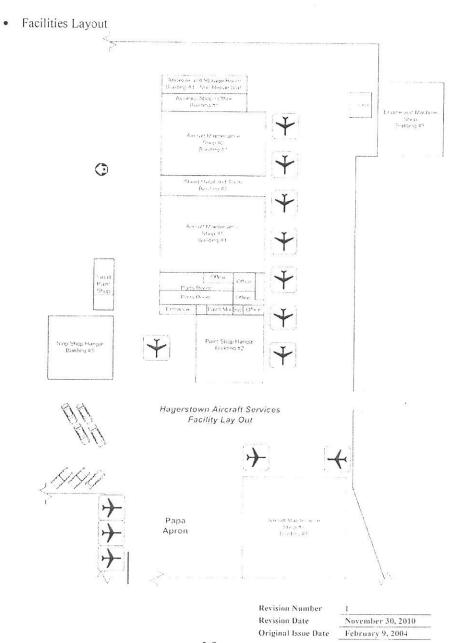
Maugansville, MD 21767

(301) 739-8515

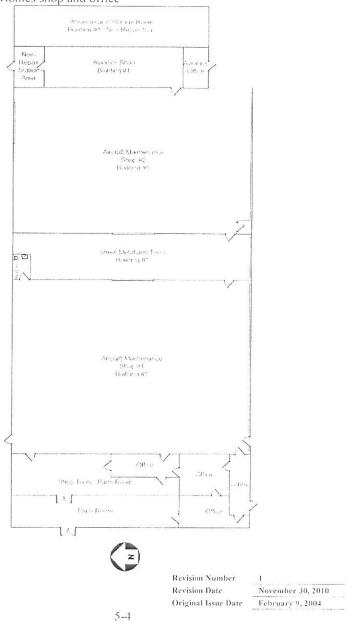
Dial 911 for emergencies

Appendix D – Evacuation Diagrams

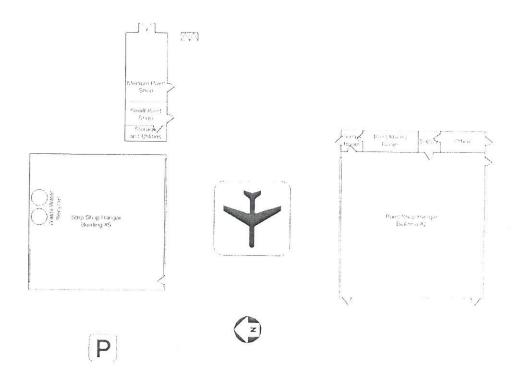
See attached



Building # 1: main offices, (2) maintenance hangars, sheet metal shop, parts rooms, and avionics shop and office

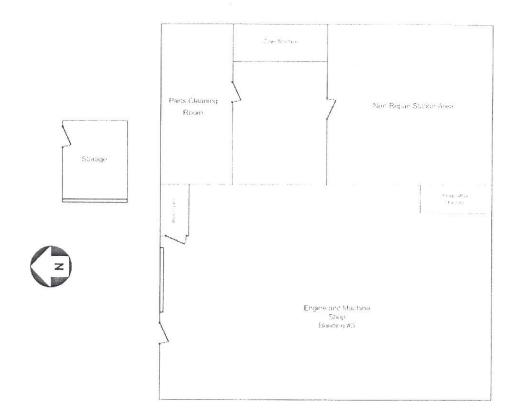


• Buildings #2 and #5: paint shop and stripping shop



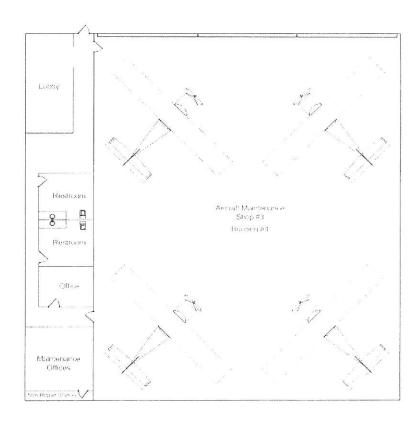
Revision Number 1
Revision Date November 30, 2010
Original Issue Date February 9, 2004

• Building # 3: engine shop



Revision Number 1
Revision Date November 30, 2010
Original Issue Date February 9, 2004

• Building # 4: maintenance hangar and maintenance office



Revision Number 1
Revision Date November 30, 2010
Original Issue Date February 9, 2004

· avionics shop and avionics office.





Revision Number Revision Date

Original Issue Date

November 30, 2010 February 9, 2004

Weekly Inspection Log

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