



OFFICE OF LAND QUALITY  
HAZARDOUS WASTE HANDLER IDENTIFICATION

JAN 12 2005

1A Johnson  
ID FORM *mpw*

(Instructions at [www.in.gov/ide/mland/hazwastelfda.html](http://www.in.gov/ide/mland/hazwastelfda.html))

INFORMATION ON FILE as of 01/07/2005		CHANGES NEEDED (please print)
COUNTY	JOHNSON	<b>Reason for submittal</b> <input checked="" type="checkbox"/> Subsequent notification to update information <input checked="" type="checkbox"/> As a component of the annual or biennial report
RCRA ID	IND006414783	
NAME	ARVINMERITOR	
LOCATION ADDRESS	1001 N HURRICANE ST FRANKLIN IN 46131	<input type="checkbox"/> we moved * <input type="checkbox"/> post office change
MAILING ADDRESS	<del>4531 19TH ST</del> COLUMBUS IN 47201	ONE NOBLITT PLAZA
CONTACT	<del>DAN BOUCHER</del> Title <del>SFTY/ENV COOR</del> Address <del>1001 N HURRICANE ST</del> FRANKLIN IN 46131 Phone <del>317-346-2815</del> Ext Fax E-mail	DEBRA CHELF CORP. ENV. MGR. ONE NOBLITT PLAZA COLUMBUS IN 47201 812-379-3545 812-379-3501
OWNER	ARVIN MERITOR INC Address <del>2135 W MAPLE RD</del> TROY MI 48064 phone <del>248-435-1800</del> Ext fax e-mail	ONE NOBLITT PLAZA COLUMBUS IN 47201 812-379-3545 Did the owner change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date changed: ____/____/____
Land type	P _____ P-private M-municipal C-county	<b>* WARNING</b> If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.
Owner type	P _____ S-state F-federal D-district I-Indian O-other	

Contact for questions on the Annual/Biennial report

First Name DEBRA Last Name CHELF Title CORP. ENV. MGR.  
E-mail address debra.chelf@arvinmeritor.com Phone # 812-379-3545

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Last Name CHELF First name DEBRA Title CORP. ENV. MGR.  
Signature Debra Chelf Date 1-10-05

IND006414783

ARVINMERITOR

HAZARDOUS WASTE ACTIVITY	OLQ records	Status in 2004	Status in 2005
<b>GENERATOR ACTIVITY</b> LQG = large quantity SQG = small quantity CEG = conditionally exempt	CEG	<input type="checkbox"/> LQG <input type="checkbox"/> Non-handler <input checked="" type="checkbox"/> SQG <input type="checkbox"/> Out of Business <input type="checkbox"/> CEG	<input type="checkbox"/> LQG <input type="checkbox"/> Non-handler * <input type="checkbox"/> SQG <input type="checkbox"/> Out of Business * <input checked="" type="checkbox"/> CEG
<b>TREATMENT, STORAGE, DISPOSAL FACILITY</b>		<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities	<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities
<b>TRANSPORTER ACTIVITY</b> S = we transport our own waste C = we transport waste for others X = transporter, status unknown		<input type="checkbox"/> We transport our own waste (S) <input type="checkbox"/> We transport for others (C) <input type="checkbox"/> No longer transport; still in business <input type="checkbox"/> Out of business	* If you checked out of business or non-handler, we will deactivate your ID number. You must reapply for the number before using it again.

**EXEMPT BOILER and/or INDUSTRIAL FURNACE**☐ smelting, melting, refining exemption☐ small quantity on site burner exemption**USED OIL** If you are just a generator of used oil this section does not apply to you.

☐ Transporter    ☐ Processor    ☐ Marketer who directs shipment to off-specification burner  
☐ Transfer Facility    ☐ Re-refiner    ☐ Marketer who first claims the oil meets specifications  
☐ Collection Ctr    ☐ Off-specification Used Oil Burner

**TRANSFER FACILITY ACTIVITIES**

☐ Mix    ☐ Commingle  
☐ Bulk    ☐ Repackage  
☐ Pump    ☐ Open containers  
☐ Combine    ☐ Transfer between vehicles

**UNIVERSAL WASTE**

Small handler

☐ Large handler: accumulates > or = 11,000 pounds☐ Small handler: accumulates < 11,000 pounds**HW CODES** (Box I on the Uniform HW Manifest)

D007    D009    F003  
F005    \_\_\_\_\_    \_\_\_\_\_

**NAICS CODE(S)** A code that describes your type of business

33639  
 (primary)

(Go to [www.naics.com](http://www.naics.com) to find code lists)**COMMENTS**

Return to: Facilities Data Analysis Section, Office of Land Quality  
 Indiana Department of Environmental Management  
 PO Box 6015, 100 North Senate Avenue  
 Indianapolis, Indiana 46206-6015