

county
title

Graham
IA

NOTIFIER DATABASE
INFORMATION UPDATE FORM

EPA ID IND006414783

NAME Arvin Automotive

Review the attached notification and change any information that is different from our current information. IF THE LOCATION ADDRESS IS DIFFERENT DO NOT MAKE ANY CHANGES. Return the form to Marilyn Hansen.

NEW NAME

Arvin Meritor

(put old name into alias field)

PREVIOUS ID

LOCATION ADDRESS

MAILING ADDRESS

CONTACT

PHONE

LAND TYPE

OWNER TYPE

STATUS CODE

OFFICIAL FL

1-active 5-out-of-business 6-non-handler
2-reg under other ID 3-dead mail

SIC CODES

248-435-1000

GENERATOR

1-LOG
2-SQG
3-CEG

TRANSPORTER

s-for own waste
c-commercially
x-don't know

TSD

COMMENTS

NAME

Marilyn Hansen

DATE

7/2/02



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

June 12, 2002

ArvinMeritor
Mr. Dan Boucher
1001 North Hurricane Street
Franklin, IN 46131

Dear Mr. Boucher:

Re: U.S. EPA ID Number: IND006414783
Location: ArvinMeritor
1001 North Hurricane Street
Franklin, IN 46131

In response to your Hazardous Waste Handler Identification form dated January 23, 2002, the following information has been updated regarding the above-mentioned facility:

➤ **Hazardous Waste Generator Status: Conditionally Exempt Small Quantity**

If you have any questions or need further assistance, please contact me at 317-232-7956.

Sincerely,

Marilyn J. Hansen, Environmental Manager
Facility Data Analysis Section
Office of Land Quality



OFFICE OF LAND QUALITY HAZARDOUS WASTE HANDLER IDENTIFICATION

ID FORM

INFORMATION ON FILE as of 01/03/2002		CHANGES NEEDED (please print)
COUNTY	JOHNSON	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input checked="" type="checkbox"/> As a component of the annual or biennial report <input type="checkbox"/> As a component of the annual operation fees
RCRA ID	IND006414783	
NAME	ARVIN AUTOMOTIVE	ArvinMeritor
LOCATION ADDRESS	1001 N HURRICANE ST FRANKLIN IN 46131	_____ _____ _____ we moved * _____ past office change
MAILING ADDRESS	1531 13TH ST COLUMBUS IN 47201	_____ _____ _____
CONTACT Title Address	ROBERT ELLIOTT	Dan Boucher Safety & Environmental Coordinator 1001 North Hurricane St Franklin, Indiana 46131 (317) 346-2851
Phone Fax E-mail	317-346-2915 Ext	
OWNER Address	ARVIN INDUSTRIES INC	ArvinMeritor Inc. 2135 West Maple Road Troy, Mi. 48084-7186
phone fax e-mail	Ext	Did the owner change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date changed: ____/____/____
Land type Owner type	P (See instructions for codes)	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.

Contact for
questions on the
Annual/Biennial report

Last Name Same as above

First Name _____

Title _____

Phone # _____

"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 JonesFirst name TomTitle Quality/Env. ManagerSignature Tom Jones

Date

1/23/02

IND006414783

ARVIN AUTOMOTIVE

HAZARDOUS WASTE ACTIVITY	OLQ records	Current status	Previous (report) year status When ID form is sent with fees or report
GENERATOR LOG = large quantity SQG = small quantity CESQG = conditionally exempt	SQG	___ LOG ___ SQG XXX CEG ___ Non-handler * ___ Out of Business *	___ LOG XXX SQG ___ CEG ___ Non-handler * ___ Out of Business *
TREATMENT, STORAGE, DISPOSAL FACILITY		___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities	___ Active TSD ___ Inactive TSD ___ Completed RCRA closure ___ Post closure activities
TRANSPORTER S = we transport our own waste C = we transport waste for others X = transporter, status unknown		___ We transport our own waste (S) ___ We transport for others (C) ___ No longer transport; still in business ___ Out of business	* If you have checked out of business or non-handler, we will deactivate your RCRA ID number. You must re-notify IDEM before you may reuse the number.
EXEMPT BOILER and/or INDUSTRIAL FURNACE smelting, melting, refining exemption small quantity on site burner exemption	___ ___	___ smelting, melting, refining exemption ___ small quantity on site exemption	

USED OIL

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

UNIVERSAL WASTE

 S
 L = large handler
 S = small handler

TRANSFER FACILITY

___ Mix	___ Combine	___ Pump	___ Open containers
___ Bulk	___ Comingle	___ Repackage	___ Transfer between vehicles

(See Instructions for NAICS and HW codes)

NAICS CODES

(primary)

HW CODES**COMMENTS**

A1

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

HAZARDOUS WASTE HANDLER INFORMATION UPDATE FORM

EPA ID: IND006414783
NAME: ARVIN AUTOMOTIVE

Change _____
Is the name change due to a change in ownership _____ yes _____ no

LOCATION 1001 N HURRICANE ST
ADDRESS: FRANKLIN IN 46131

Change _____

_____ We moved _____ PO change _____ Other (please explain)

MAILING 1531 13TH ST
ADDRESS: COLUMBUS IN 47201

Change _____

CONTACT: MCBEATH, JOHN

Change Robert ELLIOTT (317) 346-2915
OR
DAN Boucher (317) 346-2851

OWNER: ARVIN INDUSTRIES INC

Change _____

COUNTY: JOHNSON

*** HAZARDOUS WASTE ACTIVITY ***

	<u>DEM</u>	<u>1997</u>	<u>Future</u>
GENERATOR TYPE	SQG	<u>SQG</u>	<u>SQG</u>
		(LQG, SQG, or CEG)	

TRANSPORTER TYPE
S = we transport our own waste _____
C = we transport waste commercially _____

TSD TYPE
(includes inactive TSDs who
have not completed RCRA closure) _____

POST CLOSURE ACTIVITY _____

*NON HANDLER _____

*OUT OF BUSINESS _____

*ONE TIME GENERATOR _____

*If you have checked one of these categories, your EPA ID number will be deactivated and you will have to reapply for it if you ever need to manifest waste off site again.

SIC CODES: 3714

Change _____

COMMENTS: _____

SIGNATURE: Robt. Elliott

DATE: July 14, 1997

HWIMS

155 8/21/90

NOTIFIERS DATABASE
CHANGE OF STATUS FORM

file: 1A
county: Johnson

EPA ID IND 006414783 PREVIOUS-ID _____

NAME Arvin Automotive

NEW NAME Arvin North American Automotive

alias-one _____
alias-two _____

MAIL-ADDRESS 1531 13th Street

MAIL-CITY, STATE, ZIP Columbus, IN. 47201

LOC-ADDRESS _____

LOC-CITY, STATE, ZIP _____

COUNTY _____

**** PAGE 2 ****

CONTACT John mc Beath PHONE 317-736-7111

OWNERSHIP
LEGAL-TYPE _____ (Type of ownership)

STATCODE _____ CERCLA-CD _____ PCB-FL _____
OFFICIAL-FL _____ CONFIDENTIAL-FL _____

NOTIF-DT _____ REVISE DT _____

**** PAGE 3 ****

GENERATOR 2 TRANSPORTER _____ TSD _____ UI _____ SQG _____

HWF-GMB-FL _____ HWF-OM-FL _____ HWF-BURNER-FL _____
OSUOF-GMB-FL _____ OSUOF-OM-FL _____ OSUOF-BURNER-FL _____
SPEC-OIL-MKTR-FL _____

UTIL-BOILER-FL _____ INDUST-BOILER-FL _____ INDUS-FURN-FL _____
AIR-FL _____ RAIL-FL _____ HIGHWAY _____ WATER-FL _____ OTHER _____

**** PAGE 4 ****

INCINERATOR-FL _____ CONTAINERS-FL _____ TANKS-FL _____
SURE-IMPOUND-FL _____ LANDFILL-FL _____ LAND-TREAT-FL _____
WASTE-PILES-FL _____ OTHER-PROCESS _____

LAND-DISP-UNIV _____ STORE-TREAT-UNIV _____

NAME: Jenny Ranck Dooley DATE: 7-16-90

SIC: 3714



STATE OF INDIANA
BIENNIAL REPORT 1989

ARVIN AUTOMOTIVE
1001 NORTH HURRICANE STREET
FRANKLIN
GEN
IND006414783

FORM I: INSTALLATION IDENTIFICATION FORM

WHO MUST COMPLETE FORM I? Every site that receives this package.

INSTRUCTIONS: Please refer to the specific instructions before completing all forms. The information requested herein is required by IC 13-7-8.5-2.

I. INSTALLATION'S EPA I.D. NUMBER		I N D 0 0 6 4 1 4 7 8 3																											
II. NAME OF INSTALLATION		A r v i n N o r t h A m e r i c a n A u t o m o t i v e																											
III. INSTALLATION MAILING ADDRESS																													
Street Or P.O. Box		1 5 3 1 1 3 t h S t r e e t																											
City Or Town		C o l u m b u s																											
State													I N		Zip Code										4	7	2	0	1

IV. LOCATION OF INSTALLATION																																														
Street Or P.O. Box		1 0 0 1 N H u r r i c a n e S t r e e t																																												
City Or Town		F r a n k l i n																																												
State													I N		Zip Code										4	6	1	3	1	County										J	o	h	n	s	o	n

V. HAZARDOUS WASTE ACTIVITY

Mark the boxes that reflect the activities at your facility in 1989.

- | | |
|---|--|
| <input type="checkbox"/> Large Quantity Generator (G)
generated 1,000 or more kg/month of RCRA
hazardous waste | <input type="checkbox"/> RCRA Exempt
treatment, recycling or disposal was conducted in
RCRA exempt units |
| <input checked="" type="checkbox"/> Small Quantity Generator (SQG)
generated between 100-1,000 kg/month of RCRA
hazardous waste | |
| <input type="checkbox"/> Conditionally Exempt Generator (CEG)
generated less than 100 kg/month of RCRA
hazardous waste | |
| <input type="checkbox"/> Transporter (T)
transported RCRA hazardous waste | |
| <input type="checkbox"/> Treatment, Storage or Disposal Facility (TSD)
operated under interim status or a final RCRA permit | |
| <input type="checkbox"/> Non handler
Did not handle RCRA hazardous waste because: | |

___ We never generated

___ We are out of business

___ Only excluded or delisted waste

___ Occasional generator (but none in 1989)

___ Other (Specify in Comments)

PAGE ____ OF ____ (OVER) →



VI. STATUS CHANGES

- ☐ a. We have moved.
- ☐ b. We have changed ownership.
- ☐ c. We have changed hazardous waste activity.

**** If any of the above three boxes are marked, you will need to fill out the EPA Notification of Hazardous Waste Activity Form, and return it with this packet.**

- ☐ d. We have gone out-of-business.
- ☐ e. We no longer handle hazardous waste.

**** If you check either of these boxes, we will deactivate your EPA ID number and you may no longer use it without renotifying U.S. EPA, Region V.**

- ☐ f. We have changed our name (but not ownership).

VII. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE (See Table I)

(1) $\frac{3}{7} \frac{1}{4}$ (2) $\frac{3}{7} \frac{1}{4}$ (3) $\frac{3}{7} \frac{1}{4}$ (4) $\frac{3}{7} \frac{1}{4}$

VIII. INSTALLATION CONTACT

Last Name	First Name	Phone (area code & no.)
M c B e a t h	J o h n	3 1 7 / 7 3 6 - 7 1 1 1

IX. CERTIFICATION

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 assure 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 for submitting false information, including the possibility of fine and imprisonment for knowing violations.

John McBeath
Assistant Personnel Manager

(A.) PRINT OR TYPE NAME AND TITLE

Please print or type with ELITE type (12 characters per inch).

(B.) SIGNATURE

2/14/90

(C.) DATE SIGNED



ARVIN AUTOMOTIVE
1001 NORTH HURRICANE STREET
FRANKLIN
GEN
IND006414783

STATE OF INDIANA
BIENNIAL REPORT 1989

FORM I: INSTALLATION IDENTIFICATION FORM

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INSTRUCTIONS: Please refer to the specific instructions before completing all forms. The information requested herein is required by IC 13-7-8.5-2.

I. INSTALLATION'S EPA I.D. NUMBER		I N D 0 0 6 4 1 4 7 8 3																							
II. NAME OF INSTALLATION		A r v i n N o r t h A m e r i c a n A u t o m o t i v e																							
III. INSTALLATION MAILING ADDRESS																									
Street Or P.O. Box		1 5 3 1 1 3 t h S t r e e t																							
City Or Town		C o l u m b u s																							
State		I N		Zip Code		4 7 2 0 1																			

IV. LOCATION OF INSTALLATION																									
Street Or P.O. Box		1 0 0 1 N H u r r i c a n e S t r e e t																							
City Or Town		F r a n k l i n																							
State		I N		Zip Code		4 6 1 3 1																			
				County		J o h n s o n																			

V. HAZARDOUS WASTE ACTIVITY

Mark the boxes that reflect the activities at your facility in 1989.

- | | |
|---|--|
| <input type="checkbox"/> Large Quantity Generator (G)
generated 1,000 or more kg/month of RCRA
hazardous waste | <input type="checkbox"/> RCRA Exempt
treatment, recycling or disposal was conducted in
RCRA exempt units |
| <input checked="" type="checkbox"/> Small Quantity Generator (SQG)
generated between 100-1,000 kg/month of RCRA
hazardous waste | |
| <input type="checkbox"/> Conditionally Exempt Generator (CEG)
generated less than 100 kg/month of RCRA
hazardous waste | |
| <input type="checkbox"/> Transporter (T)
transported RCRA hazardous waste | |
| <input type="checkbox"/> Treatment, Storage or Disposal Facility (TSD)
operated under interim status or a final RCRA permit | |
| <input type="checkbox"/> Non handler
Did not handle RCRA hazardous waste because: | |
| <input type="checkbox"/> We never generated | <input type="checkbox"/> Occasional generator (but none in 1989) |
| <input type="checkbox"/> We are out of business | <input type="checkbox"/> Other (Specify in Comments) |
| <input type="checkbox"/> Only excluded or delisted waste | |

Check to see if items II, IV, & V are identical to the information in the label on Form I. If not, please indicate why in the boxes below.

VI. STATUS CHANGES

- ☐ a. We have moved.
- ☐ b. We have changed ownership.
- ☐ c. We have changed hazardous waste activity.

** If any of the above three boxes are marked, you will need to fill out the EPA Notification of Hazardous Waste Activity Form, and return it with this packet.

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VII. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE (See Table I)

(1) 3 7 1 4 (2) (3) (4)

VIII. INSTALLATION CONTACT

Last Name M c B e a t h	First Name J o h n	Phone (area code & no.) 3 1 7 / 7 3 6 - 7 1 1 1
----------------------------	-----------------------	--

IX. CERTIFICATION

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 assure 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 for submitting false information, including the possibility of fine and imprisonment for knowing violations.

John McBeath
Assistant Personnel Manager

(A.) PRINT OR TYPE NAME AND TITLE

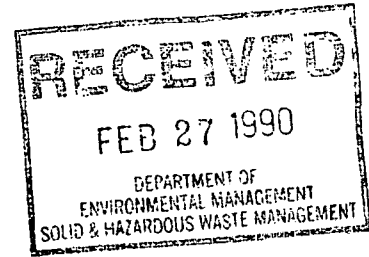
Please print or type with ELITE type (12 characters per inch).

(B.) SIGNATURE

2/14/90
(C.) DATE SIGNED



ARVIN
NORTH AMERICAN
AUTOMOTIVE



February 14, 1990

Ms. Jenny Ranck Dooley
Indiana Department of Environmental Management (IDEM)
Office of Solid and Hazardous Waste Management
105 South Meridian Street
Indianapolis, Indiana 46225

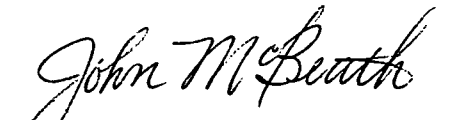
RE: Hazardous Waste Biennial Report

Dear Ms. Dooley:

Enclosed is a copy of Form I of the biennial report. The Arvin NAA Franklin Plant is a small quantity generator and is submitting Form I to update IDEM's records.

If you have any questions, please call.

Sincerely,


John McBeath
Assistant Personnel Manager

JM/sd

cc: J. Stegemiller
M. Adolay
D. Freund

enclosure