

OFFICE OF LAND QUALITY
FACILITIES DATA ANALYSIS SECTION
ANNUAL MANIFEST REPORT

Report Year: 2001

RCRA ID: IND006414783

COUNTY: Johnson

HANDLER NAME: Arvin Automotive

Date Received 1/25/02 logged in by: Debraun

Hard Copy Submission: ☒

Date of data entry 4/5/02 by LSJ

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Date loaded into database / / by

Initial Review

2/2/02 by Debraun

Comparison Review

 / / by

Correction Letter Sent

 / / by

Correction Letter Sent

 / / by

file 1E

[illegible]



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	<input type="checkbox"/> we moved * <input type="checkbox"/> past office change
MAILING ADDRESS	1531 13TH ST COLUMBUS IN 47201	
CONTACT Title Address Phone Fax E-mail	ROBERT ELLIOTT 317-346-2915 Ext	Dan Boucher Safety & Environmental Coordinator 1001 North Hurricane St Franklin, Indiana 46131 (317) 346-2851
OWNER Address phone fax e-mail	ARVIN INDUSTRIES INC Ext	ArvinMeritor Inc. 2135 West Maple Road Troy, Mi. 48084-7186 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 Jones First name Tom Title Quality/Env. Manager
 Signature Tom Jones Date 1/23/02

IND006414783

ARVIN AUTOMOTIVE

HAZARDOUS WASTE ACTIVITY	OLQ records	Current status	Previous (report) year status <i>When ID form is sent with fees or report</i>
GENERATOR LOG = large quantity SOG = small quantity CESQG = conditionally exempt	SQG	<input type="checkbox"/> LOG <input type="checkbox"/> SOG <input checked="" type="checkbox"/> CEG <input type="checkbox"/> Non-handler * <input type="checkbox"/> Out of Business *	<input type="checkbox"/> LOG <input checked="" type="checkbox"/> SOG <input type="checkbox"/> CEG <input type="checkbox"/> Non-handler * <input type="checkbox"/> Out of Business *
TREATMENT, STORAGE, DISPOSAL FACILITY		<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
TRANSPORTER 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 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

NAICS CODES

(primary)

HW CODES

(See Instructions for NAICS and HW codes)

COMMENTS



OFFICE OF LAND QUALITY
ANNUAL MANIFEST SUMMARY REPORT

REPORT YEAR 2001

FORM
OS

OFF-SITE
SHIPMENTS

RCRA ID I N D 0 0 6 4 1 4 7 8 3

GENERATOR NAME ArvinMeritor

Hazardous Waste Description	<i>Paint related waste.</i>
Waste Codes <u>F</u> <u>0</u> <u>0</u> <u>3</u> <u>F</u> <u>0</u> <u>0</u> <u>5</u> <u>D</u> <u>0</u> <u>0</u> <u>1</u> <u>D</u> <u>0</u> <u>0</u> <u>5</u> <u>D</u> <u>0</u> <u>0</u> <u>7</u> <u>D</u> <u>0</u> <u>0</u> <u>8</u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UNIT OF MEASURE	MGMT CODE	# OF SHIPMENTS	REJECTED/ RETURNED
1	K Y D 0 5 3 3 4 8 1 0 8	Safety Kleen Systems Smithfield, Ky 40068	439 pounds short tons kilograms metric tons	H	0 0 1	
2				H		
3				H		
4				H		

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
1	<u>S</u> <u>C</u> <u>R</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>7</u> <u>5</u> <u>1</u> <u>5</u> <u>0</u>	<u>Safety Kleen</u>
2	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
3	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>