

Response of Meritor, Inc. to Request for Information
1001 Hurricane Street, Franklin, Johnson County
State Cleanup Site #0000783

Owner and Operator Information

1. I am responding for Meritor, Inc. I am an attorney representing Meritor, and my contact information is provided below:

William Schikora PLLC
5543 Great Hawk Circle
Ann Arbor, MI 48105
(248) 974-4376

2. I do not have personal knowledge of the information being provided. I have spoken to the following individuals and reviewed the enclosed documents.

David O'Connor
Corporate Environmental Manager
Meritor, Inc.
2135 West Maple Road, B-146A
Troy, MI 48084
(248) 435-2706

Dabra Chelf
Senior Project Manager
ERM
8425 Woodfield Crossing Blvd., Suite 560-W
Indianapolis, IN 46240
(317) 249-4736

Debra is a former Meritor corporate environmental manager with responsibility for the Franklin, IN facility.

3. A predecessor to Meritor, Inc. formerly owned the property at 1001 Hurricane Street, Franklin, IN from approximately the 1930s until April 2005.
4. Meritor, Inc. is the successor-in-interest to the predecessor entity that owned the site as described in Question 3 above.
5. The current property owner is not related to Meritor, Inc. I am not aware if the current property owner is a trust.
6. Manufacturing and assembly of automotive exhaust systems. Primary processes were stamping, tube mills, paint preparation and painting, cutting, bending, forming, and gas metal

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arc welding. Various grades of stainless steel were processed. Meritor's manufacturing operations ceased in September 2004.

7. On information and belief, ArvinMeritor OE, LLC owned and operated the facility prior to April 2005. Meritor, Inc. is a successor to that entity.

8. A predecessor to Meritor, Inc. formerly owned the property from approximately the 1930s until April 2005. We are not aware of any on-site waste disposal that occurred on or at the property. To the extent there were leaks or spills, see response to Question 14. We are not aware of any site investigations that may have occurred prior to the Property being acquired in the 1930s. A Phase I Environmental Site Assessment was performed by Malcom Pirnie, Inc. in December 2004 (Tab 1).

9. Petroleum oils such as hydraulic oil, stamping oil, various lubricating oils, motor oils; synthetic coolants used in the tube mill; production paint; paint cleanup solvent; detergent or caustic cleaner for pre-paint washes; acid for pH adjust; welding gases such as argon, nitrogen, and other welding gas mixtures; weld anti-spatter; aerosol cans of consumer products such as paint and WD-40. All wastes were sent off-site for disposal. The specific quantities and/or composition of hazardous substances is not known. Numerous Toxic Release Inventory reports are enclosed (Tab 2) as are waste manifests documenting waste type, quantity, and disposal location (Tab 11). Location of storage and disposal locations are identified in the enclosed maps (Tab 4) and the Storm Water Pollution Prevention Plan (Tab 5).

10. Typical wastes include used oil, universal waste lamps and batteries, waste paint related materials, non-hazardous liquids such as oily water from press pits, or oily mop water. Numerous Toxic Release Inventory reports are enclosed (Tab 2) as are waste manifests documenting waste type, quantity, and disposal location (Tab 11).

11. The site had a storm water permit, and a wastewater pretreatment discharge permit administered by IDEM (the City of Franklin was not authorized to run the pretreatment program at that time). The source of this water was from the pre-paint washes and rinses. Permit information is enclosed (Tab 3).

12. The site had an EPA ID number. We were not able to locate a copy of any Hazardous Waste Activity Notification.

13. Site maps showing the location of utilities, drains, etc. are enclosed (Tab 4) and additional information is contained in the Storm Water Pollution Prevention Plan (Tab 5).

14. Leaks, spills, or releases are described on pages 12 to 15 of the Phase I Report (Tab 1) as well as in the enclosed documents (Tab 6). There was also a UST removal (Tab 7) and a Fuel Oil Tank Removal (Tab 8). Analytical data related to those activities are enclosed (Tab 9).

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9. Petroleum oils such as hydraulic oil, stamping oil, various lubricating oils, motor oils; synthetic coolants used in the tube mill; production paint; paint cleanup solvent; detergent or caustic cleaner for pre-paint washes; acid for pH adjust; welding gases such as argon, nitrogen, and other welding gas mixtures; weld anti-spatter; aerosol cans of consumer products such as paint and WD-40. All wastes were sent off-site for disposal. The specific quantities and/or composition of hazardous substances is not known. Numerous Toxic Release Inventory reports are enclosed (Tab 2) as are waste manifests documenting waste type, quantity, and disposal location (Tab 11). Location of storage and disposal locations are identified in the enclosed maps (Tab 4) and the Storm Water Pollution Prevention Plan (Tab 5).

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15. On information and belief, except as described in Question 14 above, there were no leaks or spills into any subsurface disposal system or floor drains.
16. Contaminated soil excavation activities are described on pages 12 to 15 of the Phase I Report (Tab 1) as well as in the enclosed documents (Tab 6). There was also a UST removal (Tab 7) and a Fuel Oil Tank Removal (Tab 8). Analytical data related to those activities are enclosed (Tab 9) and waste manifests are enclosed (Tab 11).
17. Analytical data and reports for environmental media are enclosed and have been identified above (see Tabs 1,2,6,7,8,9, and 11). We were not able to locate any aerial photographs.
18. We were not able to locate any aerial photographs.
19. On information and belief, the facility used public water supply for drinking water.
20. We are not aware of any public water supply wells located less than 3,000 feet from the Property.
21. We are not aware of any susceptible populations surrounding the Property.
22. On information and belief, Arvin Exhaust Manufacturing, LLC was a subsidiary of Arvin Industries Inc. Meritor, Inc. merged with Arvin Industries Inc. in 2000. Meritor, Inc. continues to exist and is successor in interest to ArvinMeritor OE, LLC which formerly owned and operated the Property.
23. On information and belief, Arvin Exhaust Manufacturing, LLC was a subsidiary of Arvin Industries Inc. Meritor, Inc. merged with Arvin Industries Inc. in 2000. Meritor, Inc. continues to exist and is successor in interest to ArvinMeritor OE, LLC which formerly owned and operated the Property.
24. On information and belief, we never leased the Property during the time of ownership.
25. Meritor, Inc. does not currently own the property.
26. We are not aware of any such parties.

Insurance Policy Information

1. The only insurance policy information we were able to locate is enclosed (Tab 1).

**PHASE I ENVIRONMENTAL
SITE ASSESSMENT**

OF

**Former Arvin Meritor Exhaust Systems
Located at
1001 Hurricane Street
Franklin, Indiana 46131**

FOR

Arvin Meritor, Inc.

**MALCOLM PIRNIE, INC.
5975 Castle Creek Parkway North Drive
Suite 355
Indianapolis, IN 46250**

December 2004

ENVIRONMENTAL SITE ASSESSMENT REPORT
Former Arvin Meritor Exhaust Systems, Franklin, Indiana **TOC**

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1. INTRODUCTION

1.1. Limitations On Use Of Report

This Environmental Site Assessment Report [**Report**] has been prepared for the sole use of Malcolm Pirnie, Inc.'s Client, Arvin Meritor, Inc. The purpose of this Report is to provide information to the Client on the environmental conditions of the subject property, 1001 Hurricane Street, Franklin, Indiana 46131.

The use of and reliance on this Report by any person or entity other than the Client is not authorized without an agreement between the user and Malcolm Pirnie. Without an agreement with Malcolm Pirnie, Inc., the use of this report by an unauthorized user is for their information only and *shall be solely at the unauthorized user's risk.*

Malcolm Pirnie's work presented in this Report was performed pursuant to an Agreement between Malcolm Pirnie, Inc. and Client, dated [Agreement date]. This Agreement included the scope of work as described in Malcolm Pirnie's proposal to the Client, dated September 3, 2004. Any modifications, deviations or exceptions to the services proposed or limitations in the scope of the Environmental Site Assessment arising out of site access issues and the actual availability of data and information related to the Site(s) are as described in Section 1.2 of this Report.

The conclusions in this Report have been based, in part, on information obtained from third parties including historical aerial photographs, environmental agency records, well logs, and other public geologic records regarding the Sites obtained from various sources. Unless noted, Malcolm Pirnie, Inc. has not independently evaluated or verified the accuracy or completeness of such third party information. Visual observations of the Site only represent conditions at the time of the site visit. Malcolm Pirnie, Inc. makes no warranties that the on-site observations made during the Environmental Site Assessment are representative of historical or future conditions at the Site. Malcolm Pirnie, Inc. performed its services and prepared this Report at the level customary for other prudent and competent professional engineers performing such services at the time and place where the services are provided. The Report shall be construed neither as a legal opinion nor as compliance with any environmental law. *Malcolm Pirnie, Inc. makes no other warranty, expressed or implied.*

1.2. Scope of Services

An Environmental Site Assessment (**ESA**) is a due diligence process to identify *recognized environmental conditions* on a property.¹ This ESA Report provides factual information about the Site in support of the Client's "all appropriate inquiry" into the previous ownership and uses of property consistent with good commercial or customary practices. The Report may not address all requirements to qualify for an innocent landowner defense commonly associated with the Comprehensive Environmental Response Compensation and Liability Act (see 42 USC § 9601(35)(B), the "Superfund" law). The Client's knowledge and experience may also be factors in determining the extent of an "all appropriate inquiry," and only legal counsel is competent to determine the legal implications of the information or conclusions in this Report.

The scope of services provided by Malcolm Pirnie, Inc. in this ESA is described in Appendix A.

1.2. Relationship to ASTM Standard Practice E 1527

The current ASTM Standard E 1527 *Standard Practice for Environmental Site Assessments: Phase 1 Environmental Site Assessment Process*, provides guidelines for conducting an ESA. However, in the performance of this Assessment, as with any professional service, modifications or exceptions to, or deviations from such guidelines may occur because of factors including but not limited to instructions from the client, site conditions, the availability of records, or scheduling and timing issues. The scope of services Malcolm Pirnie developed for this ESA and accepted by Client is controlling. For information purposes only, Malcolm Pirnie, in preparing this Report, identified modifications or exceptions to, or deviations from the ASTM E 1527 guidelines as described below:

- NONE - No modifications or exceptions to, or deviations from ASTM E 1527 occurred.

¹ The definition of "recognized environmental conditions" is provided in the conclusion section of this Report.

2. SITE DESCRIPTION

This Report presents the findings of the Environmental Site Assessment (ESA) at the former Arvin Meritor Exhaust Systems facility in Franklin, Indiana 46131 (**Site**). The ESA was commissioned by Arvin Meritor, Inc. and was conducted by Malcolm Pirnie, Inc. pursuant to an Agreement, which included a scope of services described in Malcolm Pirnie's proposal letter to Arvin Meritor, both dated September 3, 2004.

2.1. Site Reconnaissance

Malcolm Pirnie visited the Site to perform a site reconnaissance for the purpose of obtaining visual and physical information indicating the presence of recognized environmental conditions in connection with the Site. Observations made during the site reconnaissance are presented below. Malcolm Pirnie also performed a windshield survey of properties adjacent to the Site and the immediate vicinity. Observations made during the windshield survey are incorporated into the descriptions provided below.

The site reconnaissance and windshield survey took place on October 1, 2004. Accompanying Malcolm Pirnie's Julie Grim during the site reconnaissance was Ms. Debra Chelf, Corporate Environmental Manager.

2.2. Information Obtained from Interviews

Malcolm Pirnie contacted persons thought to have knowledge about the Site to request an interview about the Site's recognized environmental conditions. Information resulting from these interviews is presented below or incorporated into the Site descriptions that follow. The persons contacted, interviewed, and each individual's relationship to the Site is:

- Ms. Debra Chelf, Corporate Environmental Manager for Arvin Meritor
- Mr. Bob Williams, Plant Manager for former Arvin Meritor Exhaust Systems

2.3. General Site Information

The Site, as shown on Figure 1 in Appendix B, consists of 36 acres of land. The Site fronts on the east side of Hurricane Street as shown in Figure 2. The current land use of the Site can be described as vacant; however, the immediate past land use has been industrial use. The property is currently owned by Arvin Meritor, Inc. The facility previously manufactured exhaust systems for a variety of automobiles. Operations of metal fabricating including welding, pressing, cutting and stamping were conducted at the facility.

All production at the facility ceased on September 24, 2004. The facility was cleared and vacated on October 28, 2004.

2.4. Observations of Current Site Conditions - Exterior

Table 1 presents the current exterior Site conditions observed during the Site visit and obtained from interviews. The property is bordered by Hurricane Street to the West, 350 East (Eastview) to the North, residential property to the South, and a mix of residential and commercial property to the East. Hurricane Road is located at the northeast corner of the property.

Table 1 – Exterior Site Conditions	
<i>Item Observed</i>	<i>Condition/Observation</i>
a) Storage Tanks	No aboveground or underground tanks are currently located outside the building. Previous argon and nitrogen tanks were located outside the building. These gases were used for cryogenic welding.
b) Chemicals, Petroleum Products, and Hazardous Substances	No chemicals, petroleum products, or hazardous substances are currently located outside the building.
c) Odors	No obvious strong, pungent, or noxious odors were identified throughout the exterior portions of the Site.
d) Pits, Ponds, Lagoons, Surface Water	No pits, ponds, or lagoons are currently located at the property. Lagoons were previously located at the Site. A wetland was located along a ditch area on the south side of the main building. The nearest surface water body is Hurricane Creek, located approximately 0.5 mile to the east. A drainage ditch is located

Table 1 – Exterior Site Conditions	
<i>Item Observed</i>	<i>Condition/Observation</i>
	along the southeastern border of the facility.
e) Drums or other Substance Containers	Solid waste dumpsters were observed on the eastern side of the building. Solid waste and discarded scrap metal was observed within the dumpsters. With the exception of the solid waste dumpsters, no drums or substance containers were observed outside the Site building.
f) Polychlorinated Biphenyls (PCB)-Containing Equipment	No PCB-containing equipment is located on the exterior portions of the facility.
g) Stained Soils or Pavement	No staining was observed throughout the exterior portions of the Site.
h) Stressed Vegetation	No stressed vegetation was observed outside the building.
i) Water Supply and Wells	No wells of any kind were observed at the Site. Water is supplied to the Site by the City of Franklin.
j) Septic Systems	No septic system is known to currently exist at the Site, nor was there any indication that one has ever been located at the Site. Sewer service is provided to the Site by the City of Franklin.
k) Drains and Sumps	Storm drains were observed throughout the exterior portions of the Site. Roof drains discharge to on-site storm drains.
l) Other	Paved loading docks are located at various locations around the building. Railroad tracks are located throughout the property and are still in use.

2.5. Observations of Current Site Conditions – Interior

Observations of the interior of the Site building were made during the Site reconnaissance. Information obtained from Site representatives during the reconnaissance is included in the descriptions.

The Site is approximately 36 acres and includes over 600,000 square feet of manufacturing building space. The original building was constructed in the early 1900s and has undergone several additions and modifications. The building is set on a concrete foundation and consists of aluminum studs, glass, and concrete. Table 2 presents the current interior Site conditions observed during the Site visit and obtained from interviews.

Table 2 – Interior Site Conditions	
<i>Item Observed</i>	<i>Condition/Observation</i>
a) Storage Tanks	<p>No underground or above ground storage tanks were observed within the building.</p> <p>Site representatives indicated that a UST and a fuel oil AST were removed several years ago, but did not have any additional knowledge regarding the removals.</p>
b) Chemicals, Petroleum Products, and Hazardous Substances	<p>Several drums, totes and tanks were observed within the southeastern portion of the building, which was the designated chemical storage location. Used oils, mixture of used oil and water, oil absorbents, new oil (synthetic & petroleum), and grease were stored in the containers. This room has a concrete floor with a berm and door to contain spills. No floor drains are located in the room.</p> <p>The facility previously stored mercury switches, fluorescent lamps and batteries within this room prior to transport off-site for disposal.</p>
c) Contracted Services	<p>Contracting services for solid trash disposal varied throughout the years.. No hazardous waste is currently located at the Site; Site representatives stated Safety Kleen was formerly used to transport and dispose of hazardous waste (chlorinated solvents, TCE) generated in the past.</p>
d) Odors	<p>No obvious strong, pungent, or noxious odors were identified in the building.</p>
e) Heating and Cooling	<p>The operation is air conditioned through a forced air system. Building heat is provided by natural gas provided by a local supplier.</p>

Table 2 – Interior Site Conditions

<i>Item Observed</i>	<i>Condition/Observation</i>
f) PCB-Containing Equipment	<p>No PCB-containing transformers or equipment is currently located inside the building. Previous transformers contained PCB, but these were removed and replaced without any PCB spill related incidents. Several electrical transformer panels are located in the building. Some fluorescent lighting was noted during the Site reconnaissance; it is possible that the existing fixtures contain PCBs.</p> <p>An elevator, which may contain PCB fluids is located in the basement.</p>
g) Stained Pavement	<p>Several notable stains were observed on the concrete floor throughout the building. The concrete floor appeared in good condition, but some cracks and addition seams were noticeable.</p>
h) Drains and Sumps	<p>Floor drains are located throughout the facility. Site representatives were not certain of the discharge of the drains.</p> <p>A small oil/water separator is located within the basement of the facility, which houses the facility presses. The basement is small and is only under the original building. It does not cover the entire facility. This oil/water separator is pumped out and disposed of as wastewater.</p> <p>A pit is located at the facility that previously contained a mixture of water/water treatment chemicals from the non-contact cooling water line.</p>
i) Other	<p>According to Site representatives, an asbestos survey was previously conducted for the facility and identified asbestos containing material (ACM); however, the Site representatives indicated that some ACM insulated piping had been removed. In addition, during a roof removal project some ACM layers were also removed.</p> <p>A water tower was demolished at the property a few years ago and was determined to contain lead based paint. This tower and associated lead based paint was removed from the property. Due to the age of the property, lead based paint is most likely present at the facility.</p>

2.6. Description of Adjacent Lands and Vicinity Land Uses

The Site is located in a mixed development area of Franklin, Indiana. The following are descriptions of current lands and land uses immediately adjacent to the Site:

North: 350 East (Eastview) Road, cornfields and Office Warehouse building

South: Residential, Gonzo's Auto Specialists, Croplan Crop Production Services, bean fields

East: Drainage ditch, Hurricane Road

West: Residential, Shelby Materials, Nonferrous Products, Inc.

2.7. Historical Uses of Site and Adjacent Properties

Malcolm Pirnie reviewed the following reasonably ascertainable historical sources to obtain information on Site's history. This information provides historical information from 1910 to the present.

Site representatives indicated that Arvin Meritor had conducted operations at the property since at least the 1930s. Operations have changed over time, but ownership did not. During World War II, the facility manufactured bomb cases and munitions boxes. The facility also historically manufactured tern-coated fuel filler tubes.

Painting operations, including pre-paint (wash, rinse), were previously conducted at the facility. Two paint booths were previously located within the building. Painting operations ceased in 1999 and the paint booths were removed. Metal (oil) quenching was also previously conducted at the Site.

2.7.1. Aerial Photographs

Malcolm Pirnie contacted Environmental Data Resources, Inc. (EDR) to obtain aerial photographs of the Site and adjacent properties; however, no aerial photographs depicting the target property at the specified address were identified.

2.7.2. Fire Insurance Maps

Malcolm Pirnie obtained Sanborn fire insurance maps of the Site and adjacent properties from EDR. The fire insurance maps are contained in Appendix C. The historical information derived from these fire insurance maps is as follows:

- 1910 – The property was identified as the Franklin Desk Company. The site contained one manufacturing building which housed wood working machinery on the first floor and assemble, varnishing and finishing on the second floor. The property also contained two dry kilns and two lumber piles. A small dry print office was located at the southwest corner of the property. The immediate surrounding property was undeveloped.
- 1916 – The property continued as the Franklin Desk Company. The manufacturing building remained unchanged; however, one large dry kiln was located on the property rather than two. Two sets of railroad tracks had also been installed on the property to the manufacturing building. The Franklin Color Works Paint Factory was located at the northwest corner of the property. This facility housed paint grinding and mixing machines. The surrounding property to the west across Hurricane Street was residential. All other immediate surrounding property was undeveloped.
- 1927 – The property expanded into The Franklin Manufacturing Company. The manufacturing building had been expanded to the north. One dry kiln is still located at the property made part of the building expansion. A smaller addition was added to the south of the building. The railroad tracks and Franklin Paint & Color Works still existed on the property. The surrounding property to the west was residential. All other immediate surrounding property was undeveloped.
- 1948 – The property had changed significantly into Noblitt-Sparks Industries, Inc. Makers of Auto Mufflers, Exhaust Pipes, etc. All indications of the Franklin Manufacturing Company were not shown in 1948. The Franklin Paint & Color Works area still existed, but was being used for paper carton warehouse. The property contained a large manufacturing and warehouse building. One railroad tracked had been removed, but one remained.

2.7.3. Municipal Directory Listings

Malcolm Pirnie reviewed the Polk city directory for historic use listings for the Site and adjacent properties. The Polk city directory is contained in Appendix D. Historically, the users of the Site and adjacent properties are identified as follows:

- 1959-1979: The property is identified as Arvin Industries, Inc.
- 1984: The property is identified as Arvin Automotive Division
- 1989-1994: The property is identified as Arvin North America Automotive Division
- 2000: The property is identified as Arvin Industries

The city directory identifies the surrounding property from 1959-2000 as residential and commercial properties. Commercial properties included restaurants and local carpenter's union.

2.8. Physical Environmental Setting

In general, the physical environmental of region in which the Site is located, exhibits the following characteristics. The immediate area surrounding the Site was relatively flat with a gentle slope towards the south. Elevations in the vicinity of the Site range from 760 feet north of the Site to 728 feet above mean sea level (amsl) to the south.

According to Site contacts, one wetland was designated in a ditch area on the south side of the main building. The nearest body of water is Hurricane Creek, which is located approximately ½ mile east of the Site. Hurricane Creek flows south and discharges into Youngs Creek, which is located over one mile south of the Site. An unmanned ditch is located along the eastern and southern borders of the Site. This ditch discharges directly to Youngs Creek.

The EDR physical setting source summary indicated that the overall topographic gradient at the site was generally to the southeast. No FEMA flood zones or wetlands, identified by the National Wetland Inventory, were located at the Site or in the immediate vicinity. Dominant soils in the area were determined to be moderately well drained silt loam at the surface and clay loam to gravelly loam throughout the subsurface. Additional soils information is available in the EDR Report in Appendix G.

2.9. Site and Vicinity Photographs

Photographs taken during the site reconnaissance are provided in Appendix E. The photographs show the following features:

<u>Photo</u>	<u>Description</u>
1	View of manufacturing area
2	View of former paint booth area
3	View of chemical storage room
4	View of exterior portion of the property
5	View of exterior portion of the property
6	Eastern exterior of the building with transformers
7	View of propane storage and AST location
8	View facing west of railroad tracks inside the building
9	Exterior of the building with Argon and Nitrogen tanks
10	View of exterior of the property and adjacent property
11	View of new air compressor concrete pad
12	View of machinery to be removed
13	View of exterior of the building and property
14	Basement elevator
15	View of cooling water system
16	View of basement oil/water separator
17	View of parking area across Hurricane Street and designated wetland
18	View of western exterior of property and adjacent property
19	Southern exterior of property at the former location of fuel oil tank
20	Southwest exterior corner of building where former boiler building was located

3. RECORDS REVIEW

Malcolm Pirnie reviewed records from reasonably ascertainable sources, which were publicly available and obtained within the time and budget constraints of this ESA, but did not require an extraordinary review of irrelevant data in the process. This record review was conducted to obtain information regarding the Site's recognized environmental conditions.

3.1. Client/Site Owner/Occupant Information

3.1.1. Information from Arvin Meritor, Inc.

Arvin Meritor provided several files pertaining to the facility for Malcolm Pirnie to review. These files included information relating to storm water, air, hazardous materials reporting and associated cleanups that have been conducted at the facility. The information reviewed by Malcolm Pirnie is summarized below and is contained in Appendix F.

Carbide Pit Removal Project

A concrete covered pit was previously associated with operations conducted at the facility. The concrete pit was used to hold a very caustic material with pH greater than 12.9. In order to clean and fill the pit, the concrete cover was removed in November 1999. After the cover was removed, the pit contents were mixed with calcium hydroxide and muriatic acid reducing the pH to 11.6. The lower pH material was pumped from the pit into 55-gallon drums. Once the material was removed, the pit was inspected and filled with stone. After the pit was filled with stone, concrete was placed on top to cover. Since the pit was a designed structure with no additional areas, no additional work was completed after the pit was filled.

Air Compressor Project

A broken air compressor was removed from the south central portion of the building in June 2000. During removal, site personnel observed that the concrete floor under the compressor had settled. Site personnel were able to see under the main floor where soil had settle along the north side of where the air compressor was located. This area showed a substantial amount of compressor oil.

Approximately 50 gallons of standing oil was pumped from the observed hole. In July 2000, the concrete pad and contaminated soil were removed and disposed off-site. Samples were collected from the sidewalls and floor of the excavation. Sidewall samples were analyzed for total petroleum hydrocarbons (TPH)-volatile and semi-volatile. The north wall sample contained 410 mg/kg TPH-Semi-volatile. The west wall contained 270 mg/kg TPH-semi-volatile. South wall contained 2,200 mg/kg TPH-semi-volatile. East wall contained 470 mg/kg TPH-semi-volatile. The north end base sample was analyzed for TCLP metals and paint filter. TCLP Barium at 1.2 mg/l was the only detected constituent. Remediation was conducted until determined by site personnel that continued excavation was fruitless with the age and manufacturing history of the building or until excavation could not physically continue to due concrete foundation, wall, etc. The excavation was backfilled and a new concrete pad was installed a flooring foundation for a new air compressor.

Tube Mill Excavation

In 1998, the tube mill operations were removed from the facility. After the tube mills were removed, the tube mill area floor was demolished, removed and replaced with a new floor due to identified contamination. The exact source of contamination was not specified. Hand auger samples were collected from soil underneath the concrete flooring which identified TPH and metals (chromium) contamination to approximately 2 feet below ground surface. Approximately 2,000-2,500 cubic feet of concrete was disposed during the floor removal. Additional soil samples were collected after the removal of the floor. TPH and chromium were identified. The information provided by the client does not indicate whether confirmatory samples were collected to determine whether all contaminated soils had been removed. The flooring has been replaced and restored.

The broken concrete and rebar was disposed at a location approximately one-half mile west of the facility. It is unknown whether any soil from beneath the tube mill floor was placed in the disposal location along with the concrete. Portions of any part of the concrete or soil, if any, would likely have been contaminated by oil, grease and possibly metals. PCBs may also be likely due to the

presence of oil and the age of the materials (pre-1978). Concrete is still located within this final disposal area.

Fuel Oil Tank Removal

The client provided pictures of the removal of the fuel oil AST at the property. The pictures with notations indicate that the fuel oil tank was removed on April 20-21, 1999. Liquid Waste Removal removed all tank contents and steam cleaned the tank prior to dismantling it. May 3, 1999 pictures show the southern half of the former tank area with small spots of fuel oil staining as well as the overview restored area. Site representatives indicated that removal was conducted until no visual staining could be observed. No additional details or reports were provided detailing the removal or confirmatory sampling from under the tank after removal.

Tier II Reporting

Tier II reports indicate that the facility reported argon, oxygen and heavy naphthetatic distillate solvent from 2002 to present. Machines that contained this distillate were located throughout the facility. In 1998, #2 fuel oil was also reported.

Air Permit

The facility was issued a Source Specific Operating Permit Agreement in 2001 for the consumption of 697 million cubic feet of natural gas. Until this new agreement, the facility operated under a Title V permit. The Title V permit contained the facility's two paint booths and facility boilers.

Toxic Release Inventory Reporting

The facility reported chromium and nickel in the facility Toxic Release Inventory (TRI) reports for 2002 and 2003.

National Pollutant Discharge Elimination Permit

The facility maintained a general National Pollutant Discharge Elimination Permit with which they appeared to meet all applicable requirements.

Facility Plans

The facility maintained a Spill Prevention, Control and Countermeasures Plan as well as a Storm Water Pollution Prevention Plan. The facility appeared to meet all applicable requirements associated with these plans.

3.2. Government Records

For the purpose of obtaining information on the Site's recognized environmental conditions, the following government environmental and health agencies were contacted and requests were made to review publicly available records as described below. Information obtained from the contacted agencies is as follows:

- A FOIA file request was made to the central file room of the Indiana Department of Environmental Management (IDEM) that includes all offices of IDEM. Files identified through the FOIA request included:
 - A June 12, 1985 letter from Arvin Meritor to the Indiana State Board of Health stating that a leaking 10,000-gallon fuel oil UST was removed on June 3, 1985. 280 square yards of contaminated soil were removed along with the UST. A small hole in the tank leaked fuel oil through an old field tile leading to an on-site drainage ditch. The excavation was backfilled.
 - Several Discharge Monitoring Reports
 - A letter from IDEM to the South Side Landfill granting permission for disposal of 50 drums per year of wash pit sludge from the Arvin Meritor Franklin facility
 - A September 10, 1992 Letter of Inadequacy from IDEM regarding an Arvin Meritor letter submitted in response to Hazardous Waste Manifest Record Review

- IDEM RCRA Scheduled Inspection Report dated July 2, 1986
- November 30, 1999 Pretreatment Permit granted letter from IDEM and associated documentation
- Air permit and violation documentation

For the purpose of obtaining information on the Site's recognized environmental conditions, the following government agencies were contacted and requests were made to review publicly available records, if available, as described below. Information obtained from the contacted agencies, including agency personnel interviewed, is as follows:

- The City of Franklin Fire Chief was contacted as to knowledge of any environmental incidents occurring at the property that would result in recognized environmental conditions. The fire chief indicated that no environmental incidents had occurred at the property in which his office had responded.

3.3. Government Environmental Databases

Malcolm Pirnie obtained a listing of federal and state environmental enforcement sites in the area, in which the Site is located, from a private database management firm, EDR. This firm organizes government agency sources in a consolidated format. Malcolm Pirnie makes no representation about the reliability and accuracy of the information contained within the lists. The complete database report is provided in Appendix G.

The lists and the geographic area included in the search are as follows. **Please note, the list names for which the search returned positive findings are noted in bold letters:**

<i>Government Database Lists Searched</i>	<i>Distance from Site</i>
Federal National Priority List (NPL) Sites	1.0 mile
Proposed NPL	1.0 mile

ENVIRONMENTAL SITE ASSESSMENT REPORT
Former Arvin Meritor Exhaust Systems, Franklin, Indiana

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Federal Comprehensive Environmental Response, Compensation, and Liability System (CERCLIS)	0.5 mile
Federal CERCLIS No Further Action Planned (NFRAP) Sites	Site and Adjacent Properties
Federal Resource Conservation and Recovery Act (RCRA) Corrective Action Report (CORRACTS) Facilities	1.0 mile
Federal RCRA-Treatment, Storage and Disposal (TSD) Facilities	0.5 mile
Federal RCRA Generators	Site and Adjacent Properties
Federal Emergency Response Notification System (ERNS)	Site only
State Hazardous Waste Response Sites (SHWS)	1.0 mile
State Solid Waste Facilities/Landfills (SWF/LF)	0.5 mile
State Leaking Underground Storage Tanks (LUST)	0.5 mile
State Underground Storage Tanks (UST)	0.25 mile
State Voluntary Remediation Program (VCP)	0.5 mile
Government Database Lists Searched (ASTM Supplemental)	Distance from Site
Federal Superfund CONSENT Decreases	1.0 mile
Federal Records of Decision (ROD)	1.0 mile
Federal Delisted NPL	1.0 mile
Federal Hazardous Materials Information Reporting System (HMIRS)	Site only
<i>Government Database Lists Searched</i>	<i>Distance from Site</i>
Federal Materials Licensing Tracking System (MLTS)	Site only
Federal MINES	Site only
Federal NPL Liens	Site only
Federal Facility Index System/Facility Identification Initiative Program (FINDS)	Site only
Federal PCB Activity Database System (PADS)	Site only
Federal Department of Defense (DOD)	1.0 mile

Federal RCRA Administrative Action Tracking System (RAATS)	Site only
Federal Toxic Chemical Release Inventory System (TRIS)	Site only
Federal Toxic Substance Control Act (TSCA)	Site only
Federal Section 7 Tracking System (SSTS)	Site only
Federal FIFRA/TSCA Tracking System (FTTS)	Site only
State Indiana (IN) Spills	Site only
State Registered BULK fertilizer and pesticide storage facilities (BULK)	Site and adjacent properties
Brownfields	0.5 mile
INST CONTROL (Sites with Restrictions)	0.25 mile
Coal Gas	1.0 mile

Of the positive database findings, the following locations may represent an environmental condition as related to the Site:

- The target property located at 1001 Hurricane Street is listed on the FTTS INSP and IN Spills databases. FTSS INSP database indicates that the facility was inspected in 1996 and 2001. Violations were found during the 1996 inspection. No additional information was provided regarding this violation. The IN Spills database indicates that a spill occurred in November 1992 from a leaking underground storage tank. No water was affected, but contaminated soil existed. No additional information was provided regarding this incident.
- Johnson County Farm Bureau CO-Op Association, Inc., located 1/8-1/4 mile east-south of the property at 755 E. Hamilton Ave, is listed on the UST and IN Spills databases. Twenty pounds of dry fertilizer potash was spilled in December 1980. The entire spill was recovered. No water was affected. The listed UST is identified as permanently out of service.
- Crop Production Services, located 1/8-1/4 mile east-southeast of the property at 758 E. Hamilton Ave., lists a permanently out of service UST. No additional information is provided.
- K&L Grain, located 1/8-1/4 mile north of the property on Hurricane Road, lists a permanently out of service UST. No additional information is provided.

- City of Franklin Street Department, located ¼-1/2 mile east-southeast of the property at 951 Hamilton, is identified with a leaking underground storage tank (LUST). Soil was the affected media; however, a no further action letter was received in 1994. A sewage spill to Youngs Creek was reported in September 1982. The facility has two USTs in use. These tanks were installed in 1988.
- Amphenol Products Company Plant, located ¼-1/2 mile east of the property at 980 Hurricane Road, is listed on the CORRACTS and CERC-NFRAP databases. The CERC-NFRAP database indicates that a discovery was identified in August 1980, a preliminary assessment conducted in September 1985, an archive site completed in February 1990 and another preliminary assessment conducted in February 1990. No additional information is provided. The CORRACTS listing identified several areas of corrective action throughout the facility. The last entry of the database indicated that as of February 2000, the certification of remedy completion or construction completion was issued.

Immediately adjacent properties do not appear to present an environmental concern to the subject property.

3.4. Publicly Available Maps

The following government published maps of the Site and the surrounding areas were reviews for information related to the Site's recognized environmental conditions.

3.4.1. United States Geological Survey Maps

Malcolm Pirnie reviewed several historical years of the USGS 7.5 minute quadrant, Franklin, IN quadrangle for the Site and regional topographic characteristics that may influence the Site's recognized environmental conditions. These characteristics are described below, as appropriate, or are provided elsewhere in this Report. Copies of the maps are contained in Appendix H.

- 1948 – Franklin Quadrangle – The map shows the manufacturing building located at the property. Surrounding property is residential to the west and south and undeveloped to the north and east.

ENVIRONMENTAL SITE ASSESSMENT REPORT

Former Arvin Meritor Exhaust Systems, Franklin, Indiana

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-
- 1961 – Franklin Quadrangle – The parcels appear the same as in the 1948 map; however, the footprint of the building had changed slightly.
 - 1980 (photo revised 1980, photo inspected 1961) – Franklin Quadrangle – The map appears the same as in the above maps; however, the footprint of the building is similar to its current condition.
 - 1988 (photo revised 1988, photo inspected 1961) – Franklin Quadrangle – The map appears the same as in the 1988 map; however, additional commercial and/or industrial buildings appear to the southeast of the property.
 - 1994 (revised 1994, photo inspected 1961) – Franklin Quadrangle – The map appears the same as in the 1994 map.

4. CONCLUSIONS

4.1. Conclusions - Environmental Site Assessment

Malcolm Pirnie performed an Environmental Site Assessment for this Site and its findings are provided in Sections 2 and 3 of this Report. As a result of the findings in Sections 2 and 3, the following conclusions are offered:

Recognized Environmental Conditions

A recognized environmental condition means "...the presence or likely presence of any hazardous substances or petroleum products on a property under conditions that indicate an existing release, a past release, or a material threat of a release of any hazardous substances or petroleum products into structures on the property or into the ground, groundwater or surface water of the property." Recognized environmental conditions do not "...include de minimis conditions that generally do not present a material risk of harm to public health or the environment, and that generally would not be subject of an enforcement action if brought to the attention of appropriate government agencies. Conditions determined to be de minimis are not recognized environmental conditions." (ASTM E1527 ¶3.3.31)

This Environmental Site Assessment has revealed no evidence of recognized environmental conditions in connection with the Site, except for the following:

- Site representatives indicated a UST was removed from the property several years ago. The electronic database indicated a spill associated with a leaking UST reported on November 4, 1992. The database indicated that soil was contaminated, but did not provide additional information. Site representatives did not provide any information relating to the removal of the UST.
- A broken air compressor was removed from the south central portion of the building in June 2000. Sidewall and base samples were analyzed indicated TPH contaminated soils. The excavation was backfilled and a new concrete pad was installed a flooring foundation for a new air compressor. The soil sample results indicated residual TPH contaminated soils remained at the location.
- In 1998, the tube mill operations were removed from the facility. After the tube mills and flooring were removed, hand auger samples were collected from soil underneath the concrete flooring which identified TPH and metals (chromium) contamination to approximately 2 feet below ground surface. Additional soil samples were collected after the removal of the floor.

TPH and chromium impacts were identified. The information provided by the client does not indicate whether confirmatory samples were collected to determine whether all contaminated soils had been removed. The flooring has been replaced and restored.

- The client provided pictures of the removal of the fuel oil AST at the location. The pictures with notations indicate that the fuel oil tank was removed on April 20-21, 1999. May 3, 1999 pictures showed the southern half of the former tank area with small spots of fuel oil staining as well as the overview restored area. No details or reports were provided detailing the removal or confirmatory sampling from under the tank after removal.

Historical Recognized Environmental Condition

A historical recognized environmental condition means an "... environmental condition which in the past would have been considered a recognized environmental condition, but which may or may not be considered a recognized environmental condition currently." (ASTM E 1527 ¶ 3.3.16) The use of this term largely depends on the current impact of the condition on the Site. For example, if a site remediation had occurred and the overseeing government agency accepted the remediation, the condition may be considered a 'historical recognized condition'.

This Environmental Site Assessment has revealed no evidence of historical recognized environmental conditions in connection with the Site, except for the following:

- A 10,000-gallon fuel oil tank was removed from the property on June 3, 1985. Fuel oil from this tank leaked into an on-site drainage ditch. The tank and 280 square yards of contaminated soil were removed. The Indiana State Board of Health was contacted regarding the incident and removal..
- The property has been industrially developed since the early 1900s. As evidenced of associated flooring projects at the Site, contamination at the property is likely due to the age and industrial use of the property.
- A concrete covered pit was previously associated with operations conducted at the facility. The concrete pit was used to hold a very caustic material with pH greater than 12.9. The pH of the material was lower and then removed from the pit. Once the material was removed, the pit was inspected and filled with and a concrete cover was

placed. Site representatives the pit was visually inspected and appeared to be in good condition prior to filling.

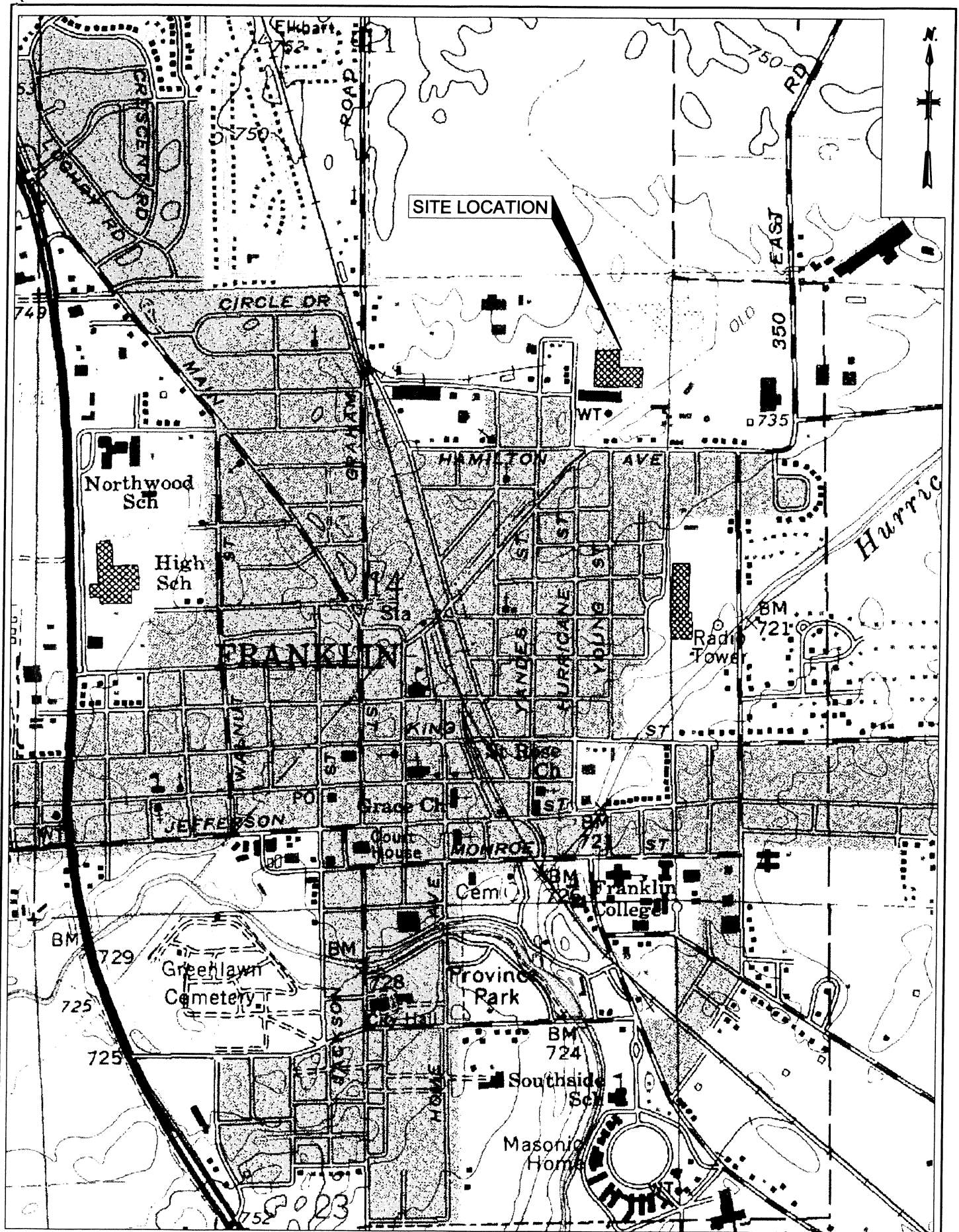
- The broken concrete and rebar associated with the tube flooring removal was disposed of at a location approximately one-half mile west of the facility. It is unknown whether any soil from beneath the tube mill floor was placed in the disposal location along with the concrete. Portions of any part of the concrete or soil, if any, would likely have been contaminated by oil, grease and possibly metals. It is likely that PCBs may also be present due to the presence of oil and the age of the materials (pre-1978). No information in the file provided a conclusion to this issue.

Other Environmental Conditions

In certain situations, a Site condition, observed by Malcolm Pirnie or noted in the available records, may not meet the definition of a 'recognized environmental condition'. However, presence of these environmental conditions may impact the Client's due diligence decisions regarding the Site.

In the course of this Environmental Site Assessment, other environmental conditions in connection with the Site, were observed or discovered in the previously-described documents, as follows:

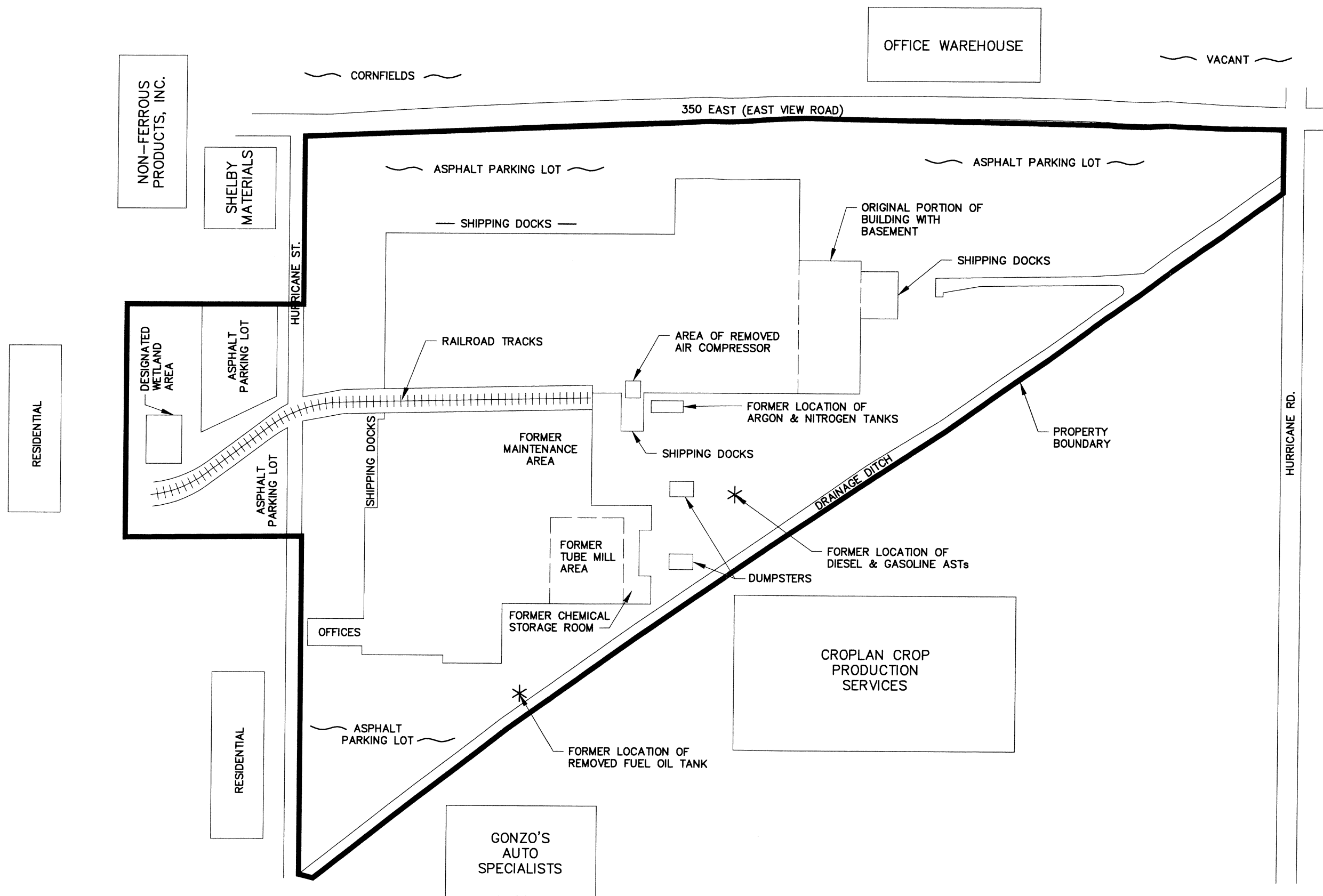
- According to Site representatives, an asbestos survey was conducted and indicated the presence of ACM at the property.
- Due to the age of the buildings located at the property, lead based paint is likely to be present.



**MALCOLM
PIRNIE**

SITE LOCATION MAP
USGS 7.5 MINUTE TOPOGRAPHIC MAP,
FRANKLIN, INDIANA QUADRANGLE
SCALE: NOT TO SCALE

MALCOLM PIRNIE, INC.
DECEMBER 2004
FIGURE 1



REF: BASE MAP SUPPLIED BY FACILITY



FORMER ARVIN MERITOR EXHAUST SYSTEMS
1001 HURRICANE STREET 46131
FRANKLIN, IN.

PHASE 1
ENVIRONMENTAL SITE ASSESSMENT

SCALE: NOT TO SCALE

DRAWING PROVIDED BY ARVIN MERITOR

MALCOLM PIRNIE, INC.
DECEMBER, 2004
FIGURE 2



APPENDIX 'C'

"Linking Technology with Tradition"®

Sanborn® Map Report

Ship To: Julie Grim
Malcolm Pirnie, Inc
5975 Castle Creek Pkwy
Indianapolis, IN 46250

Order Date: 10/4/2004 **Completion Date:** 10/5/2004

Inquiry #: 1277247.3s

P.O. #: NA

Site Name: Former Arvin Meritor Plant

Address: 1001 Hurricane Street

City/State: Franklin, IN 46131

Customer Project: 4754004
1201861ZIP 317-469-0639

Cross Streets:

Based on client-supplied information, fire insurance maps for the following years were identified

1910 - 1 Map

1916 - 1 Map

1927 - 1 Map

1948 - 1 Map

Limited Permission to Photocopy

Total Maps: 4

Malcolm Pirnie, Inc (the client) is permitted to make up to THREE photocopies of this Sanborn Map transmittal and each fire insurance map accompanying this report solely for the limited use of its customer. No one other than the client is authorized to make copies. Upon request made directly to an EDR Account Executive, the client may be permitted to make a limited number of additional photocopies. This permission is conditioned upon compliance by the client, its customer and their agents with EDR's copyright policy; a copy of which is available upon request.

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Organization of Electronic Sanborn Image File

- First Page Sanborn Map Report, listing years of coverage
- Second Page Electronic Sanborn Map Images USER'S GUIDE
- Third Page Oldest Sanborn Map Image
- Last Page Most recent Sanborn Map Image

Navigating the Electronic Sanborn Image File

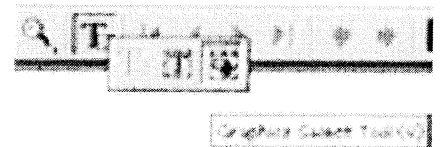
- Open file on screen.
- Identify TP (Target Property) on the most recent map.
- Find TP on older printed images.
- Using Acrobat, zoom to 250% in order to view more clearly.
 - 200-250% is the approximate equivalent scale of hardcopy Sanborn Maps.
- Zooming in on an image:
 - On the menu bar, click "View" and then zoom.
 - Use the magnifying tool and drag a box around the TP area.

Printing a Sanborn Map from the Electronic File

- EDR recommends printing all images at 300 dpi (300 dpi prints faster than 600 dpi).
- To print only the TP area, cut and paste the area from Adobe Acrobat to your word processor.

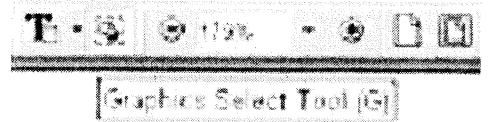
Acrobat Version 4

- Go to the Menu bar
- Press and hold the "T" button
- Choose the Graphics Select Tool
- Draw a box around the area selected
- Go to "Menu"
- Highlight "Edit"
- Highlight "Copy"
- Go to a word processor such as Microsoft Word, paste and print.



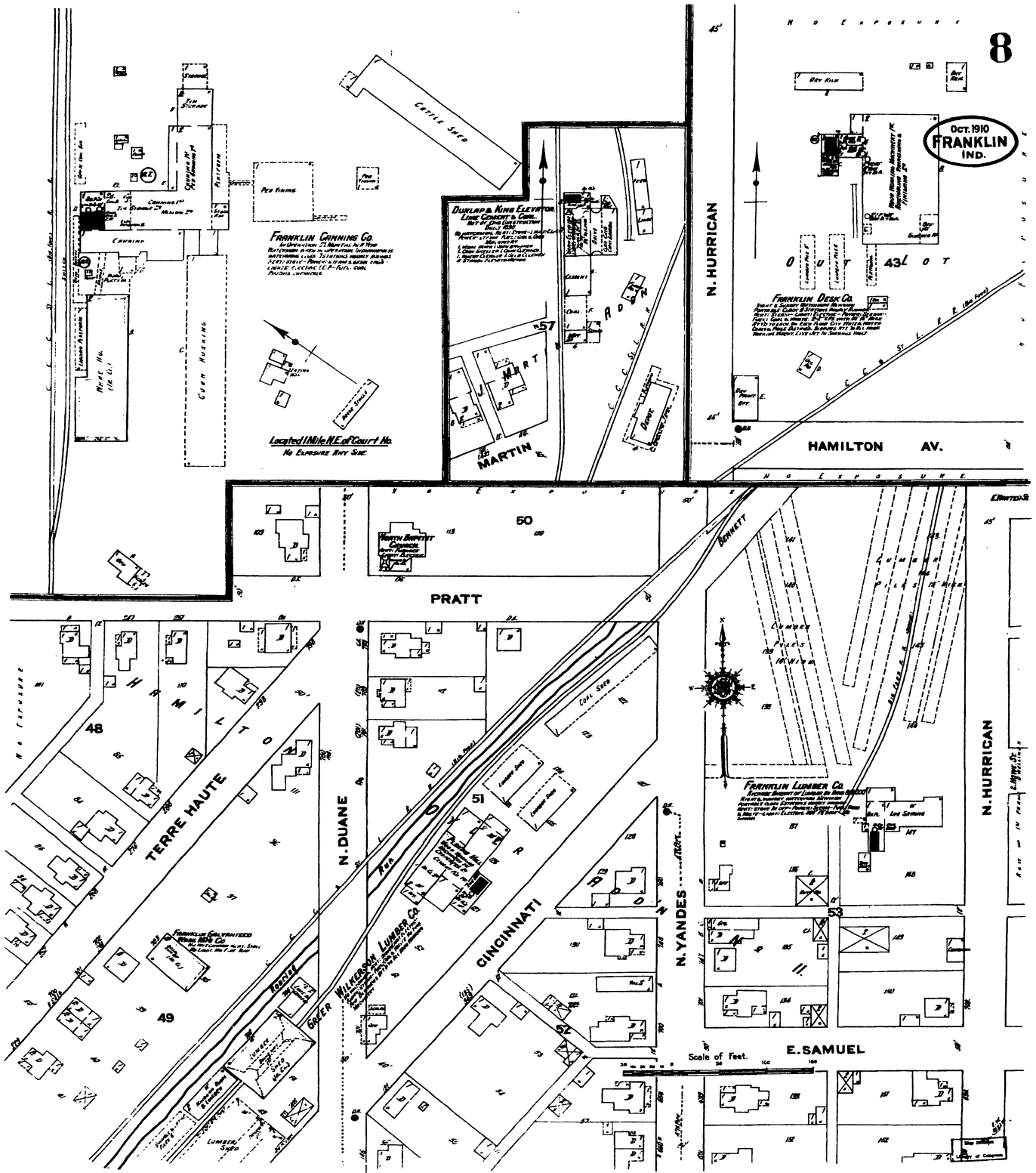
Acrobat Version 5

- Go to the Menu bar
- Click the "Graphics Select Tool"
- Draw a box around the area selected
- Go to "Menu"
- Highlight "Edit"
- Highlight "Copy"
- Go to a word processor such as Microsoft Word, paste and print.



Important Information about Email Delivery of Electronic

- Images are grouped into one file, up to 2MB.
- In cases where in excess of 6-7 map years are available, the file size typically exceeds 2MB. In these cases, you will receive multiple files, labeled as 1 of 3, 2 of 3, etc. including all available map years.
- Due to file size limitations, certain ISPs, including AOL, may occasionally delay or decline to deliver files. Please contact your ISP to identify their specific file size limitations.



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LHE

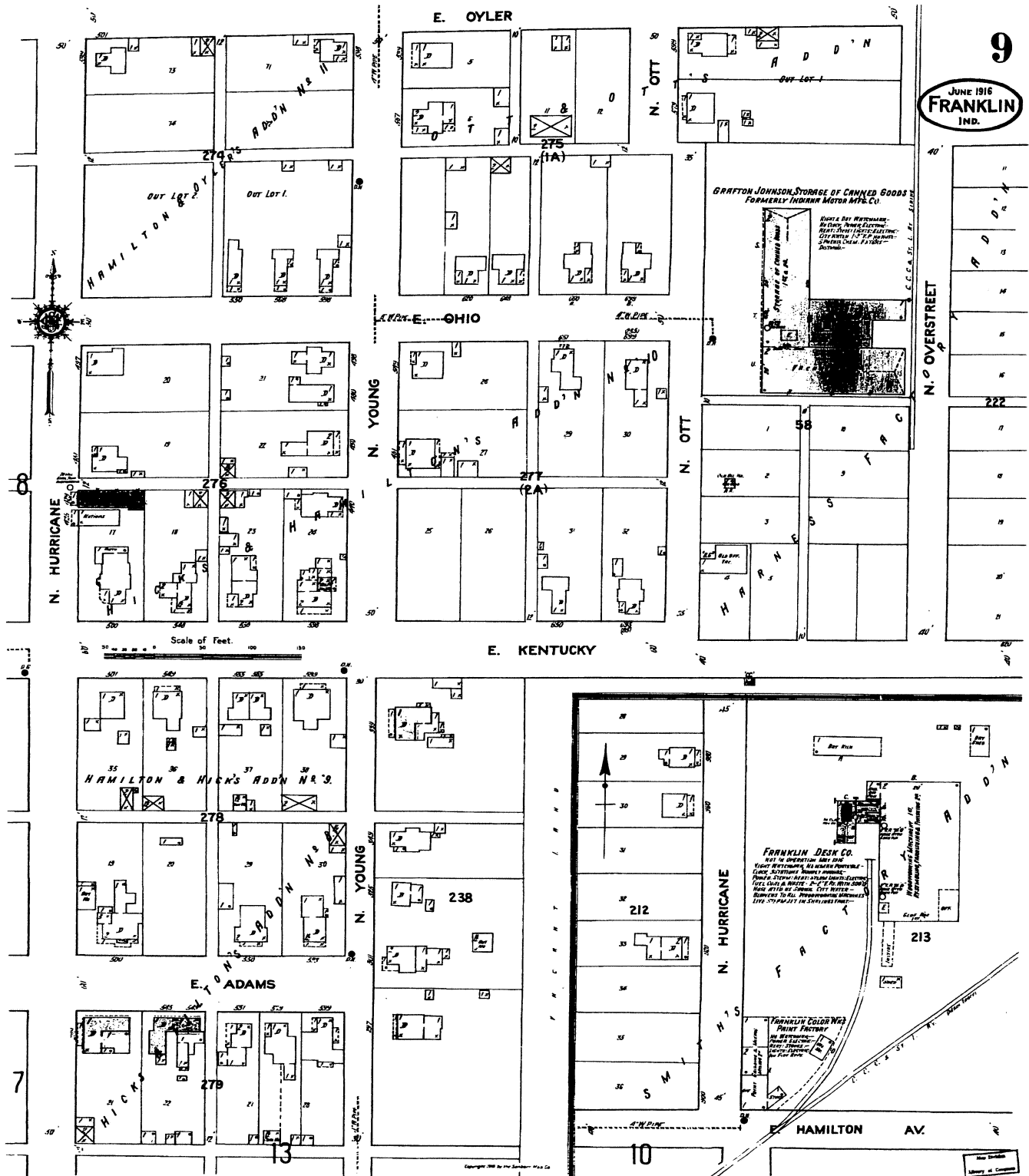
Year

EDR Research Associate

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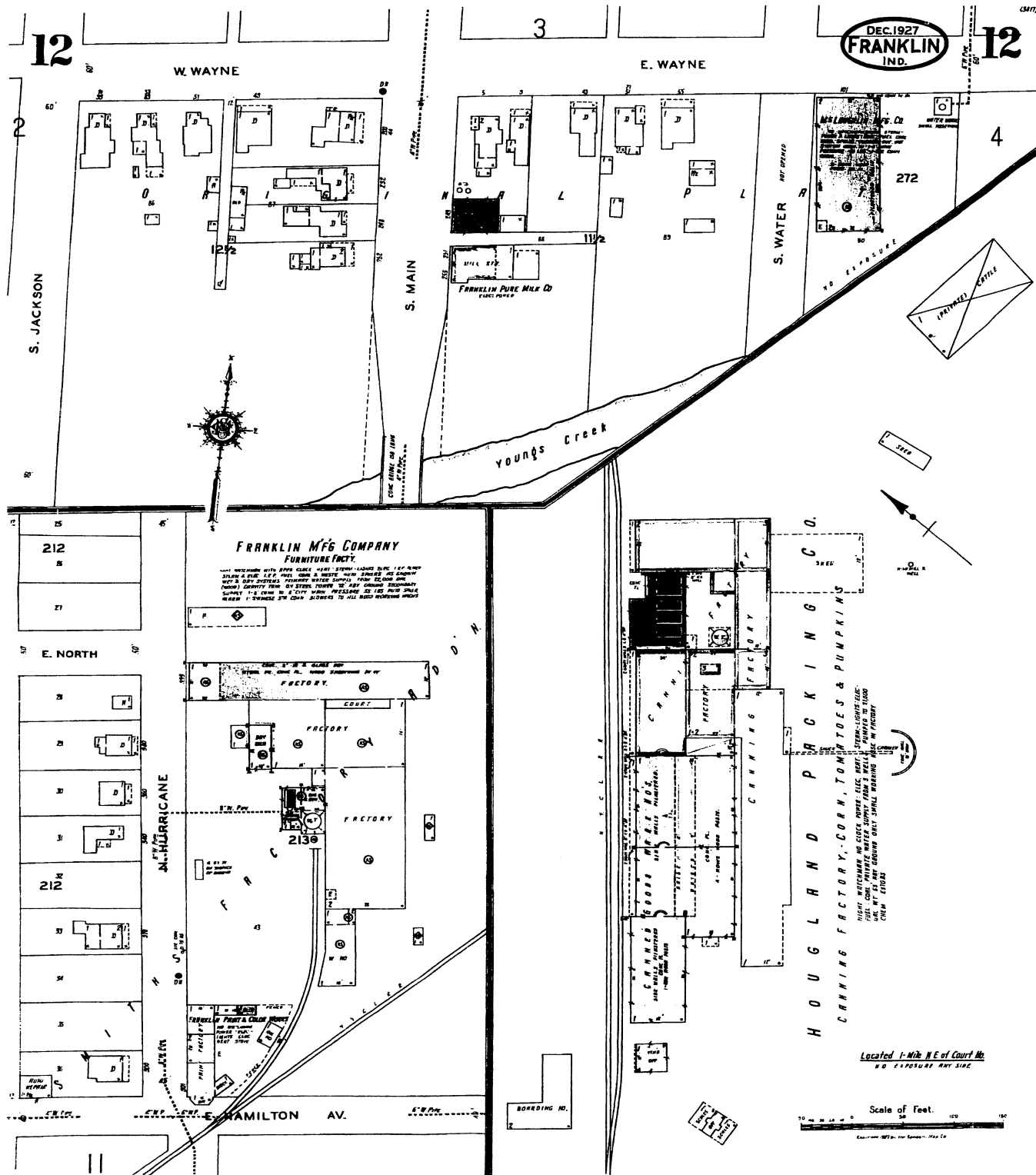
JUNE 1916
FRANKLIN
IND.



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Year EDR Research Associate

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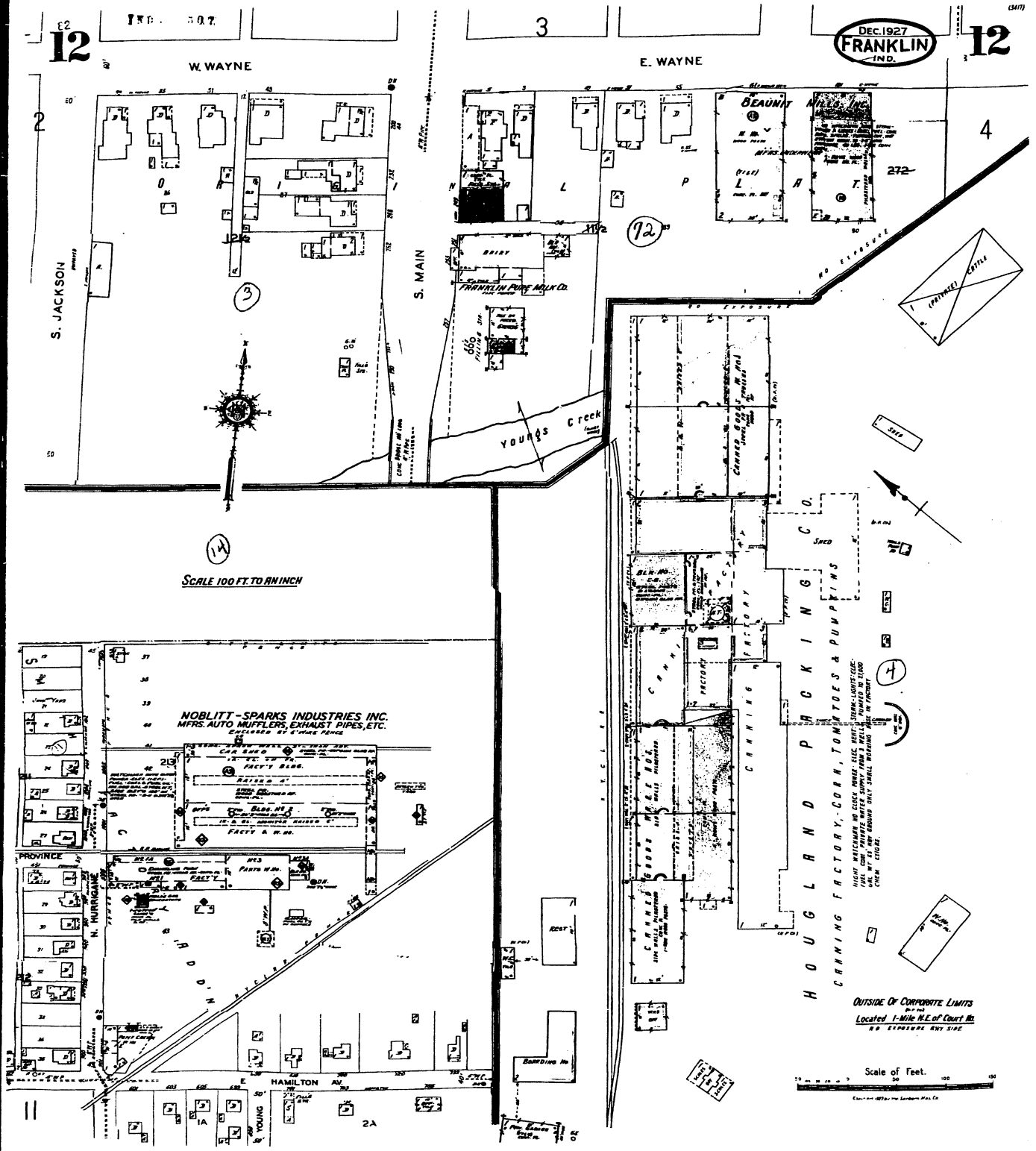
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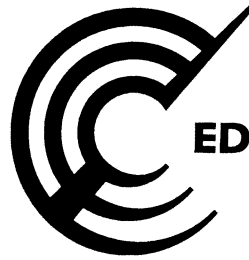
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Year

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EDR™ Environmental
Data Resources Inc

The EDR-City Directory
Abstract

**Former Arvin Meritor Plant
1001 Hurricane Street
Franklin, IN 46131**

October 06, 2004

Inquiry Number: 1277247-7

**The Standard
In Environmental
Risk Management
Information**

440 Wheelers Farms Road
Milford, Connecticut 06460

Nationwide Customer Service

Telephone: 1-800-352-0050
Fax: 1-800-231-6802

Environmental Data Resources, Inc.

City Directory Abstract

Environmental Data Resources, Inc.'s (EDR) City Directory Abstract is a screening tool designed to assist professionals in evaluating potential liability on a target property resulting from past activities. ASTM E 1527-00, Section 7.3 on Historical Use Information, identifies the prior use requirements for a Phase I environmental site assessment. The ASTM standard requires a review of *reasonably ascertainable standard historical sources*. *Reasonably ascertainable means information that is publicly available, obtainable from a source with reasonable time and cost constraints, and practically reviewable.*

To meet the prior use requirements of ASTM E 1527-00, Section 7.3.4, the following *standard historical sources* may be used: aerial photographs, fire insurance maps, property tax files, land title records (although these cannot be the sole historical source consulted), topographic maps, city directories, building department records, or zoning/land use records. ASTM E 1527-00 requires *"All obvious uses of the property shall be identified from the present, back to the property's obvious first developed use, or back to 1940, whichever is earlier. This task requires reviewing only as many of the standard historical sources as are necessary, and that are reasonably ascertainable and likely to be useful."* (ASTM E 1527-00, Section 7.3.2, page 12.)

EDR's City Directory Abstract includes a search and abstract of available city directory data.

City Directories

City directories have been published for cities and towns across the U.S. since the 1700s. Originally a list of residents, the city directory developed into a sophisticated tool for locating individuals and businesses in a particular urban or suburban area. Twentieth century directories are generally divided into three sections: a business index, a list of resident names and addresses, and a street index. With each address, the directory lists the name of the resident or, if a business is operated from this address, the name and type of business (if unclear from the name). While city directory coverage is comprehensive for major cities, it may be spotty for rural areas and small towns. ASTM E 1527-00 specifies that a *"review of city directories (standard historical sources) at less than approximately five year intervals is not required by this practice."* (ASTM E 1527-00, Section 7.3.2.1, page 12.)

NAICS (North American Industry Classification System) Codes

NAICS is a unique, all-new system for classifying business establishments. Adopted in 1997 to replace the prior Standard Industry Classification (SIC) system, it is the system used by the statistical agencies of the United States. It is the first economic classification system to be constructed based on a single economic concept. To learn more about the background, the development and difference between NAICS and SIC, visit the following Census website: <http://www.census.gov/epcd/www/naicsdev.htm>.

Please call EDR Nationwide Customer Service at
1-800-352-0050 (8am-8pm EST)
with questions or comments about your report.
Thank you for your business!

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4. SUMMARY

- ***City Directories:***

Business directories including city, cross reference and telephone directories were reviewed, if available, at approximately five year intervals for the years spanning 1959 through 2000. (These years are not necessarily inclusive.) A summary of the information obtained is provided in the text of this report.

Date EDR Searched Historical Sources:

City Directories

Oct 06, 2004

Target Property:1001 Hurricane Street
Franklin, IN 46131

<u>PUR ID</u>			
<u>Year</u>	<u>Uses</u>	<u>NAICS</u>	<u>Source</u>
-- 1959	Arvin Industries Inc		Polk City Directory
-- 1964	Arvin Industries Inc		Polk City Directory
-- 1969	Arvin Industries Inc		Polk City Directory
-- 1974	Arvin Industries Inc		Polk City Directory
-- 1979	Arvin Industries Inc		Polk City Directory
-- 1984	Arvin Automotive Div		Polk City Directory
-- 1989	Arvin North America Automotive Div		Polk City Directory
-- 1994	Arvin North America Automotive Div		Polk City Directory
-- 2000	Arvin Industries		Polk City Directory

Adjoining Properties**SURROUNDING**Multiple Addresses
Franklin, IN 46131

<u>PUR ID</u>			
<u>Year</u>	<u>Uses</u>	<u>NAICS</u>	<u>Source</u>
1959	<u>**HURRICANE ST**</u> Residence (982) Residence (996) Alma's Restaraunt (998) McGinnis Restaraunt (1000) Residence (1002) Residence (1004) Residence (1006)		Polk City Directory
1964	<u>**HURRICANE ST**</u> Residence (982) Residence (996) Alma's Restaraunt (998)		Polk City Directory

<i>PUR ID</i>	<i>Year</i>	<i>Uses</i>	<i>NAICS</i>	<i>Source</i>
	1964 (continued)	McGinnis Restaraunt (1000)		
		Residence (1002)		
		Residence (1004)		
		Residence (1006)		
1969		<u>**HURRICANE ST**</u>		Polk City Directory
		Residence (982)		
		Residence (996)		
		Vacant (998)	N/A	
		Hale's Restaraunt (1000)		
		Residence (1002)		
		Residence (1004)		
		Residence (1006)		
1974		<u>**HURRICANE ST**</u>		Polk City Directory
		Residence (982)		
		Residence (996)		
		Carpenters Union Local 2993 (998)		
		Ragan's Restaraunt (1000)		
		Residence (1002)		
		Residence (1004)		
		Residence (1006)		
1979		<u>**HURRICANE ST**</u>		Polk City Directory
		Residence (982)		
		Residence (996)		
		Carpenters Union Local 2993 (998)		
		Wilson's Cafeteria (1000)		
		Residence (1002)		
		Residence (1004)		
		Residence (1006)		
1984		<u>**HURRICANE ST**</u>		Polk City Directory
		Residence (982)		
		Residence (996)		
		Carpenters & Joiners Union Local 2993 (998)		
		ABC Cafeteria (1000)		
		Residence (1002)		
		Residence (1004)		
		Residence (1006)		
1989		<u>**HURRICANE ST**</u>		Polk City Directory

<i>PUR ID</i>			
<u>Year</u>	<u>Uses</u>	<u>NAICS</u>	<u>Source</u>
1989 (continued)	Residence (982)		
	Residence (996)		
	Vacant (998)	N/A	
	ABC Cafeteria (1000)		
	Residence (1002)		
	Residence (1004)		
	Residence (1006)		
1994	<u>**HURRICANE ST**</u>		Polk City Directory
	Residence (982)		
	Residence (996)		
	Vacant (998)	N/A	
	The Bottom Line (1000)		
	Not Verified (1002)		
	Residence (1004)		
	Residence (1006)		
2000	<u>**HURRICANE ST**</u>		Polk City Directory
	Residence (982)		
	Residence (996)		
	Not Verified (998)		
	Not Verified (1002)		
	Residence (1004)		
	Residence (1006)		



PHOTO: 01
 LOCATION: Inside Manufacturing Building
 DESCRIPTION: View of manufacturing area

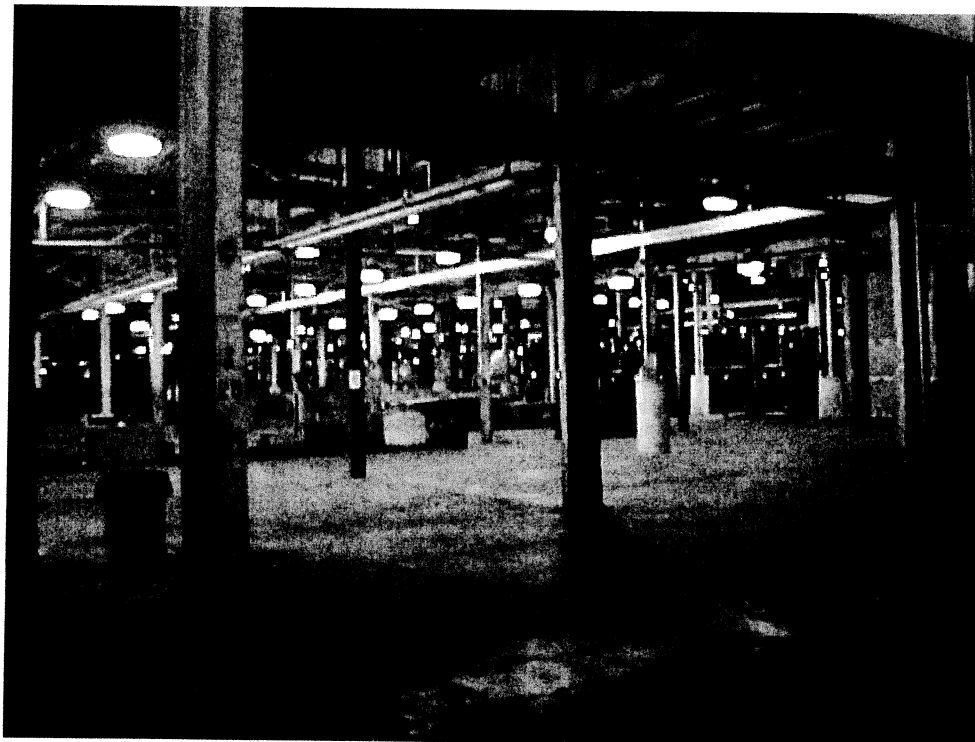


PHOTO: 02
 LOCATION: Inside Manufacturing Building
 DESCRIPTION: View of former paint booth area

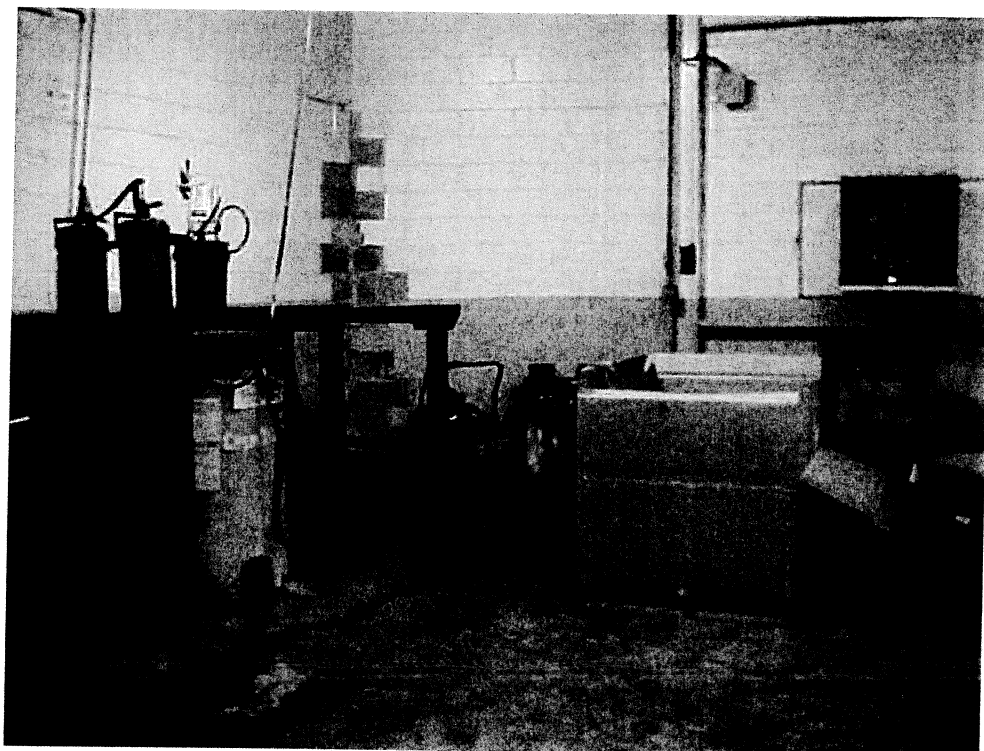


PHOTO: 03
 LOCATION: Inside southeastern side of the building
 DESCRIPTION: View of chemical storage room



PHOTO: 04
 LOCATION: View to the northeast
 DESCRIPTION: View of the exterior portion of the property

**MALCOLM
 PIRNIE**

PHASE I ENVIRONMENTAL SITE ASSESSMENT
ASSESSMENT PHOTOGRAPHS
 FRANKLIN, IN

MALCOLM PIRNIE, INC.
 DECEMBER 2004
 APPENDIX E

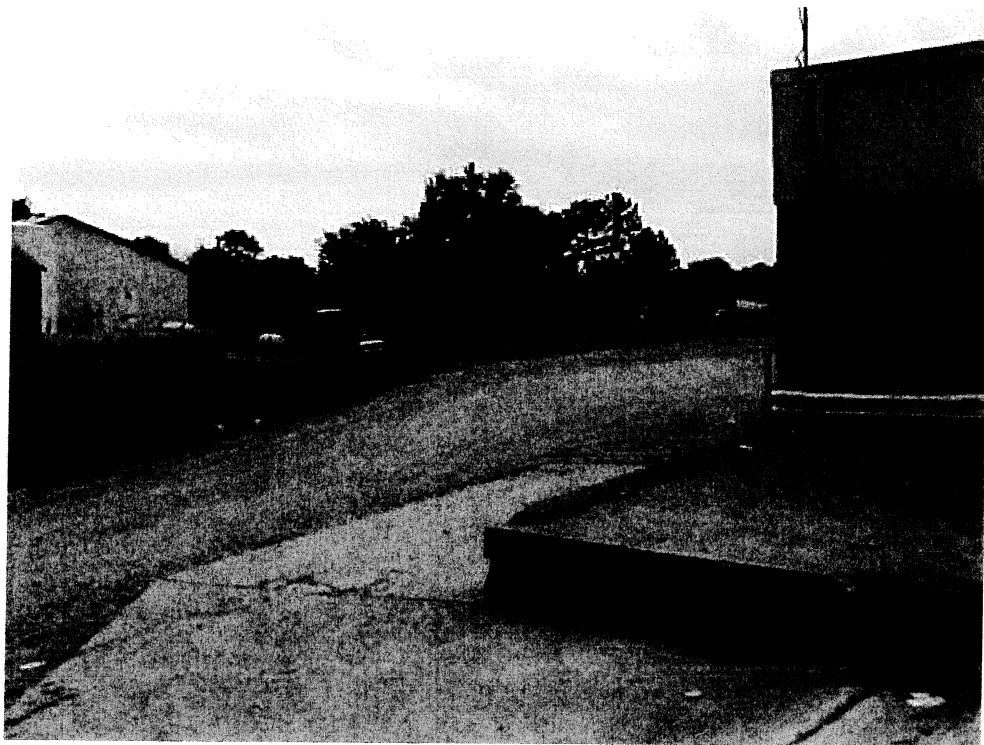


PHOTO: 05
 LOCATION: View to the southwest
 DESCRIPTION: View of exterior portion of the property

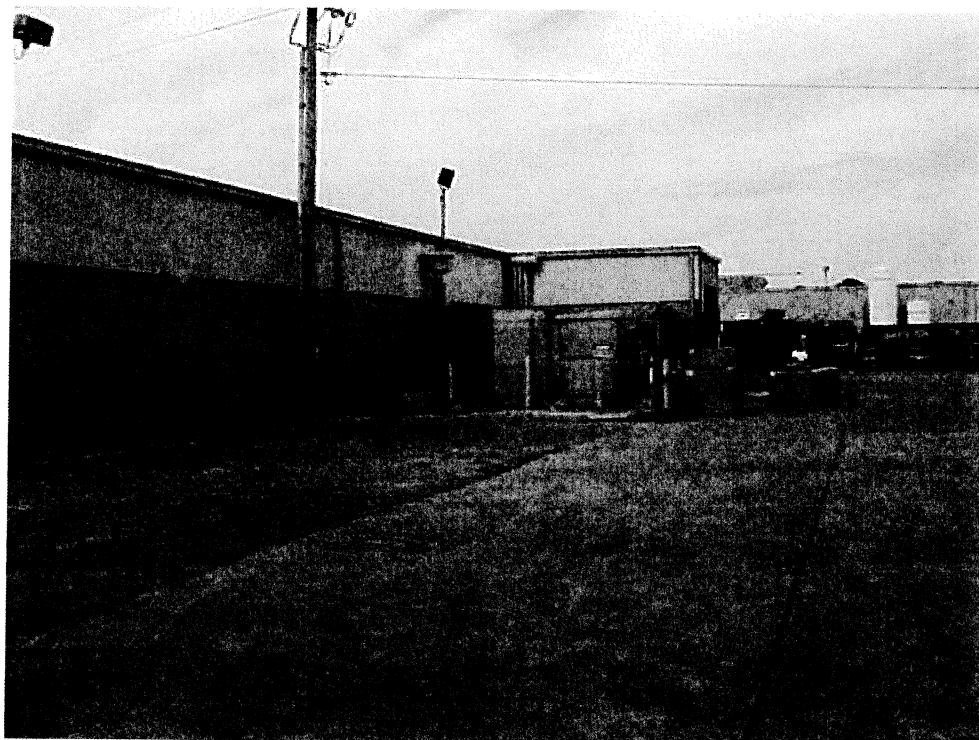


PHOTO: 06
 LOCATION: View facing north
 DESCRIPTION: Eastern exterior of the building with transformers

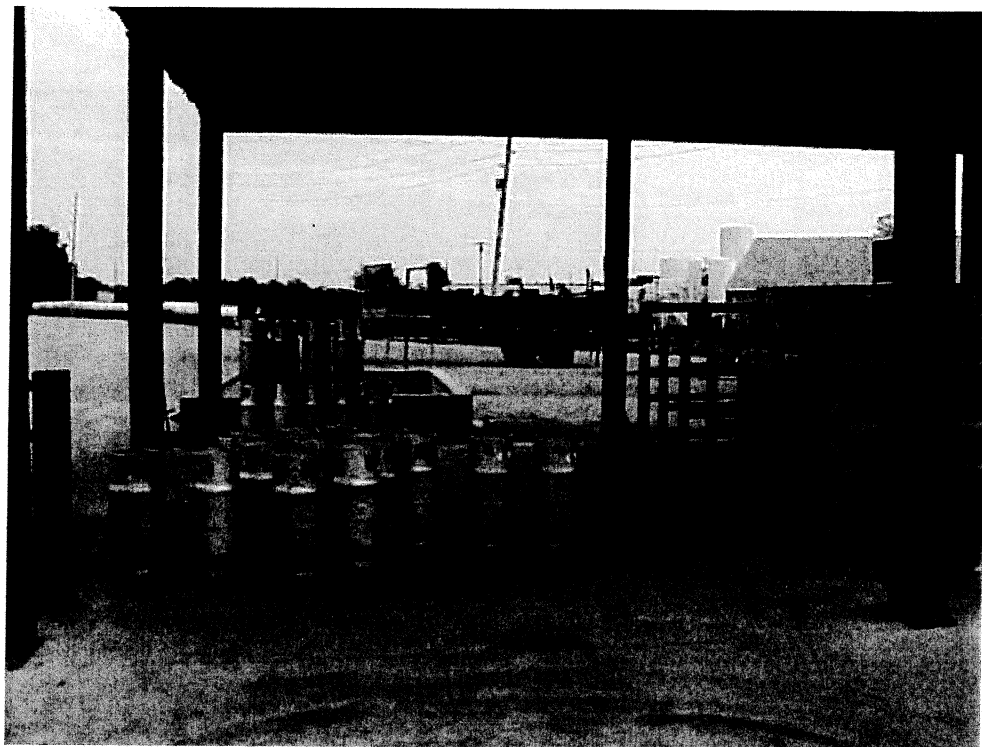


PHOTO: 07

LOCATION: Facing east along eastern side of building

DESCRIPTION: View of propane storage and AST location (inside yellow berm in background)

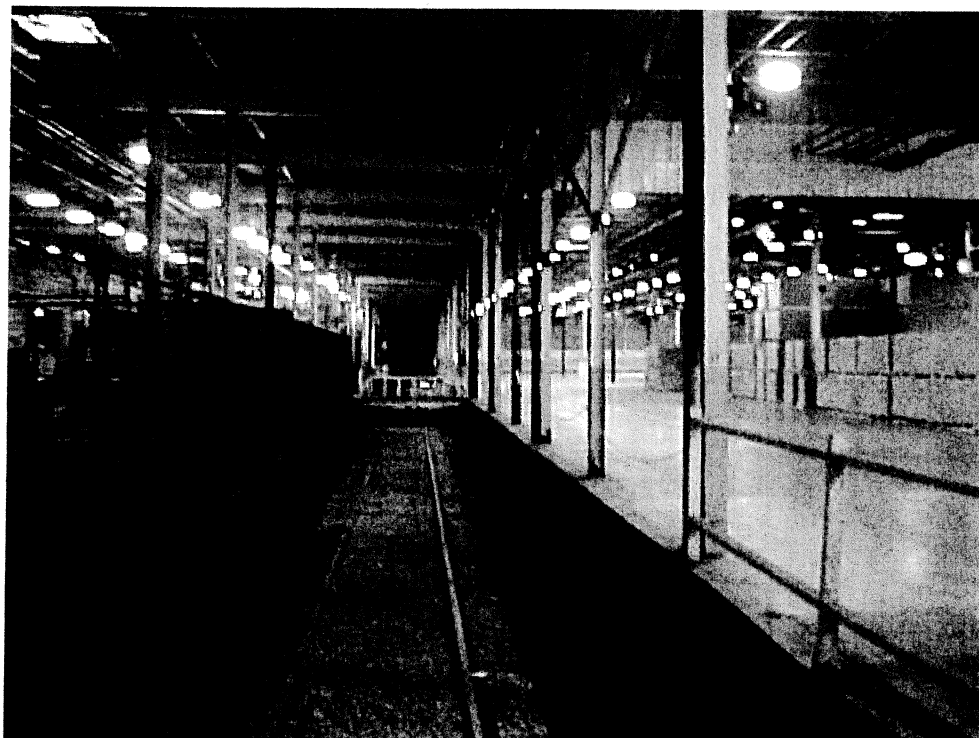


PHOTO: 8

LOCATION: Inside Manufacturing Building

DESCRIPTION: View facing west of railroad tracks inside the building

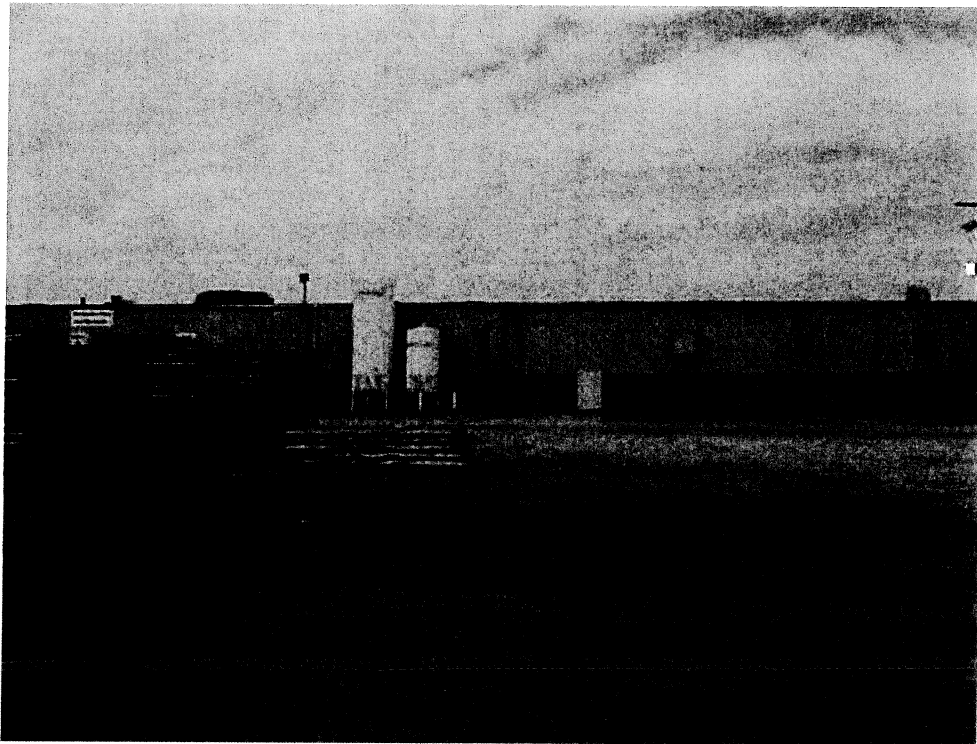


PHOTO: 09
 LOCATION: View facing north
 DESCRIPTION: Exterior of the building with Argon & Nitrogen tanks



PHOTO: 10
 LOCATION: Facing southeast
 DESCRIPTION: View of exterior of property and adjacent property in background



PHOTO: 11
 LOCATION: Inside Manufacturing Building
 DESCRIPTION: View of new concrete pad which was replaced after air compressor remediation



PHOTO: 12
 LOCATION: Inside Manufacturing Building
 DESCRIPTION: View of machinery to be removed

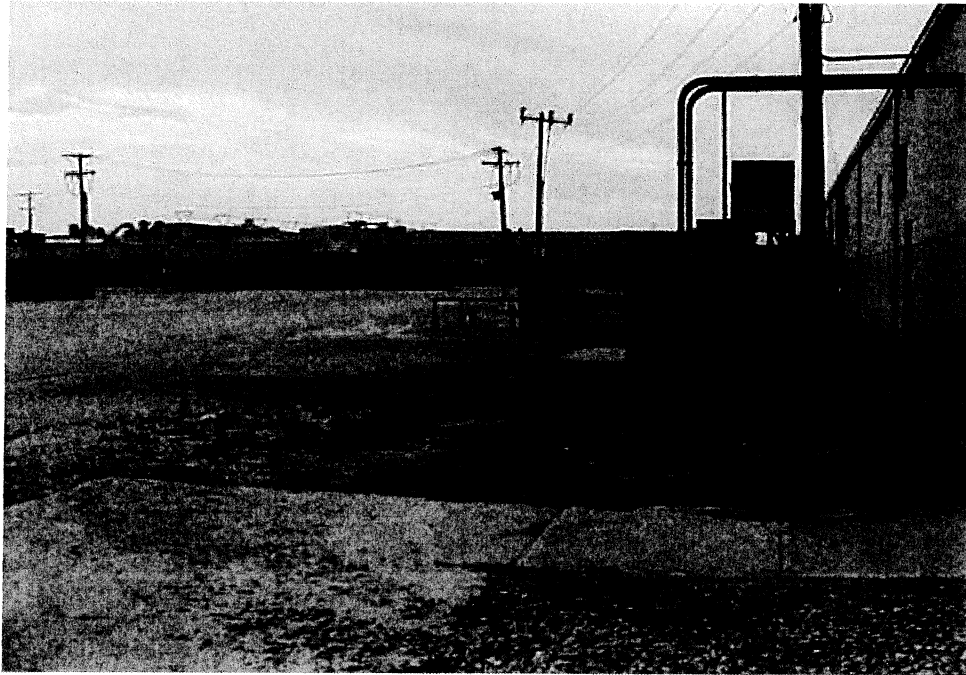


PHOTO:13
 LOCATION: Facing southwest
 DESCRIPTION: View of exterior of the building and property



PHOTO: 14
 LOCATION: Basement
 DESCRIPTION: Elevator

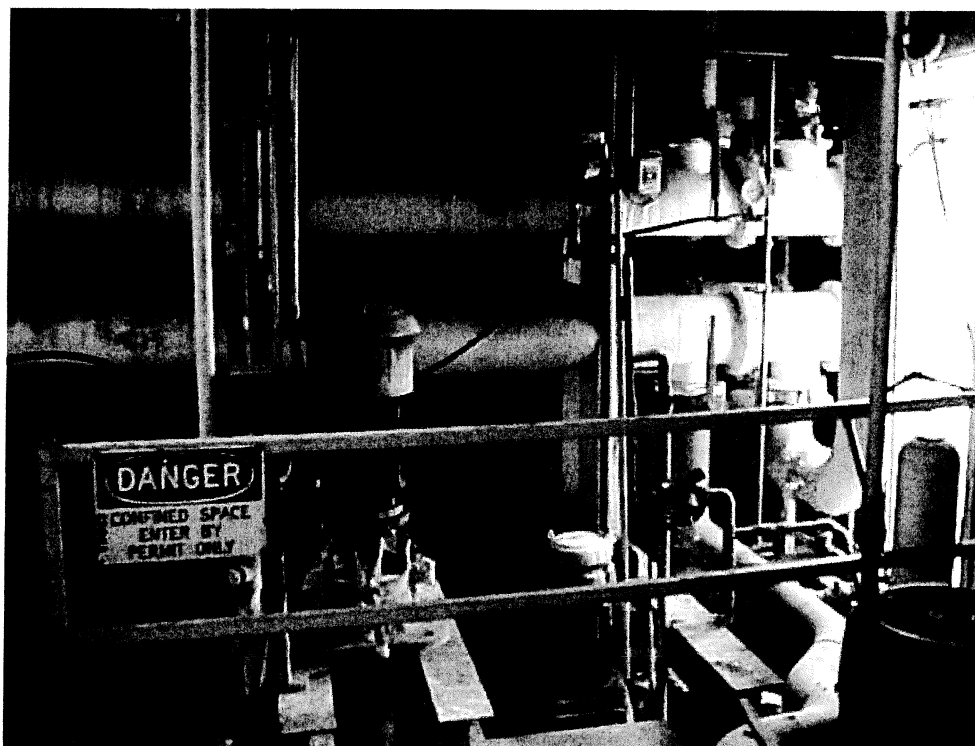


PHOTO: 15
LOCATION: Inside Manufacturing Building
DESCRIPTION: View of cooling water system

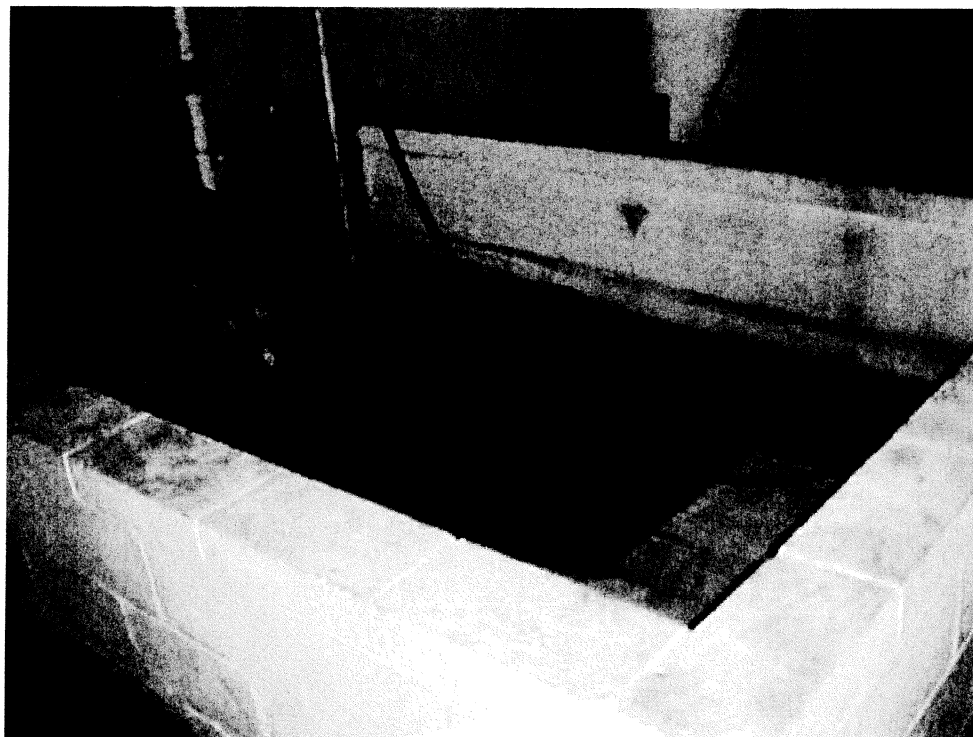


PHOTO: 16
LOCATION: Basement
DESCRIPTION: View of oil/water separator



PHOTO: 17

LOCATION: Facing west

DESCRIPTION: View of parking area across Hurricane Street. Wetlands area is located behind pine tree.



PHOTO: 18

LOCATION: Facing northwest

DESCRIPTION: View of western exterior of the property and adjacent property in background

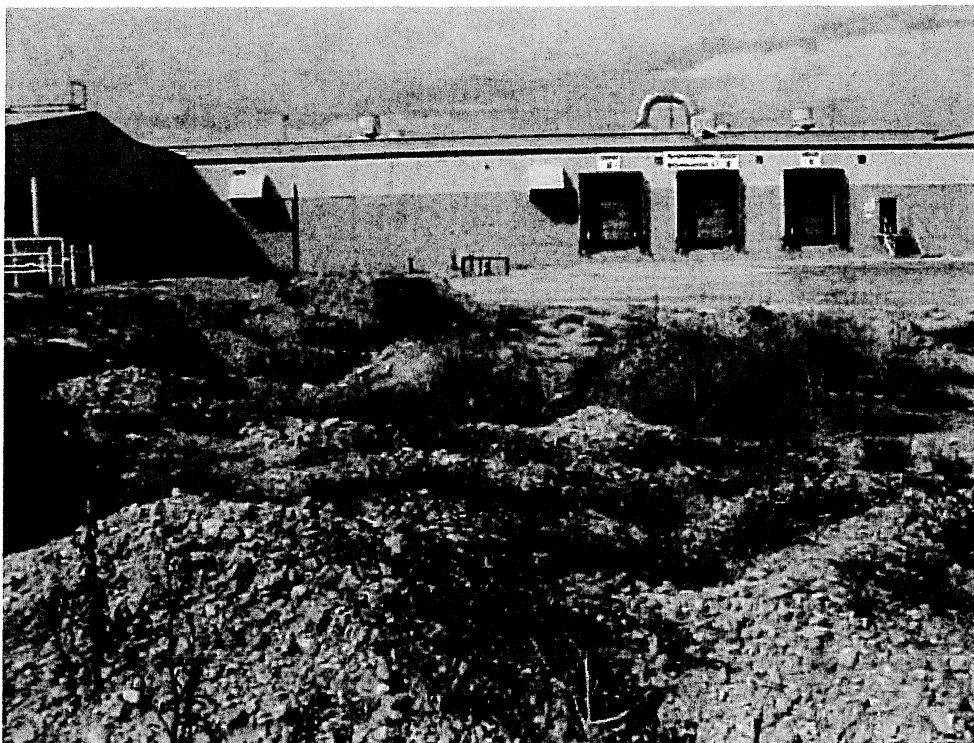


PHOTO:19
 LOCATION: View facing north
 DESCRIPTION: Southern exterior of property at the former location of fuel oil tank

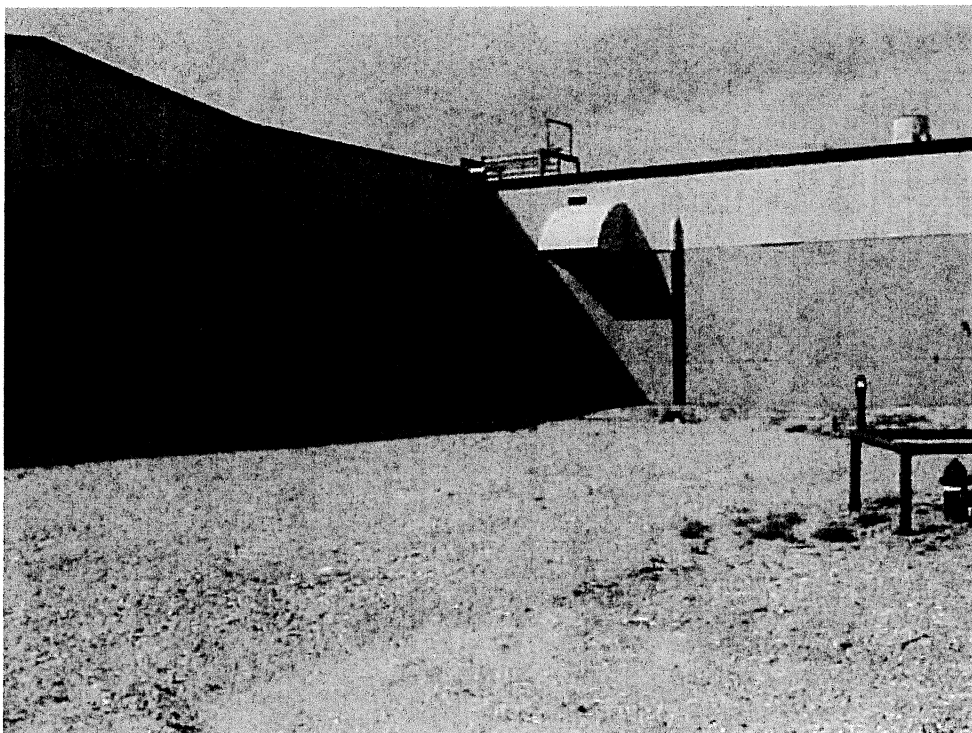


PHOTO: 20
 LOCATION: View facing northwest
 DESCRIPTION: Southwest exterior corner of building where former boiler building was located

28 June 2004

Dan Boucher
Arvin Meritor
1001 N. Hurricane Street

Franklin, IN 46131



Re: 2003RY Toxic Release Inventory Report

Dear Dan:

Enclosed are materials for your 2003 TRI report, including one disk for submittal to IDEM, one disk for submittal to EPA, and one disk, paper copy of the report. Summary sheets for your facility will be sent to your facility Technical Contact, Deb Chelf.

The disks should be submitted with the corresponding signature letters signed by Bob Williams, Facilities Maintenance Manager, to the address at the top of the letters. Keep a copy of the signed letters for your records. A submission is considered timely if it is postmarked on or before July 1. Ms. Chelf has requested that all submittals be made via Certified Mail.


Feel free to contact me at 317-706-2012 or john.cima@erm.com if you have any questions or comments.

Sincerely,

John Cima
Project Scientist

cc:

2003

 Copy - Do Not Submit to EPA United States Environmental Protection Agency	Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act	TRI Facility ID Number 46131RVNNR1001N
		Toxic Chemical, Category or Generic Name Chromium

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P.O. Box 1513 Lanham, MD 20703-1513	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision <input type="checkbox"/>
		For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2003

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> NO (Do not answer 2.2; Go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
---	---	---

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: BOB WILLIAMS MAINTENANCE MANAGER	Signature:	Date Signed: 06/30/2004
--	------------	----------------------------

SECTION 4. FACILITY IDENTIFICATION

4.1 Facility or Establishment Name ARVINMERITOR, FRANKLIN FACILITY Y	TRI Facility ID Number 46131RVNNR1001N
Street 1001 N. HURRICANE ST.	Facility or Establishment Name or Mailing Address (if different from street address) NA
City/County/State/Zip Code FRANKLIN JOHNSON IN 46131	Mailing Address NA
City/State/Zip Code FRANKLIN JOHNSON IN 46131	Country (Non-U)
4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO	
4.3 Technical Contact Name DEB CHELF	Telephone Number (include area code) (812) 379-3545
Email Address NA	
4.4 Public Contact Name JERRY RUSH	Telephone Number (include area code) (248) 435-7907
4.5 SIC Code (s) (4 digits) a. 3714	b. c. d. e. f.
4.6 Latitude Degrees 39 Minutes 29 Seconds	Longitude Degrees 086 Minutes 02 Seconds
4.7 Dun & Bradstreet Number(s) (9 digits) a. 006414783	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. IND 00641478
4.9 Facility NPDES Permit Number(s) (9 characters) a. NA	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA
b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA <input type="checkbox"/> ARVINMERITOR, INC.
5.2 Parent Company's Dun & Bradstreet Number NA <input type="checkbox"/> 788082092

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

633-KC-NW-1001-N

Toxic Chemical, Category or Generic Name

Chromium

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)

7440-47-3

1.2

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)

Chromium

1.3

Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)

NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----

NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1

Manufacture the toxic chemical

a. ☐ Produce b. ☐ Import

If produce or import:

c. ☐ For on-site use/processingd. ☐ For sale/distributione. ☐ As a byproductf. ☐ As an impurity

3.2

Process the toxic chemical:

a. ☐ As a reactantb. ☐ As a formulation componentc. ☒ As an article componentd. ☐ Repackaginge. ☐ As an impurity

3.3

Otherwise use the toxic chemical:

a. ☐ As a chemical processing aidb. ☐ As a manufacturing aidc. ☐ Ancillary or other use**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

4.1

04

(Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	179	M	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	718	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name					
5.3.1	NA				
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box
and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

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EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

45-31-RV-NR-1001

Toxic Chemical, Category, or Generic Name

Chromium

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1.A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3.A RCRA Subtitle C Surface Impoundments	<input checked="" type="checkbox"/>		
5.5.3.B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*)
(enter range code** or estimate)

0

6.1.A.2 Basis of Estimate
(enter code)

M

6.1.B 1

POTW Name

DEPARTMENT OF PUBLIC WORKS

POTW Address

796 S. STATE ST.

City FRANKLIN

State IN

County JOHNSON

Zip 46131

6.1.B

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

IND984874776

Off-Site Location Name

SAFETY KLEEN SYSTEMS

Off-site Address

475 PARK 800 DRIVE

City GREENWOOD

State IN

County JOHNSON

Zip 46143

Country (Non-US)

Is location under control of reporting facility or parent company?

Yes

☒

No

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PART II. CHEMICAL SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
2931RVN1F1001N
Toxic Chemical, Category, or Generic Name
Chromium

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 3	1. C	1. M62
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2. 2 Off-Site EPA Identification Number (RCRA ID No.) OHD000816229

Off-Site location Name SPRING GROVE RESOURCE RECOVERY

Off-site Address 4879 SPRING GROVE AVENUE

City CINCINNATI State OH County HAMILTON Zip 45232 Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 12	1. O	1. M65
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

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EPA FORM R

PART III. CHEMICAL SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

1635-XX-NM-1001-N

Toxic Chemical, Category, or Scenario Name

Chromium

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1121	897	949	1004
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	12	13	13
8.1d	Total other off-site disposal or other releases	0	3	4	4
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0.81	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

IMPORTANT: Type or print; read instructions before completing form)

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United States
Environmental Protection
Agency

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Section 313 of the Emergency Planning and Community Right-
to-Know Act of 1986, also known as Title III of the Superfund
Amendments and Reauthorization Act

TRI Facility ID Number
46131RVNNR1001N
Toxic Chemical, Category or Generic Name
Nickel

HERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center 2. APPROPRIATE STATE OFFICE
P.O.Box 1513 (See instructions in Appendix F)
Lanham, MD 20703-1513

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2003

SECTION 2. TRADE SECRET INFORMATION

1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

BOB WILLIAMS MAINTENANCE MANAGER

06/30/2004

SECTION 4. FACILITY IDENTIFICATION

1 Facility or Establishment Name TRI Facility ID Number 46131RVNNR1001N
ARVINMERITOR, FRANKLIN FACILITY Y
Facility or Establishment Name or Mailing Address (if different from street address)
Street Mailing Address
001 N. HURRICANE ST. NA
City/County/State/Zip Code City/State/Zip Code Country (Non-U)
FRANKLIN JOHNSON IN 46131

1.2 This report contains information for:
(Important: check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

1.3 Technical Contact Name DEB CHELF Telephone Number (include area code)
(812) 379-3545

Email Address NA
1.4 Public Contact Name JERRY RUSH Telephone Number (include area code)
(248) 435-7907

4.5 SIC Code (s) (4 digits) Primary a. 3714 b. c. d. e. f.
4.6 Latitude Degrees Minutes Seconds Longitude Degrees Minutes Seconds
39 29 32 086 02 48

4.7 Dun & Bradstreet Number(s) (9 digits) 4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) 4.9 Facility NPDES Permit Number(s) (9 characters) 4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 006414783 a. IND 00641478 a. NA a. NA
b. b. b. b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ ARVINMERITOR, INC.
5.2 Parent Company's Dun & Bradstreet Number NA ☐ 788082092

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EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number

6533-1001N

Toxic Chemical, Category or Generic Name

Nickel

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	7440-02-0
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	Nickel
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)	NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	NA
-----	--	----

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.)

3.1	Manufacture the toxic chemical	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	02	(Enter two-digit code from instruction package.)
-----	----	--

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA	4	M
5.2	Stack or point air emissions	NA	18	M
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

File Copy

EPA FORM R Do Not Submit to EPA

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

45-315-V-NIF-1001-II

Toxic Chemical, Category, or Generic Name

Nickel

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1.A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C Surface Impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)****6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**6.1.A.1. Total Transfers (pounds/year*)
(enter range code** or estimate)

0

6.1.A.2 Basis of Estimate
(enter code)

0

6.1.B 1	POTW Name	DEPARTMENT OF PUBLIC WORKS					
POTW Address		796 S. STATE ST.					
City	FRANKLIN	State	IN	County	JOHNSON	Zip	46131

6.1.B	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	IND984874776					
Off-Site Location Name		SAFETY KLEEN SYSTEMS					
Off-site Address		475 PARK 800 DRIVE					
City	GREENWOOD	State	IN	County	JOHNSON	Zip	46143
						Country (Non-US)	

Is location under control of reporting facility or parent company?

Yes

☒

No

* For Dioxin or Dioxin-like compounds, report in grams/year

File Copy -- Do Not Submit to EPA

EPA FORM
PART II. CHEMICAL SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

2531 RVN IF 1001 N

Toxic Chemical, Category, or Generic Name

Nickel

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 3	1. C	1. M62
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2. 2 Off-Site EPA Identification Number (RCRA ID No.) OHD000816229

Off-Site location Name SPRING GROVE RESOURCE RECOVERY

Off-site Address 4879 SPRING GROVE AVENUE

City CINCINNATI State OH County HAMILTON Zip 45232 Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 0	1. C	1. M65
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2			Yes No
	3 4		%	<input type="checkbox"/> <input type="checkbox"/>
	6 7			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA Form 9350-1 (Rev. 2/2004) - Previous editions are obsolete.

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

File Copy

Do Not Submit to EPA

EPA FORM R
PART IV. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
1673-RT-NV-100-N
Toxic Chemical, Category, or Generic Name
Nickel

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 2 3 4 5
6 7 8 9 10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	27	22	23	24
	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	0	0	0
8.1d	Total other off-site disposal or other releases	0	3	3	3
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0.93	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

27 June 2003

Dan Boucher
Arvin Merirtor
1001 N. Hurricane Street

Franklin, IN 46131



Re: 2002RY Toxic Release Inventory Report

Dear Dan:

Enclosed are materials for your 2002 TRI report, including one disk for submittal to IDEM, one disk for submittal to EPA, and one disk, paper copy of the report. Summary sheets for your facility will be sent to your facility Technical Contact, Deb Chelf.

The disks should be submitted with the corresponding signature letters signed by Mike Alte to the address at the top of the letters. Keep a copy of the signed letters for your records. A submission is considered timely if it is postmarked on or before July 1. Ms. Chelf has requested that all submittals be made via Certified Mail.

Feel free to contact me at 317-706-2012 or john.cima@erm.com if you have any questions or comments.

Sincerely,

John Cima
Project Scientist

2002

cc:

Signature Certification for U.S. EPA Diskette Submission

ARVINMERITOR, FRANKLIN FACILITY
1001 N. HURRICANE ST.
FRANKLIN, IN 46131
46131RVNNR1001N

June 27, 2003

TRI Data Processing Center
c/o Computer Sciences Corporation
Suite 300
8400 Corporate Drive
New Carrollton, MD 20785

(301) 429-5005

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

ARVINMERITOR, FRANKLIN FACILITY

This information is submitted as required under section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 2 chemical report(s) for our facility.

These 2 chemical report(s) are described below:

<u>TRI Chemical or Chemical Category</u>	<u>Reporting Year</u>	<u>CAS Number</u>	<u>Report</u>
Chromium	2002	7440-47-3	Form R
Nickel	2002	7440-02-0	Form R

Our technical point of contact is:

DEB CHELF
(812) 379-3545
NA

and is available should any questions or problems arise in the processing of this diskette.

If the enclosed diskette contains one or more Form R chemicals, then I hereby certify that I have reviewed the enclosed documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report(s) are accurate based on reasonable estimates using data available to the preparers of this report(s).

If the enclosed diskette contains one or more Form A chemicals, then I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the Form A statement, the annual reportable amount as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Sincerely,

MIKE ALTE
SITE MANAGER

Enclosure: Diskette

Signature Certification for State Diskette Submission

ARVINMERITOR, FRANKLIN FACILITY
1001 N. HURRICANE ST.
FRANKLIN, IN 46131
46131RVNNR1001N

June 27, 2003

Mr. Brian Stevens
OPPTA
Indiana Department of Environmental Management
150 West Market Street, Suite 703
Indianapolis, IN 46204-2811
317 234-0203; fax 317 233-5627

To Whom It May Concern:

Enclosed please find one (1) microcomputer diskette containing toxic chemical release reporting information for:

ARVINMERITOR, FRANKLIN FACILITY

This information is submitted as required under section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 and the Pollution Prevention Act of 1990.

We are submitting a total of 2 chemical report(s) for our facility.

These 2 chemical report(s) are described below:

<u>TRI Chemical or Chemical Category</u>	<u>Reporting Year</u>	<u>CAS Number</u>	<u>Report</u>
Chromium	2002	7440-47-3	Form R
Nickel	2002	7440-02-0	Form R

Our technical point of contact is:

DEB CHELF
(812) 379-3545
NA

and is available should any questions or problems arise in the processing of this diskette.

If the enclosed diskette contains one or more Form R chemicals, then I hereby certify that I have reviewed the enclosed documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report(s) are accurate based on reasonable estimates using data available to the preparers of this report(s).

If the enclosed diskette contains one or more Form A chemicals, then I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the Form A statement, the annual reportable amount as defined in 40 CFR 372.27(a) did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed or otherwise used in an amount not exceeding 1 million pounds during the reporting year.

Sincerely,

MIKE ALTE
SITE MANAGER

Enclosure: Diskette

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection
Agency

FORM R

TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center
P.O.Box 1513
Lantham, MD 20703-1513

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2002

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: Mike Alte Site Manager

Signature: _____ Date Signed: 06/30/2003

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number		46131RVNNR1001N		
ArvinMeritor, Franklin Facility			Facility or Establishment Name or Mailing Address (if different from street address)				
Street			Mailing Address				
1001 N. Hurricane St.			NA				
City/County/State/Zip Code			City/State/Zip Code		Country (Non-US)		
Franklin Johnson IN 46131							
4.2	This report contains information for: (Important: check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO						
4.3	Technical Contact Name		Deb Chelf		Telephone Number (include area code) (812) 379-3545		
	Email Address		NA				
4.4	Public Contact Name		Jerry Rush		Telephone Number (include area code) (248) 435-7907		
4.5	SIC Code (s) (4 digits)		Primary a. 3714		b. c. d. e. f.		
4.6	Latitude		Degrees	Minutes	Seconds	Longitude	
			39	29	32	Degrees	
						086	
						02	
						48	
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a.	006414783	a.	IND 00641478	a.	NA	a.	NA
b.		b.		b.		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA ☐ ArvinMeritor, Inc.

5.2 Parent Company's Dun & Bradstreet Number NA ☐ 788082092

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number
46131RVNNR1001N
Toxic Chemical, Category or Generic Name
Chromium

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7440-47-3
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Chromium
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA																	

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
------------	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	05 (Enter two-digit code from instruction package.)
------------	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	224	M	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	897	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name					
5.3.1	Hurricane Creek		0	M	NA
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM F
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category, or Generic Name

Chromium

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

	NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1.A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*)
(enter range code** or estimate)

0

6.1.A.2 Basis of Estimate
(enter code)

M

6.1.B. 1

POTW Name

Department of Public Works

POTW Address

796 S. State St.

City

Franklin

State

IN

County

Johnson

Zip

46131

6.1.B.

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

Southside Landfill

Transfer and Recycling Station

Off-site Address

2561 Kentucky Avenue

City

Indianapolis

State

IN

County

Marion

Zip

46221

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐

Yes

☒

No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM F

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
46131RVNNR1001N
Toxic Chemical, Category, or Generic Name
Chromium

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 0	1. O	1. M73
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2. 2 Off-Site EPA Identification Number (RCRA ID No.) NA

Off-Site location Name Warrior Oil

Off-site Address 809 Overstreet

City Franklin State IN County Johnson Zip 46131 Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 0	1. O	1. M62
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence {enter 3-character code(s)}	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?	
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e	
	1				2
	3				4
	6	7	8		
				Yes No	
				<input type="checkbox"/> <input type="checkbox"/>	
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e	
	1				2
	3				4
	6	7	8		
				Yes No	
				<input type="checkbox"/> <input type="checkbox"/>	
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e	
	1				2
	3				4
	6	7	8		
				Yes No	
				<input type="checkbox"/> <input type="checkbox"/>	
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e	
	1				2
	3				4
	6	7	8		
				Yes No	
				<input type="checkbox"/> <input type="checkbox"/>	
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e	
	1				2
	3				4
	6	7	8		
				Yes No	
				<input type="checkbox"/> <input type="checkbox"/>	

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box
and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

EPA FORM R

PART II CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category, or Generic Name

Chromium

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 2 3 4 5
6 7 8 9 10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	865	1121	1105	1186
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			1.30	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one Box)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

***Report releases pursuant to EPCRA Section 329 (8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

(IMPORTANT: Type or print; read instructions before completing form)



United States

Environmental Protection
Agency

FORM R

TOXIC CHEMICAL RELEASE

INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center 2. APPROPRIATE STATE OFFICE
P.O.Box 1513 (See instructions in Appendix F)
Lanham, MD 20703-1513

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 2002****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
 (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

Mike Alte Site Manager

06/30/2003

SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name		TRI Facility ID Number		46131RVNNR1001N		
ArvinMeritor, Franklin Facility			Facility or Establishment Name or Mailing Address (if different from street address)				
Street			Mailing Address				
1001 N. Hurricane St.			NA				
City/County/State/Zip Code			City/State/Zip Code		Country (Non-US)		
Franklin Johnson IN 46131							
4.2	This report contains information for: (Important: check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO						
4.3	Technical Contact Name		Deb Chelf		Telephone Number (include area code)		
					(812) 379-3545		
Email Address			NA				
4.4	Public Contact Name		Jerry Rush		Telephone Number (include area code)		
					(248) 435-7907		
4.5	SIC Code (s) (4 digits)		Primary				
		a. 3714	b.	c.	d.	e.	
4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	
		39	29	32	086		
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 006414783		a. IND 00641478		a. NA		a. NA	
b.		b.		b.		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	ArvinMeritor, Inc.
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	788082092

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number
 46131RVNNR1001N
 Toxic Chemical, Category or Generic Name
 Nickel

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7440-02-0
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Nickel
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA																	

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
-----	--

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	3.2	Process the toxic chemical: a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	3.3	Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
-----	--	-----	---	-----	---

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03 (Enter two-digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions NA <input type="checkbox"/>	5	M	
5.2	Stack or point air emissions NA <input type="checkbox"/>	22	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	Hurricane Creek	0	M	NA
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

<p style="text-align: center; font-size: 1.2em; margin: 0;">EPA FORM F</p> <p style="font-size: 1.5em; opacity: 0.5; position: absolute; top: 0; left: 0; right: 0;">Copy - Do Not Submit to EPA</p> <p>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p>	TRI Facility ID Number
	46131RVNNR1001N
	Toxic Chemical, Category, or Generic Name
Nickel	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B	Other landfills	<input checked="" type="checkbox"/>		
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>		
5.5.4	Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	0

6.1.B. 1	POTW Name	Department of Public Works					
POTW Address		796 S. State St.					
City	Franklin	State	IN	County	Johnson	Zip	46131

6.1.B.	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)	NA								
Off-Site Location Name	Southside Landfill Transfer and Recycling Station								
Off-site Address	2561 Kentucky Avenue								
City	Indianapolis	State	IN	County	Marion	Zip	46221	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM F
PART II, CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
 46131RVNNR1001N
 Toxic Chemical, Category, or Generic Name
 Nickel

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 0	1. O	1. M73
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2. 2 Off-Site EPA Identification Number (RCRA ID No.) NA

Off-Site location Name		Warrior Oil							
Off-site Address		809 Overstreet							
City	Franklin	State	IN	County	Johnson	Zip	46131	Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☒ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 0	1. O	1. M62
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 2 3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box
 and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

EPA FORM 9
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
 46131RVNNR1001N
 Toxic Chemical, Category, or Generic Name
 Nickel

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 2 3 4 5
 6 7 8 9 10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1 Quantity released ***	41	27	27	29
8.2 Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3 Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4 Quantity recycled onsite	NA	NA	NA	NA
8.5 Quantity recycled offsite	NA	NA	NA	NA
8.6 Quantity treated onsite	NA	NA	NA	NA
8.7 Quantity treated offsite	NA	NA	NA	NA
8.8 Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9 Production ratio or activity index			0.66	
8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one Box)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

File with 1999 Form R.

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

October 20, 2000

DEB CHELF
ARVIN EXHAUST
1001 NORTH HURRICANE ST.
FRANKLIN, IN 46131

[64-00]

County: JOHNSON
Facility ID: 46131RVNNR1001N

Chemical Reviewed: *MANGANESE*
Reported Release: *392 pounds*

FKL

In reviewing your 1999 Toxic Release Inventory Form R report for this chemical, we notice that you reported a **90%** decrease in the release value for this chemical based on 1998 values. This represents a significant decrease. Please provide us with more information about this decrease. We are interested in identifying source reduction efforts that result in significant decreases of reported wastes.

To get accurate information in the 1999 Indiana Toxic Release Inventory press release, we must ask that you submit your revisions to the state no later than November 20, 2000. If you change a reported value, you will need to file a revision with the U.S. EPA.

Please fax this form to my attention at 317-233-5627, e-mail a response (jchavez@dem.state.in.us), or mail it to the address on the letterhead. Thank you for your assistance

Sincerely,

John B. Chavez, Chief
Pollution Prevention Branch

Explanation of the low release value:

- ☐ This value is in error. The correct release value is _____. We will file a revision with U.S. EPA and mail IDEM a copy to the address on the letterhead.
- ☐ Our release for this chemical **did** drop significantly from 1998 to 1999 because: _____

☒ The releases are from welding fume. 1998 numbers were based on AP-42 emission factors. 1999 numbers are based on stack test direct measurements obtained using EPA stack testing protocols.

Signed: *Debra Chelf* Printed Name DEBRA CHELF Date 10-26-00



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Indianapolis, Indiana 46206-6015
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(800) 451-6027
www.state.in.us/idem

October 20, 2000

DEB CHELF
ARVIN EXHAUST
1001 NORTH HURRICANE ST.
FRANKLIN, IN 46131

[64-00]

County: **JOHNSON**
Facility ID: **46131RVNNR1001N**

Chemical Reviewed: **NICKEL**
Reported Release: **28 pounds**

FKL

In reviewing your 1999 Toxic Release Inventory Form R report for this chemical, we notice that you reported a **98%** decrease in the release value for this chemical based on 1998 values. This represents a significant decrease. Please provide us with more information about this decrease. We are interested in identifying source reduction efforts that result in significant decreases of reported wastes.

To get accurate information in the 1999 Indiana Toxic Release Inventory press release, we must ask that you submit your revisions to the state no later than November 20, 2000. If you change a reported value, you will need to file a revision with the U.S. EPA.

Please *fax* this form to my attention at 317-233-5627, *e-mail* a response (jchavez@dem.state.in.us), or *mail* it to the address on the letterhead. Thank you for your assistance

Sincerely,

John B. Chavez, Chief
Pollution Prevention Branch

Explanation of the low release value:

- ☐ This value is in error. The correct release value is _____. We will file a revision with U.S. EPA and mail IDEM a copy to the address on the letterhead.
- ☐ Our release for this chemical **did** drop significantly from 1998 to 1999 because: _____



The releases are from welding fume. 1998 numbers were based on AP-42
Other, please explain: emission factors. 1999 numbers are based on
stack test direct measurements obtained using EPA
stack testing protocols.

Signed: Debra Chelf

Printed Name: DEBRA CHELF

Date: 10-26-00



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Indianapolis, Indiana 46206-6015
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(800) 451-6027
www.state.in.us/idem

October 20, 2000

DEB CHELF
ARVIN EXHAUST
1001 NORTH HURRICANE ST.
FRANKLIN, IN 46131

[64-00]

County: **JOHNSON**
Facility ID: **46131RVNNR1001N**

Chemical Reviewed: **CHROMIUM**
Reported Release: **1163 pounds**

FKL

In reviewing your 1999 Toxic Release Inventory Form R report for this chemical, we notice that you reported a **81%** decrease in the release value for this chemical based on 1998 values. This represents a significant decrease. Please provide us with more information about this decrease. We are interested in identifying source reduction efforts that result in significant decreases of reported wastes.

To get accurate information in the 1999 Indiana Toxic Release Inventory press release, we must ask that you submit your revisions to the state no later than November 20, 2000. If you change a reported value, you will need to file a revision with the U.S. EPA.

Please *fax* this form to my attention at 317-233-5627, *e-mail* a response (jchavez@dem.state.in.us), or *mail* it to the address on the letterhead. Thank you for your assistance

Sincerely,

John B. Chavez, Chief
Pollution Prevention Branch

Explanation of the low release value:

- ☐ This value is in error. The correct release value is _____. We will file a revision with U.S. EPA and mail IDEM a copy to the address on the letterhead.
- ☐ Our release for this chemical **did** drop significantly from 1998 to 1999 because: _____



Other, please explain: *The releases are from welding fume. 1998 numbers were based on AP-42 emission factors. 1999 numbers are based on stack test direct measurements obtained using EPA stack test protocols.*

Signed:

Printed Name **DEBRA CHELF**

Date **10-26-00**



United States
Environmental Protection
Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 1999

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

TOM JONES

FACILITY MANAGER

Signature:

Date Signed:

06/26/2000

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number		46131-RVNNR-1001N				
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)					
ARVIN EXHAUST							
Street		Mailing Address					
1001 NORTH HURRICANE STREET							
City/County/State/Zip Code		City/County/State/Zip Code					
FRANKLIN JOHNSON IN 46131-							
4.2	This report contains information for: (Important: check a or b; check c if applicable)						
	a.	<input checked="" type="checkbox"/> An entire facility	b.	<input type="checkbox"/> Part of a facility			
			c.	<input type="checkbox"/> A Federal facility			
4.3	Technical Contact Name		DEB CHELF				
			Telephone Number (include area code)				
			(812) 379 - 3545				
4.4	Public Contact Name		JOHN BROWN				
			Telephone Number (include area code)				
			(812) 379 - 3389				
4.5	SIC Code (s) (4 digits)		Primary				
	a.	3714	b.				
	c.		d.				
	e.		f.				
4.6	Latitude	Degrees	Minutes	Seconds			
		039	29	32			
		Longitude		Degrees			
				086			
				Minutes			
				02			
				Seconds			
				48			
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9	Facility NPDES Permit Number(s) (9 characters)	4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a.	006414783	a.	IND006414783	a.	NA	a.	NA
b.	NA	b.	NA	b.		b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	ARVIN INDUSTRIES
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	006414361

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

- 1.1** CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 007440473
- 1.2** Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 CHROMIUM
- 1.3** Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

- 2.1** Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

- | | | |
|---|--|--|
| 3.1 Manufacture the toxic chemical: | 3.2 Process the toxic chemical: | 3.3 Otherwise use the toxic chemical: |
| a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import
If produce or import:
c. <input type="checkbox"/> For on-site use/processing
d. <input type="checkbox"/> For sale/distribution
e. <input type="checkbox"/> As a byproduct
f. <input type="checkbox"/> As an impurity | a. <input type="checkbox"/> As a reactant
b. <input type="checkbox"/> As a formulation component
c. <input checked="" type="checkbox"/> As an article component
d. <input type="checkbox"/> Repackaging | a. <input type="checkbox"/> As a chemical processing aid
b. <input type="checkbox"/> As a manufacturing aid
c. <input type="checkbox"/> Ancillary or other use |

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

- 4.1** 04 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	233	M	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	930	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name					
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

1

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

	NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3 Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4 Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year)
(enter range code* or estimate)

0

6.1.A.2 Basis of Estimate
(enter code)

0

6.1.B.1

POTW Name

DEPARTMENT OF PUBLIC WORKS

POTW Address

796 SOUTH STATE STREET

City

FRANKLIN

State

IN

County

JOHNSON

Zip

46131-

6.1.B.2

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

THE KROOT CORPORATION

Off-Site Address

2915 STATE STREET

City

COLUMBUS

State

IN

County

BARTHOLOMEW

Zip

47201-

Is location under control of reporting facility or parent company?

☐ Yes

☒ No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 1000000	1. M	1. M24
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?																
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e																
NA	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>5</td><td></td></tr> <tr><td>6</td><td></td><td>8</td><td></td></tr> </table>	1		2		3		5		6		8			0 %	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
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3		5																		
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3		5																		
6		8																		
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	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>5</td><td></td></tr> <tr><td>6</td><td></td><td>8</td><td></td></tr> </table>	1		2		3		5		6		8			%	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
1		2																		
3		5																		
6		8																		
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1		2																		
3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES



Not Applicable (NA) -

Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

NA

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES



Not Applicable (NA) - Check here if no on-site recycling is applied to any waste

stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.

NA

2.

3.

4.

5.

6.

7.

8.

9.

10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	6300	1163	1000
8.2	Quantity used for energy recovery onsite	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA
8.5	Quantity recycled offsite	1400000	1000000	950000
8.6	Quantity treated onsite	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0
8.9	Production ratio or activity index			0000.86
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			<div>YES</div> <div>NO</div>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

TOM JONES

FACILITY MANAGER

06/26/2000

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number		46131-RVNNR-1001N	
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)		
ARVIN EXHAUST				
Street		Mailing Address		
1001 NORTH HURRICANE STREET				
City/County/State/Zip Code		City/County/State/Zip Code		
FRANKLIN JOHNSON IN 46131-				
4.2	This report contains information for: (Important : check a or b; check c if applicable)			
	a.	<input checked="" type="checkbox"/> An entire facility	b.	<input type="checkbox"/> Part of a facility
			c.	<input type="checkbox"/> A Federal facility
4.3	Technical Contact Name	DEB CHELF		Telephone Number (include area code) (812) 379 - 3545
4.4	Public Contact Name	JOHN BROWN		Telephone Number (include area code) (812) 379 - 3389
4.5	SIC Code (s) (4 digits)	Primary a. 3714	b.	c.
4.6	Latitude	Degrees 039	Minutes 29	Seconds 32
		Longitude		Degrees 086
				Minutes 02
				Seconds 48
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9
a. 006414783		a. IND006414783		4.10
b. NA		b. NA		Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
				a. NA
				b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	ARVIN INDUSTRIES
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	006414361

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 46131-RVNNR-1001N
 Toxic Chemical, Category or Generic Name
 MANGANESE

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

- 1.1** CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 007439965
- 1.2** Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 MANGANESE
- 1.3** Generic Chemical Name (Important: Complete **only** if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

- 2.1** Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
 (Important: Check all that apply.)

- | 3.1 | Manufacture the toxic chemical: | 3.2 | Process the toxic chemical: | 3.3 | Otherwise use the toxic chemical: |
|-----------------------|---|-----|---|-----|---|
| a. | <input type="checkbox"/> Produce | b. | <input type="checkbox"/> Import | | |
| If produce or import: | | | | | |
| c. | <input type="checkbox"/> For on-site use/processing | a. | <input type="checkbox"/> As a reactant | a. | <input type="checkbox"/> As a chemical processing aid |
| d. | <input type="checkbox"/> For sale/distribution | b. | <input type="checkbox"/> As a formulation component | b. | <input type="checkbox"/> As a manufacturing aid |
| e. | <input type="checkbox"/> As a byproduct | c. | <input checked="" type="checkbox"/> As an article component | c. | <input type="checkbox"/> Ancillary or other use |
| f. | <input type="checkbox"/> As an impurity | d. | <input type="checkbox"/> Repackaging | | |

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

- 4.1** (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	78	M	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	314	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

MANGANESE

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	46131-RVNNR-1001N
	Toxic Chemical, Category or Generic Name
	MANGANESE

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

		NA	A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	0

6.1.B.1	POTW Name	DEPARTMENT OF PUBLIC WORKS					
POTW Address		796 SOUTH STATE STREET					
City	FRANKLIN	State	IN	County	JOHNSON	Zip	46131-
6.1.B.2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name	THE KROOT CORPORATION
Off-Site Address	2915 STATE STREET
City	COLUMBUS
State	IN
County	BARTHOLOMEW
Zip	47201-
Is location under control of reporting facility or parent company? <input style="width: 40px;" type="checkbox"/> Yes <input checked="" style="width: 40px;" type="checkbox"/> No	

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

MANGANESE

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 91000	1. M	1. M24
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site location Name

RUMPKE

Off-Site Address

546 SOUTH 870 STREET

City

MEDORA

State

IN

County

JACKSON

Zip

47260-

Is location under control of reporting facility or parent company?

☐

Yes

☒

No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 997	1. M	1. M72
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?																
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e																
NA	<table border="1"> <tr><td>1</td><td></td><td>2</td><td></td></tr> <tr><td>3</td><td></td><td>5</td><td></td></tr> <tr><td>6</td><td></td><td>8</td><td></td></tr> </table>	1		2		3		5		6		8			0 %	<table border="1"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
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3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
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3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			
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3		5																		
6		8																		
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1		2																		
3		5																		
6		8																		
Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>																			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

1 (example: 1,2,3, etc)

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 46131-RVNNR-1001N Toxic Chemical, Category or Generic Name MANGANESE
--	--

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	4100	1389	380	360
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	97000	91000	88000	86000
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	0000.86			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

(IMPORTANT: Type or print; read instructions before completing form)

**EPA**United States
Environmental Protection
Agency**FORM R****TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act**WHERE TO SEND COMPLETED FORMS:** 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1. REPORTING YEAR 1999****SECTION 2. TRADE SECRET INFORMATION**

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized
(Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:

Signature:

Date Signed:

TOM JONES

FACILITY MANAGER

06/26/2000

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number		46131-RVNNR-1001N	
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (if different from street address)		
ARVIN EXHAUST				
Street		Mailing Address		
1001 NORTH HURRICANE STREET				
City/County/State/Zip Code		City/County/State/Zip Code		
FRANKLIN JOHNSON IN 46131-				
4.2	This report contains information for: (Important: check a or b; check c if applicable)			
	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	
4.3	Technical Contact Name	DEB CHELF		Telephone Number (include area code) (812) 379 - 3545
4.4	Public Contact Name	JOHN BROWN		Telephone Number (include area code) (812) 379 - 3389
4.5	SIC Code (s) (4 digits)	Primary a. 3714	b.	c.
4.6	Latitude	Degrees 039	Minutes 29	Seconds 32
		Degrees 086	Minutes 02	Seconds 48
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8	EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9
a. 006414783		a. IND006414783		a. NA
b. NA		b. NA		b. NA
				4.10
				Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
				a. NA
				b. NA

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input type="checkbox"/>	ARVIN INDUSTRIES
5.2	Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	006414361

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
 46131-RVNNR-1001N
 Toxic Chemical, Category or Generic Name
 NICKEL

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
 007440020

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
 NICKEL

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
 NA

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
 NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 03 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year) (Enter range code or estimate*)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	6	M	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	22	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	NA				
5.3.2					
5.3.3					
5.4.1	Underground Injection onsite to Class I Wells	NA <input checked="" type="checkbox"/>	NA		
5.4.2	Underground Injection onsite to Class II-V Wells	NA <input checked="" type="checkbox"/>	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

1 (example: 1,2,3, etc.)

1

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

NICKEL

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	46131-RVNNR-1001N
	Toxic Chemical, Category or Generic Name
	NICKEL

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

			A. Total Release (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)
5.5	Disposal to land onsite	NA		
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year) (enter range code* or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	0

6.1.B.1	POTW Name	DEPARTMENT OF PUBLIC WORKS					
POTW Address		796 SOUTH STATE STREET					
City	FRANKLIN	State	IN	County	JOHNSON	Zip	46131-

6.1.B.2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name	THE KROOT CORPORATION
Off-Site Address	2915 STATE STREET
City	COLUMBUS
State	IN
County	BARTHOLOMEW
Zip	47201-
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131-RVNNR-1001N

Toxic Chemical, Category or Generic Name

NICKEL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 46000	1. M	1. M24
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Is location under control of reporting facility or parent company?

☐

Yes

☐

No

A. Total Transfers (pounds/year) (enter range code* or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	1		0 %	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1		%	Yes
	2			No
	3			<input type="checkbox"/>
	4			
	5			
	6			
	7			
	8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box
and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 46131-RVNNR-1001N Toxic Chemical, Category or Generic Name NICKEL
--	---

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.


Recycling Methods [enter 3-character code(s)]

1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released **	2200	28	25	21
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	63000	46000	44000	42000
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	0			
8.9	Production ratio or activity index	0000.86			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

** Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite or offsite.

 EPA United States Environmental Protection Agency	<h1 style="margin: 0;">FORM R</h1>	TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM
Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act		

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this
is a revision

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION


SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
--	--

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
MIKE ALTE SITE MANAGER		06/26/2001

SECTION 4. FACILITY IDENTIFICATION

4.1	TRI Facility ID Number 46131RVNNR1001N
Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)
ARVINMERITOR	
Street	Mailing Address
1001 NORTH HURRICANE STREET	
City/County/State/Zip Code	City/State/Zip Code
FRANKLIN JOHNSON IN 46131-	
	Country (Non-US)

4.2 This report contains information for:
 (Important : check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3 Technical Contact Name	DEB CHELF	Telephone Number (include area code) (812) 379-3545
4.4 Public Contact Name	SAM LOCHRICCHIO	Telephone Number (include area code) (248) 655-5521
4.5 SIC Code (s) (4 digits)	Primary a. 3714	b. c. d. e. f.
4.6 Latitude	Degrees 39	Minutes 29
	Seconds 32	Longitude Degrees 086
		Minutes 02
		Seconds 48

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 006414783	a. IND006414783	a. NA	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company	NA <input type="checkbox"/>	ARVINMERITOR INC.
5.2 Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	788082092

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1

CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
7440473

1.2

Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
CHROMIUM

1.3

Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
NA

1.4

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	X															

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1

Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

a. ☐ Produce b. ☐ Import

If produce or import:

- c. ☐ For on-site use/processing
d. ☐ For sale/distribution
e. ☐ As a byproduct
f. ☐ As an impurity

3.2 Process the toxic chemical:

- a. ☐ As a reactant
b. ☐ As a formulation component
c. ☒ As an article component
d. ☐ Repackaging
e. ☐ As an impurity

3.3 Otherwise use the toxic chemical:

- a. ☐ As a chemical processing aid
b. ☐ As a manufacturing aid
c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1

04

(Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

5.1

Fugitive or non-point air emissions

NA ☐A. Total Release (pounds/year*)
(Enter range code or estimate**)

232

B. Basis of Estimate
(enter code)

M

C. % From Stormwater

5.2

Stack or point air emissions

NA ☐

928

M

5.3

Discharges to receiving streams or water bodies (enter one name per box)

Stream or Water Body Name

5.3.1

NA

5.3.2

5.3.3

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers(pounds/year*)
(enter range code** or estimate)

0

6.1.A.2 Basis of Estimate
(enter code)

M

6.1.B.1

POTW Name

DEPARTMENT OF PUBLIC WORKS

POTW Address

796 SOUTH STATE ST

City FRANKLIN

State

IN

County

JOHNSON

Zip

46131-

6.1.B.2

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

In this box and indicate the Part II, Section 6.1 page number in this box

(example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

NA

Off-Site Address

City

State

County

Zip

Country
(Non-US)

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	46131RVNNR1001N
	Toxic Chemical, Category or Generic Name
	CHROMIUM
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category or Generic Name

CHROMIUM

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

-

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐

Yes

☐

No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
NA	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	3 4 5 6 7 8		%	Yes No <input type="checkbox"/> <input type="checkbox"/>

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box

1

and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 46131RVNNR1001N Toxic Chemical, Category or Generic Name CHROMIUM
--	---

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1. 2. 3. 4.

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]


1. 2. 3. 4. 5.
 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	1163	1160	928	784
	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	1000000	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0000001.00	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

MAILED
6-29-01

(IMPORTANT: Type or print; read instructions before completing form)

 EPA United States Environmental Protection Agency	FORM R	TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM
Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act		

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center P.O Box 3348 Merrifield, VA 22116-3348 ATTN: TOXIC CHEMICAL RELEASE INVENTORY	2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	Enter "X" here if this is a revision For EPA use only
---	---	---

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)	2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
--	--

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
MIKE ALTE SITE MANAGER	<i>Michael C Alte</i>	06/26/2001

SECTION 4. FACILITY IDENTIFICATION

4.1 Facility or Establishment Name ARVINMERITOR	TRI Facility ID Number 46131RVNNR1001N Facility or Establishment Name or Mailing Address(if different from street address) Mailing Address City/State/Zip Code FRANKLIN JOHNSON IN 46131-
Street 1001 NORTH HURRICANE STREET	Country (Non-US)

4.2 This report contains information for: (Important : check a or b; check c or d if applicable)	a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO
4.3 Technical Contact Name DEB CHELF	Telephone Number (include area code) (812) 379-3545
4.4 Public Contact Name SAM LOCHRICCHIO	Telephone Number (include area code) (248) 655-5521
4.5 SIC Code (s) (4 digits) Primary a. 3714	b. c. d. e. f.
4.6 Latitude Degrees 39 Minutes 29 Seconds Longitude Degrees 086 Minutes 02 Seconds	
4.7 Dun & Bradstreet Number(s) (9 digits) a. 006414783	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) a. IND006414783
b.	4.9 Facility NPDES Permit Number(s) (9 characters) a. NA b.
4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits) a. NA b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company	NA <input type="checkbox"/>	ARVINMERITOR INC
5.2 Parent Company's Dun & Bradstreet Number	NA <input type="checkbox"/>	788082092

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number
46131RVNNR1001N
Toxic Chemical, Category or Generic Name
NICKEL

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
7440020

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
NICKEL

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)
NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA <input checked="" type="checkbox"/>																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	NA <input type="checkbox"/>	5	M	
5.2 Stack or point air emissions	NA <input type="checkbox"/>	22	M	
5.3 Discharges to receiving streams or water bodies (enter one name per box)				
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box

1

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category or Generic Name

NICKEL

and indicate the Part II, Section 5.3 page number in this box.

1

(example: 1,2,3, etc.)

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	46131RVNNR1001N
	Toxic Chemical, Category or Generic Name
	NICKEL

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE(Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>	NA	
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>	NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>	NA	
5.5.1B	Other landfills	<input checked="" type="checkbox"/>	NA	
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>	NA	
5.5.3	Surface Impoundment	<input checked="" type="checkbox"/>	NA	
5.5.4	Other disposal	<input checked="" type="checkbox"/>	NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS
1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers(pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	O

6.1.B.1	POTW Name	DEPARTMENT OF PUBLIC WORKS					
POTW Address		796 SOUTH STATE ST					
City	FRANKLIN	State	IN	County	JOHNSON	Zip	46131-

6.1.B.2	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

 In this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name	NA
Off-Site Address	
City	
State	
County	
Zip	
Country (Non-US)	

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number
	46131RVNNR1001N
	Toxic Chemical, Category or Generic Name
	NICKEL
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category or Generic Name

NICKEL

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City

State

County

Zip

Country
(Non-US)

Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ X

Not Applicable (NA) -

Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1			Yes No
	2			<input type="checkbox"/> <input type="checkbox"/>
	3			
	4			
	5			
	6			
	7			
	8			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1			Yes No
	2			<input type="checkbox"/> <input type="checkbox"/>
	3			
	4			
	5			
	6			
	7			
	8			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1			Yes No
	2			<input type="checkbox"/> <input type="checkbox"/>
	3			
	4			
	5			
	6			
	7			
	8			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1			Yes No
	2			<input type="checkbox"/> <input type="checkbox"/>
	3			
	4			
	5			
	6			
	7			
	8			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1			Yes No
	2			<input type="checkbox"/> <input type="checkbox"/>
	3			
	4			
	5			
	6			
	7			
	8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box :

1

(example: 1,2,3, etc)

1

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

46131RVNNR1001N

Toxic Chemical, Category or Generic Name

NICKEL

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES



Not Applicable (NA) -

Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 NA 2 3 4

SECTION 7C. ON-SITE RECYCLING PROCESSES



Not Applicable (NA) - Check here if no on-site recycling is applied to any waste

stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. NA 2. 3. 4. 5. 6. 7. 8. 9. 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	28	27	22	18
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	46000	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	0000000.96			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



ARVIN
NORTH AMERICAN
AUTOMOTIVE

February 23, 1990

Indiana Emergency Response
c/o IDEM
Mr. Skip Powers, Director
5500 W. Bradbury
Indianapolis, In. 46241

Dear Mr. Powers:

In compliance with SARA Section 312, I have enclosed a Tier Two report for the Franklin Plant of Arvin North American Automotive.

I have also enclosed a site plan showing the location of a tank containing Number 2 fuel oil.

If you need further information, please call me at 317-736-7111, extension 269.

Best regards,

John M Beath
John McBeath
Assistant Personnel Manager
Franklin Plant

JM/sd

cc: Jim Stegemiller
Mark Adolay
Doug Freund



ARVIN
NORTH AMERICAN
AUTOMOTIVE

February 23, 1990

Mr. Sam Williams
Johnson County Civil Defense and
Emergency Response
86 West Court Street
Franklin, In. 46131

Dear Mr. Williams:

In compliance with SARA Section 312, I have enclosed a Tier Two report for the Franklin Plant of Arvin North American Automotive.

I have also enclosed a site plan showing the location of a tank containing Number 2 fuel oil.

If you would like to tour our facility to see the actual locations of these tanks, please call me at 317-736-7111, extension 269.

Best regards,

John McBeath
John McBeath
Assistant Personnel Manager
Franklin Plant

JM/sd

cc: Jim Stegemiller
Mark Adolay
Doug Freund



ARVIN
NORTH AMERICAN
AUTOMOTIVE

February 23, 1990

Mr. Mike Parkhurst
c/o Franklin Fire Department
1701 N. Main Street
Franklin, In. 46131

Dear Mr. Parkhurst:

In compliance with SARA Section 312, I have enclosed a Tier Two report for the Franklin Plant of Arvin North American Automotive.

I have also enclosed a site plan showing the location of a tank containing Number 2 fuel oil.

If you would like to tour our facility to see the actual locations of these tanks, please call me at 317-736-7111, extension 269.

Best regards,

John McBeath
Assistant Personnel Manager
Franklin Plant

JM/sd

cc: Jim Stegemiller
Mark Adolay
Doug Freund

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>ARVIN NORTH AMERICAN AUTOMOTIVE</u> Street Address <u>1001 N. HURRICANE STREET</u> City <u>FRANKLIN</u> State <u>IN</u> Zip <u>46131</u> SIC Code <u>3714</u> Dun & Brad Number <u>006414783</u> FOR OFFICIAL USE ONLY ID # <u>03661</u> Date Received _____
Owner/Operator Name Name <u>ARVIN INDUSTRIES, INC.</u> Phone <u>(812) 379-3000</u> Mail Address <u>1531 13TH ST. COLUMBUS, IN. 47201</u> Emergency Contact Name <u>JOHN MCBEATH</u> Title <u>MANAGER</u> Phone <u>(317) 736-7111</u> 24 Hr. Phone _____ Name <u>MARK ADOLAY</u> Title <u>PERSONNEL MANAGER</u> Phone <u>(317) 736-7111</u> 24 Hr. Phone _____	

Important: Read all instructions before completing form

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)
CAS <u>7664939</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	(check all that apply) <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>02</u> Avg. Daily Amount (code) <u>02</u> No. of Days On-site (days) <u>365</u>	Storage Code <u>A14</u> Storage Locations <u>H-5 TANK 1</u>
CAS <u>68476302</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FUEL OIL NO. 2</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas	(check all that apply) <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-site (days) <u>365</u>	Storage Code <u>A14</u> Storage Locations <u>O-4 TANK 2</u>
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas	(check all that apply) <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	Storage Code _____ Storage Locations _____

Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

John McBeath, Assistant Personnel Manager

Name and official title of owner/operator OR owner/operator's authorized representative

John McBeath 2/23/90
 Signature Date signed

Optional Attachments (Check one)

☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations



John McBeath
Assistant Personnel Manager

1001 Hurricane Street
Franklin, IN 46131

317 736-7111

Service
Road



transformer
substation

330 Gallon
Sulfuric Acid
Storage Tank
and containment
area

60,000
gallon capacity
#2 Fuel Oil
Tank

Containment
Area

Service
Road

Province St

14th Street (Arvin Road)

Hurricane St

A B C D E F G H I J K L M N O P



ARVIN
NORTH AMERICAN
AUTOMOTIVE

*Mailed
2/26/91
zh*

February 25, 1991

Indiana Emergency Response
c/o IDEM
Mr. Skip Powers, Director
5500 W. Bradbury
Indianapolis, IN 46241

Dear Mr. Powers:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Franklin Plant of Arvin North American Automotive.

I have also enclosed a site plan showing the location of the storage tanks.

If you need further information, please call me at (317) 736-7111, Ext. 269.

Best regards,

John McBeath
Assistant Personnel Manager
Franklin Plant

JM/lh

cc: Mark Adolay
Doug Logan
Jim Stegemiller



ARVIN
NORTH AMERICAN
AUTOMOTIVE

February 25, 1991

Johnson County Emergency Management
c/o Dennis Ford
1111 Hospital Road
P.O. Box 171
Franklin, IN 46131

Dear Mr. Ford:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Franklin Plant of Arvin North American Automotive.

I have also enclosed a site plan showing the location of the storage tanks.

If you need further information, please call me at (317) 736-7111, Ext. 269.

Best regards,

John McBeath
Assistant Personnel Manager
Franklin Plant

JM/lh

cc: Mark Adolay
Doug Logan
Jim Stegemiller



February 25, 1991

Franklin Fire Department
c/o MR. Jack Matthews
1701 N. Main Street
Franklin, IN 46131

Dear Mr. Matthews:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Franklin Plant of Arvin North American Automotive.

I have also enclosed a site plan showing the location of the storage tanks.

If you need further information, please call me at (317) 736-7111, Ext. 269.

Best regards,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Personnel Manager
Franklin Plant

JM/lh

cc: Mark Adolay
Doug Logan
Jim Stegemiller

**Specific
Information
by Chemical**

Owner/Operator Name	
Name	Arvin Industries, Inc.
Mail Address	1531 13th. St., Columbus, IN 47201
Phone	(812) 379-30
Emergency Contact	
Name	John McBeath
Phone	(317) 736-7111
24 Hr. Phone	(317) 736-7111
Assistant	
Name	Personnel Manager
Phone	(317) 736-7111
24 Hr. Phone	(317) 736-7111
Personnel Manager	
Name	Mark J. Adolay
Phone	(317) 736-7111
24 Hr. Phone	(317) 736-7111

☐ Check if information below is identical to the information submitted last year.

Storage Codes and Locations (Non-Confidential)

Storage Locations

4-0J-5

X	I have attached a site plan
	I have attached a list of site
	coordinate abbreviations
	I have attached a descrip-
	tion of the site

X			
---	--	--	--

I have attached a site plan
I have attached a list of site
coordinate abbreviations
I have attached a descrip-
tion of the site and other relevant
information

Tier Two**EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**Name Arvin North American Automotive
Street 1001 N. Hurricane St.
City Franklin County Johnson State IN Zip 46131SIC Code 3714 Dun & Bradstreet Number 00-6411-4783FOR
OFFICIAL
USE
ONLYID# 03661

Date Received

Owner/Operator NameName Arvin Industries, Inc. Phone (812) 379-3050
Mail Address 1531 13th. St., Columbus, IN 47201**Emergency Contact**Name John McBeath Title Assistant Personnel Manager
Phone (317) 736-7111 24 Hr. Phone (317) 736-7111Name Mark J. Adolay Title Personnel Manager
Phone (317) 736-7111 24 Hr. Phone (317) 736-7111**Important: Read all instructions before completing form**

Reporting Period

From January 1 to December 31, 19 90☐ Check if information below is identical to the information submitted last year.**Chemical Description****Physical
and Health
Hazards**
(Check all that apply)**Inventory**Containing Type
Temperature
Pressure**Storage Codes and Locations**
(Non-Confidential)

Storage Locations

Optional

CAS 007782447 Trade Secret ☐Chem. Name OxygenCheck all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name

☒ Fire
☒ Sudden Release of Pressure
☒ Reactivity
☒ Immediate (acute)
☒ Delayed (chronic)Max. Daily Amount (code) 04
Avg. Daily Amount (code) 04
No. of Days On-site (days) 365A 2 7
J-5☐CAS ☐ Trade Secret ☐

Chem. Name

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)Max. Daily Amount (code) ☐
Avg. Daily Amount (code) ☐
No. of Days On-site (days) ☐☐CAS ☐ Trade Secret ☐

Chem. Name

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)Max. Daily Amount (code) ☐
Avg. Daily Amount (code) ☐
No. of Days On-site (days) ☐☐**Certification**

(Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.John MCP ath, Assistant Personnel Manager

owner/operator OR owner/operator's authorized representative

Signature

Date signed 2-25-91**Optional Attachments**☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a descriptive
dishes and other safeguard n



ARVIN
NORTH AMERICAN
AUTOMOTIVE PARTS

John McBeath
Assistant Personnel Manager

1001 Hurricane Street
Franklin, IN 46131

317 736-7111

Service
Road



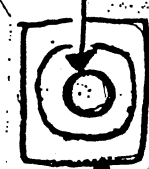
transformer
substation

330 Gallon
SULFURIC ACID
storage tank
and containment area

Argon Storage Tank

Oxygen Storage Tank

60,000
gallon capacity
#2 Fuel oil
Tank



Containment
Area

Service
Road

Hurricane St

Province St

A B C D E F G H I J K L M N O P



Mailed
2/26/92
gm

February 25, 1992

Indiana Emergency Response
c/o IDEM
Mr. Skip Powers, Director
5500 W. Bradbury
Indianapolis, IN 46241

Dear Mr. Powers:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111 Ext. 2802.

Best regards,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Mark Adolay
Doug Logan
Jim Stegemiller



February 25, 1992

Johnson County Emergency Management
c/o Dennis Ford
1111 Hospital Road
P.O. Box 171
Franklin, IN 46131

Dear Mr. Ford:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111 Ext. 2802.

Best regards,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Mark Adolay
Doug Logan
Jim Stegemiller



February 25, 1992

Franklin Fire Department
c/o Mr. Jack Matthews
1701 N. Main Street
Franklin, IN 46131

Dear Mr. Matthews:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111 Ext. 2802.

Best regards,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Mark Adolay
Doug Logan
Jim Stegemiller

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY		Specific Information by Chemical	
Facility Identification			
Name	Arvin North American Automotive		
Street	1001 N. Hurricane Street		
City	Franklin	County	Johnson
		State	IN
		Zip	46131
SIC Code	3	7	14
Don & Bid Number	0	0	-6-41-4-78-3
FOR OFFICIAL USE ONLY			
ID#			
Date Received			
Owner/Operator Name			
Name	Arvin Industries, Inc.		
Mail Address	1531 13th Street, Columbus, IN 47201		
Phone	612 1379-30		
Emergency Contact			
Name	John McBeath		
Phone	(317) 736-7111 ext. 2802		
Title			
Asst. Mgr Human R			
24 Hr. Phone			
(317) 736-7111			
Name	Mark J. Adolay		
Phone	(317) 736-7111 ext. 2801		
Title			
Human Res. Manage			
24 Hr. Phone			
(317) 736-7111			

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 91

☐ Check if information below is identical to the information submitted last year.

Chemical Description

Physical and Health Hazards

Inventory

Storage Codes and Locations (Non-Confidential)

Optional:

[illegible]

CAS	0	0	7	4	4	0	3	7	1	Trade Secret
-----	---	---	---	---	---	---	---	---	---	--------------

Chem. Name Argon

Check all that apply:	<input checked="" type="checkbox"/> Pure	<input type="checkbox"/> Milk	<input type="checkbox"/> Solid	<input checked="" type="checkbox"/> Liquid	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> EHS
-----------------------	--	-------------------------------	--------------------------------	--	---	------------------------------

EHS Name _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
File	Sudden Release of Pressure	Reactivity	Immediate (toxic)	Delayed (toxic)

0	4	Max. Daily Amount (code)	
0	4	Avg. Daily Amount (code)	
3	6	5	Max. Daily Dose (code)

A	2	7
---	---	---

H-5

☐

CAS	<div><div></div><div>0</div><div>0</div><div>7</div><div>7</div><div>8</div><div>2</div><div>4</div><div>4</div><div>7</div></div>							Trade Secret <input type="checkbox"/>
Chem. Name	Oxygen							
Check all that apply:	Pure <input checked="" type="checkbox"/>	Mix <input type="checkbox"/>	Solid <input type="checkbox"/>	Liquid <input checked="" type="checkbox"/>	Gas <input checked="" type="checkbox"/>	EHS <input type="checkbox"/>		
EHS Name								

<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Sudden Release of Pressure	<input type="checkbox"/> Reactivity	<input type="checkbox"/> Immediate (acute)	<input checked="" type="checkbox"/> Delayed (chronic)
--	--	-------------------------------------	--	---

Max. Daily Amount (cc's)	<div><div>0.</div><div>4</div></div>	Avg. Daily Amount (cc's)	<div><div>0.</div><div>4</div></div>	No.s / Days On-site (days)	<div><div>3.</div><div>6</div><div>5</div></div>
--------------------------	--------------------------------------	--------------------------	--------------------------------------	----------------------------	--

A	2	7					
---	---	---	--	--	--	--	--

H-5

☐

Certification
(Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of the _____, I believe that the submitted information is true and accurate.

John Mc ath, Assistant Mgr. Human Resources

Name and official title of owner/inventor: Dr. Robert A. ...

Optional Attachments

<input checked="" type="checkbox"/>	I have attached a site plan I have attached a list of site coordinate abbreviations
-------------------------------------	---

Revised June 1990

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**Specific
Information
by Chemical**Facility Identification**

Name Arvin North American Automotive
Street 1001 N. Hurricane Street
City Franklin County Johnson State IN Zip 46131
SIC Code 3714 Date Rec'd 00-641-4783
Number

FOR
OFFICIAL
USE
ONLY

Date Received

Owner/Operator Name

Name Arvin Industries, Inc. Phone (812) 379-3000
Mail Address 1531 13th Street, Columbus, IN 47201

Emergency Contact

Name John McBeath The Asst. Mgr. Human Resource
Phone (317) 736-7111 ext. 2802 24 Hr. Phone 317 1736-7111
Name Mark L. Adolay The Manager, Human Resource
Phone (317) 736-7111 ext. 2801 24 Hr. Phone 317 1736-7111

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 91☐ Check if information below is identical to the information submitted last year**Chemical Description****Physical
and Health
Hazards**
(check all that apply)**Inventory****Storage Codes and Locations
(Non-Confidential)**
Storage Locations

Report

CAS 068476302 Trade Secret ☐Chem. Name Fuel Oil #2Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS☒ Fire
☒ Sudden Release
of Pressure
☒ Reactivity
☐ Immediate (acute)
Delayed (chronic)Max. Daily
Amount (ccs) 0.5
Avg. Daily
Amount (ccs) 0.5
No. of Days
On-site (days) 3.65A L 4
0-4CAS ☐ Trade Secret ☐

Chem. Name

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS☐ Fire
☐ Sudden Release
of Pressure
☐ Reactivity
☐ Immediate (acute)
Delayed (chronic)Max. Daily
Amount (ccs) 1.0
Avg. Daily
Amount (ccs) 1.0
No. of Days
On-site (days) 1.0A L 4
0-4CAS ☐ Trade Secret ☐

Chem. Name

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS☐ Fire
☐ Sudden Release
of Pressure
☐ Reactivity
☐ Immediate (acute)
Delayed (chronic)Max. Daily
Amount (ccs) 1.0
Avg. Daily
Amount (ccs) 1.0
No. of Days
On-site (days) 1.0A L 4
0-4**Certification** (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2 and that based on my inquiry of the John McBeath, Assistant Mgr. Human Resources, I believe that the submitted information is true and correct.

Name and official title of person certifying form

Signature / Date

☒ I have attached a site plan
I have attached a list of site
coordinate abbreviations



ARVIN
NORTH AMERICAN
AUTOMOTIVE PARTS

John McBeath
Assistant Personnel Manager

1001 Hurricane Street
Franklin, IN 46131

317 736-7111

Service
Road



transformer
substation

330 Gallon
SULFURIC ACID
storage tank
and containment area

Argon Storage Tank

Oxygen Storage Tank

60,000
gallon capacity
#2 Fuel Oil
Tank



Containment
Area

Service
Road

Hurricane St

Province St

14th Street (Arvin Rd)

A B C D E F G H I J K L M N O P



ARVIN
NORTH AMERICAN
AUTOMOTIVE

Mailed 2/23/93

February 23, 1993

Indiana Emergency Response
c/o IDEM
Mr. Skip Powers, Director
5500 w. Bradbury
Indianapolis, IN. 46241

Dear Mr. Powers:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, Ext. 2802.

Best Regards,

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Mark Adolay
Doug Logan
Jim Stegemiller



February 23, 1993

Johnson County LEPC
Attn: Dennis Ford
Johnson County Emergency Mgt.
1111 Hospital Road
P.O. Box 171
Franklin, IN. 46131

Dear Mr. Ford:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, Ext. 2802.

Best Regards,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Mark Adolay
Doug Logan
Jim Stegemiller



February 23, 1993

Franklin Fire Department
Attn: Jack Matthews
1701 N. Main Street
Franklin, IN. 46131

Dear Mr. Matthews:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, Ext. 2802.

Best Regards,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Mark Adolay
Doug Logan
Jim Stegemiller

Tier Two **EMERGENCY** **AND** **HAZARDOUS** **CHEMICAL** **INVENTORY**

Facility Identification Use Mailing Label from Front Page if Correct

Name Arvin North American Automotive ID # 03661
 Street 1001 N. Hurricane Street
 City Franklin County Johnson State IN Zip 46131
 SIC Code 3714 Don & Bad 00 - 641 - 4783
 Number

FOR
OFFICIAL
USE
ONLY

ID #
Date Received

Located on top of Mailing Label

Owner/Operator Name

Name Arvin Industries, Inc. Phone (812) 379-3000
 Mail Address 1531 13th Street, Columbus, IN 47201

Emergency Contact

Name John McBeath Title Asst. Mgr. Human Resources
 Phone (317) 736-7111 Ext. 2802 24 Hr. Phone (317) 736-7111
 Name Mark J. Adolay Title Human Resource Mgr.
 Phone (317) 736-7111 Ext. 2801 24 Hr. Phone (317) 736-7111

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 92

☒ Check if information below is identical to the information submitted last year.

Chemical Description

Physical and Health Hazards (check all that apply)

Inventory

Storage Codes and Locations (Non-Confidential) Storage Locations

Inventory

CAS 007664939 Trade Secret ☐

Chem. Name Sulfuric Acid

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) 03
 Avg. Daily Amount (code) 03
 No. of Days On-site (days) 365

A 1 4
 H-5

CAS 007440371 Trade Secret ☐

Chem. Name Argon

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) 04
 Avg. Daily Amount (code) 04
 No. of Days On-site (days) 365

A 2 7
 H-5

CAS 007782447 Trade Secret ☐

Chem. Name Oxygen

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

☒ Fire
☒ Sudden Release of Pressure
☒ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) 04
 Avg. Daily Amount (code) 04
 No. of Days On-site (days) 365

A 2 7
 H-5

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

John McBeath, Asst. Mgr. Human Resources

John McBeath

2/23/93

Optional Attachments

☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification Use Mailing Label from Front Page if Correct

Name Arvin North American Automotive ID# 03661
 Street 1001 N. Hurricane Street
 City Franklin County Johnson State IN Zip 46131
 SIC Code 3 7 1 4 Dun & Brad Number 0 0 6 4 1 4 7 8 3

FOR OFFICIAL USE ONLY

ID# _____ Located on top of Mailing Label
 Date Received _____

Owner/Operator Name
 Name Arvin Industries, Inc. Phone (812) 879-3000
 Mail Address 1531 13th Street, Columbus, IN 47201

Emergency Contact
 Name John McBeath Title Asst. Mgr. Human Resources
 Phone (317) 736-7111 Ext. 2802 24 Hr. Phone (317) 736-7111
 Name Mark J. Adolay Title Human Resource Mgr.
 Phone (317) 736-7111 Ext. 2801 24 Hr. Phone (317) 736-7111

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 92

☒ Check if information below is identical to the information submitted last year.

Chemical Description

Physical and Health Hazards

Inventory

Storage Codes and Locations

Storage Locations

Optional

CAS 0 6 8 4 7 6 3 0 2 Trade Secret ☐

Chem. Name Fuel Oil #2

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

☒ Fire
☒ Sudden Release of Pressure
☒ Reactivity
☒ Immediate (acute)
☒ Delayed (chronic)

Max. Daily Amount (code) 0 5
 Avg. Daily Amount (code) 0 5
 No. of Days On-site (days) 3 6 5

Container Type A 1 4
 Pressure _____
 Temperature _____

0-4

☐

CAS _____ Trade Secret ☐

Chem. Name _____

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) _____
 Avg. Daily Amount (code) _____
 No. of Days On-site (days) _____

Container Type _____
 Pressure _____
 Temperature _____

☐

CAS _____ Trade Secret ☐

Chem. Name _____

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (code) _____
 Avg. Daily Amount (code) _____
 No. of Days On-site (days) _____

Container Type _____
 Pressure _____
 Temperature _____

☐

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

John McBeath, Asst. Mgr. Human Resources

John McBeath

2/23/93

Optional Attachments

☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of _____

ARVIN
NORTH AMERICAN
AUTOMOTIVE PARTS



John McBeath
Assistant Personnel Manager
1001 Hurricane Street
Franklin, IN 46131
317 736-7111

14th Street (Arvin Road)

Service Road

Service Road



Transformer

330 Gallon
Sulfuric Acid
storage tank
and containment area

Argon storage tank

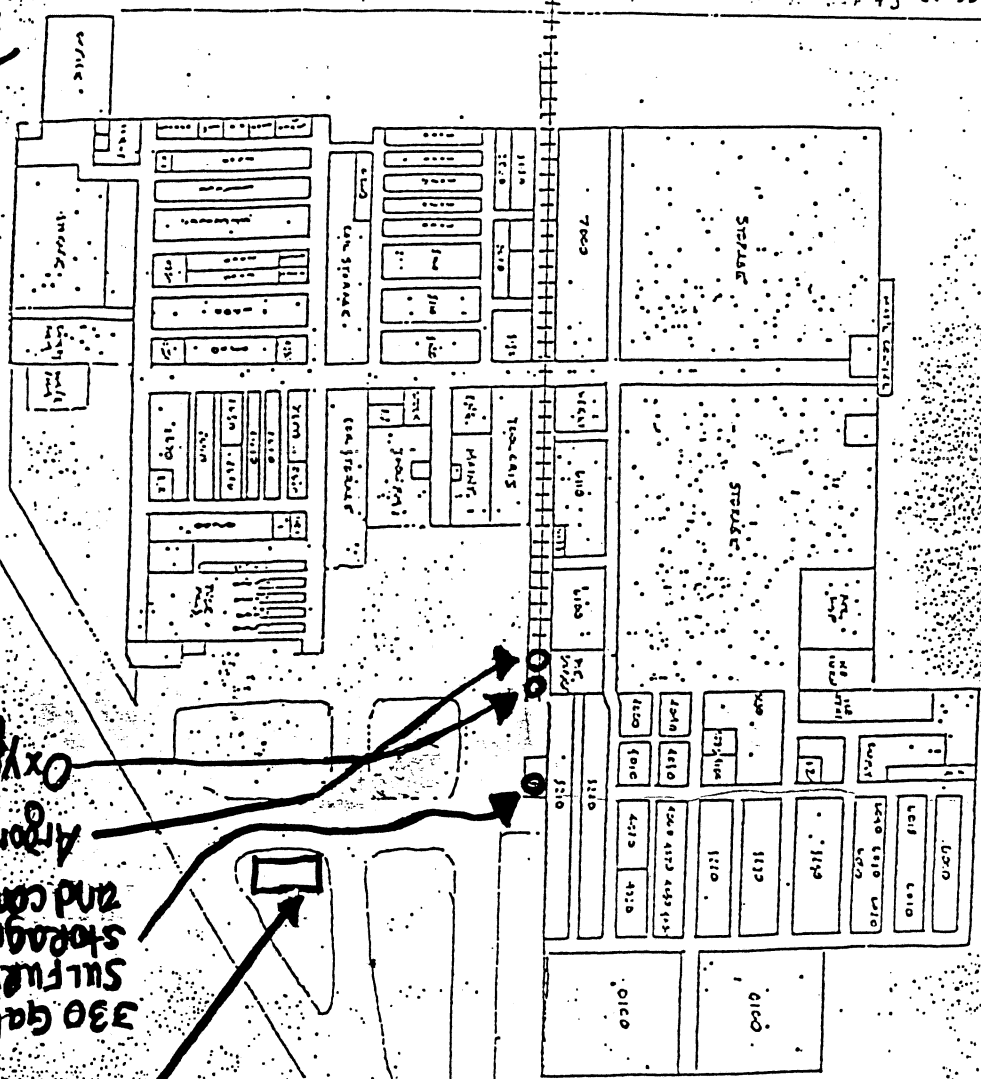
Oxygen storage tank

60,000
gallon capacity
#2 Fuel Oil
tank



Containment
Area

Service
Road



Hurricane St

Service St

A B C D E F G H I J K L M N O P

1 2 3 4 5 6 7 8 9

Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name Arvin North American Autom. ID# 034661
Street 1001 N. Hurricane St.
City Franklin County Johnson State IN Zip 46131
SIC Code 37114 Dun & Brad Street Number 000-6411-4783

From Mailing Label

ID#

Date Received

Owner/Operator Name

Name Arvin Industries, Inc. Phone 1812 379-3600
Mailing Address 1531 13th St. (Humboldt, IN) 47201

Emergency Contact

Name John M. Beath Title Asst HR Mgr
Phone 1317 1736-7111 ext 2802 24 Hr. Phone 1317 1736-7111
Name Mark J. Adobay Title HR Mgr
Phone 1317 1736-7111 ext 2801 24 Hr. Phone 1317 1736-7111

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 93

☒ Check if information below is identical to the information submitted last year.

Chemical Description

CAS 0007664939 Trade Secret ☐

Chem. Name Sulfuric Acid

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS

CAS 0007440371 Trade Secret ☐

Chem. Name Argon

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

CAS 0007782447 Trade Secret ☐

Chem. Name Oxygen

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

Physical and Health Hazards
(check all that apply)

Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic) ☐

Fire ☐ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic) ☐

Fire ☒ Sudden Release of Pressure ☒ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic) ☐

Inventory

Max. Daily Amount (code) 03
Avg. Daily Amount (code) 03
No. of Days On-site (days) 365

Max. Daily Amount (code) 04
Avg. Daily Amount (code) 04
No. of Days On-site (days) 365

Max. Daily Amount (code) 04
Avg. Daily Amount (code) 04
No. of Days On-site (days) 365

Storage Codes and Locations (Non-Confidential)
Storage Locations

A 1 4 H-5

A 2 7 H-5

A 2 7 H-5

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative
John McBeath, Asst HR Mgr

Signature

Date signed

2-28-94

Optional Attachments

☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY						Form Approved OMB No. 2050-0072																	
Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Bradstreet Number _____ ID # _____ Date Received _____ From Mailing Label						Owner/Operator Name Name _____ Phone () _____ Mail Address _____ Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____																	
Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 19 <u>93</u>																							
Chemical Description						Physical and Health Hazards <small>(check all that apply)</small>						Inventory						Storage Codes and Locations (Non-Confidential) Storage Locations					
CAS <u>008476302</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Juel oil # 2</u> Check all that apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____						<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)						Max. Daily Amount (code) <u>05</u> Avg. Daily Amount (code) <u>05</u> No. of Days On-site (days) <u>365</u>						Container Type and Quantity <u>A 1 A</u> <u>0-4</u>					
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____						<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)						Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____											
CAS _____ Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____						<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)						Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____											
Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.												Optional Attachments I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures <input type="checkbox"/>											
Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____																							



mailed
2/28/94
Ap

February 28, 1994

Johnson County LEPC
Attn: Bob Smith
Johnson County Emergency Mgt.
1111 Hospital Road
P.O. Box 171
Franklin, IN 46131

Dear Mr. Smith:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, ext. 2808.

Sincerely,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Indiana Emergency Response (c/o IDEM)
Franklin Fire Department
Mark Adolay
Doug Logan
Jim Stegemiller



February 28, 1994

Franklin Fire Department
Attn: Jack Matthews
1701 N. Main Street
Franklin, IN 46131

Dear Mr. Matthews:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, ext. 2808.

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John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Indiana Emergency Response (c/o IDEM)
Johnson County Emergency Management
Mark Adolay
Doug Logan
Jim Stegemiller



February 28, 1994

Indiana Emergency Response Commission
Attn: SARA Title III Reporting
100 N. Senate Avenue
P.O. Box 7024
Indianapolis, IN 46207-7024

To Whom It May Concern:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, ext. 2808.

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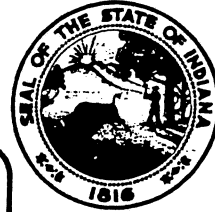
A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Franklin Fire Department
Johnson County Emergency Management
Mark Adolay
Doug Logan
Jim Stegemiller

INDIANA EMERGENCY RESPONSE COMMISSION

SARA TITLE III FACILITY INFORMATION SHEET



-INSTRUCTIONS-

1. This form must be returned regardless of your filing status.
2. If your facility operated *at any time* during 1993 and your facility is in category A, B or C, you must complete this form *and* the Tier Two forms and return them together to the address below. (See the Indiana Tier Two Reporting Instructions for an explanation of fee categories.)
3. If you are in category E, please return this form with the Tier Two form, but do not pay a fee.

FOR DATABASE ACCURACY,
PLEASE INDICATE YOUR CURRENT
FEE CATEGORY CODE (A,B,C, or E):

A

03661 MSDS: 09/88 FEE: A
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE FRANKLIN
1001 NORTH HURRICANE ST
FRANKLIN IN 46131

ANYTHING ON YOUR PEEL-OFF LABEL IS INCORRECT, PLEASE MAKE CORRECTIONS HERE:

FACILITY NAME:

REET ADDRESS (No P.O. Boxes, please):

TY:

STATE:

ZIP CODE:

COUNTY:

ohnson (it is marked out on label, but it is correct)

IF THE FACILITY HAS CLOSED, ENTER THE DATE ON WHICH OPERATIONS CEASED:

(month, day, year)

**IF THE FACILITY WAS SOLD IN 1992 AND YOU WILL NOT NEED TO FILE IN 1994, PLEASE GIVE US THE NAME
AND MAILING ADDRESS OF THE NEW OWNER:**

NAME:

REET ADDRESS (No P.O. Boxes, please):

TY:

STATE:

ZIP CODE:

Use mail this completed form with your other necessary forms from this package to:

Indiana Emergency Response Commission
ATTN: SARA Title III Reporting
100 N. Senate Avenue
P.O. Box 7024
Indianapolis, IN 46207-7024

Tier Two **EMERGENCY** **AND** **HAZARDOUS** **CHEMICAL** **INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name Arvin North American Automotive ID# 03661
Street 1001 N. Hurricane Street
City Franklin County Johnson State IN Zip 46131
SIC Code 3714 Dun & Bradstreet Number 006414783

DS

Date Received

From Mailing Label

Owner/Operator Name

Name Arvin Industries, Inc. Phone 812 379-3000
Mailing Address 1531 13th Street, Columbus, IN 47201

Emergency Contact

Name John McBeath Title Asst. Mgr., Human Resources
Phone (317) 736-7111, ext. 2802 24 Hr. Phone (317) 736-7111
Name Mark Adolay Title Manager, Human Resources
Phone (317) 736-7111, ext. 2801 24 Hr. Phone (317) 736-7111

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 93

☒ Check if information herein is identical to the information submitted last year.

Chemical Description

Physical and Health Hazards (Check all that apply)

Inventory

Storage Codes and Locations (Non-Confidential) Storage Locations

CAS 007664939 Trade Secret ☐

Chem. Name Sulfuric Acid

Check all that apply:
Pure ☐ Mixture ☐ Solid ☐ Liquid ☒ Gas ☒ EHS ☒

☒ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (cords) 03

Avg. Daily Amount (cords) 03

No. of Days On-site (days) 365

A 1 4
H-5

CAS 0074440371 Trade Secret ☐

Chem. Name Argon

Check all that apply:
Pure ☐ Mixture ☐ Solid ☐ Liquid ☒ Gas ☐ EHS ☐

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (cords) 04

Avg. Daily Amount (cords) 04

No. of Days On-site (days) 365

A 2 7
H-5

CAS 007782447 Trade Secret ☐

Chem. Name Oxygen

Check all that apply:
Pure ☒ Mixture ☐ Solid ☐ Liquid ☒ Gas ☐ EHS ☐

☐ Fire
☐ Sudden Release of Pressure
☐ Reactivity
☐ Immediate (acute)
☐ Delayed (chronic)

Max. Daily Amount (cords) 04

Avg. Daily Amount (cords) 04

No. of Days On-site (days) 365

A 2 7
H-5

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name John McBeath, Asst. Manager, Human Resources

Title Asst. Manager, Human Resources

Signature

John McBeath

Date signed

2/28/94

Optional Attachments

☒ I have attached a site plan
☐ I have attached a list of all coordinate abbreviations
☐ I have attached a description of all other information

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Facility Identification
Name Arvin North American Automotive ID# 03661
Street 1001 N. Hurricane Street
City Franklin County Johnson State IN Zip 46131
SIC Code 3714 Dun & Bradstreet Number 0106414783

Specific Information by Chemical
ID#
Date Received
From Mailing Label

Owner/Operator Name
Name Arvin Industries, Inc. Phone (812) 379-3000
Mailing Address 1531 13th St, Columbus, IN 47201
Emergency Contact
Name John McBeath Title Asst. Mgr. Human Resources
Phone (317) 736-7111, ext. 2802 24 Hr. Phone (317) 736-7111
Name Mark Adolay Title Manager, Human Resources
Phone (317) 736-7111, ext. 2801 24 Hr. Phone (317) 736-7111

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 93

☒ Check if information below is identical to last information submitted last year

Chemical Description

Physical and Health Hazards

Inventory

Storage Codes and Locations (Non-Confidential)

Storage Locations

CAS 068476302 Trade Secret ☐

Chem. Name Fuel Oil #2

Check all that apply:
Pure ☐ Mixture ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

Fire ☒ Sudden Release of Pressure ☒
Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)

Max. Daily Amount (code) 05
Avg. Daily Amount (code) 05
No. of Days On-site (days) 365

Storage Code A14
0-4

CAS Trade Secret ☐

Chem. Name

Check all that apply:
Pure ☐ Mixture ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

Fire ☐ Sudden Release of Pressure ☐
Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)

Max. Daily Amount (code)
Avg. Daily Amount (code)
No. of Days On-site (days)

Storage Code

CAS Trade Secret ☐

Chem. Name

Check all that apply:
Pure ☐ Mixture ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

Fire ☐ Sudden Release of Pressure ☐
Reactivity ☐ Immediate (acute) ☐ Delayed (chronic)

Max. Daily Amount (code)
Avg. Daily Amount (code)
No. of Days On-site (days)

Storage Code

Optional Attachments

I have attached a site plan I have attached a list of all coordinate abbreviations I have attached a description of all other relevant materials

Signature John McBeath Date signed 2/28/94

Signature John McBeath Date signed 2/28/94

Signature John McBeath Date signed 2/28/94



ARVIN
NORTH AMERICAN
AUTOMOTIVE

John McBeath
Assistant Personnel Manager

1001 Hurricane Street
Franklin, IN 46131

317 736-7111

Service Road



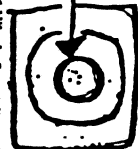
Transformer Substation

330 Gallon
SULFURIC ACID
Storage Tank
and containment area

Argon Storage Tank

Oxygen Storage Tank

60,000
gallon capacity
#2 Fuel Oil
Tank



Containment Area

Service Road

Hurricane Street

Province St

14th Street (Arvin Road)

A B C D E F G H I J K L M N O P



*Mailed
2/24/95
JP*

February 24, 1995

Indiana Emergency Response Commission
Attn: Section 304 (c) Reporting
P.O. Box 7024
Indianapolis, IN 46207-7024

To Whom It May Concern:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, ext. 2802.

Sincerely,

John McBeath
John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Franklin Fire Department
Johnson County Emergency Management
Lew DeWitt
Liston Hinson



February 24, 1995

Johnson Co. LEPC
Attn: Robert Smith, Chair
Johnson County Emergency Management
1111 Hospital Road
P.O. Box 171
Franklin, IN 46131

Dear Mr. Smith:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

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If you need further information, please contact me at (317) 736-7111, ext. 2802.

Sincerely,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Indiana Emergency Response Commission
Franklin Fire Department
Lew DeWitt
Liston Hinson



February 24, 1995

Franklin Fire Department
Attn: Jack Matthews
1701 N. Main Street
Franklin, IN 46131

Dear Mr. Matthews:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

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Sincerely,

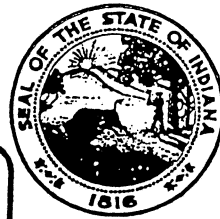
A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Indiana Emergency Response Commission
Johnson County Emergency Management
Lew DeWitt
Liston Hinson

INDIANA EMERGENCY RESPONSE COMMISSION

SARA TITLE III FACILITY INFORMATION SHEET



- INSTRUCTIONS -

1. This form must be returned regardless of your filing status.
2. If your facility operated *at any time* during 1994 and your facility is in category A, B or C, you must complete this form *and* the Tier Two forms and return them together to the address below. (See the Indiana Tier Two Reporting Instructions for an explanation of fee categories.)
3. If you are in category E, please return this form with the Tier Two Form, but do not pay a fee.

03661 FEE CODE: A
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE FRANKLIN
JOHNSON
1001 NORTH HURRICANE ST
FRANKLIN IN 46131

FOR DATABASE ACCURACY,
PLEASE INDICATE YOUR CURRENT
FEE CATEGORY CODE (A,B,C, or E):

B

IF ANYTHING ON YOUR PEEL-OFF LABEL IS INCORRECT, PLEASE MAKE CORRECTIONS HERE:

FACILITY NAME:

STREET ADDRESS (No P.O. Boxes, please):

CITY:

STATE:

ZIP CODE:

COUNTY:

IF THE FACILITY HAS CLOSED, ENTER THE DATE ON WHICH OPERATIONS CEASED:

(month, day, year)

IF THE FACILITY WAS SOLD IN 1993 AND YOU WILL NOT NEED TO FILE IN 1995, PLEASE GIVE US THE NAME AND MAILING ADDRESS OF THE NEW OWNER:

NAME:

STREET ADDRESS (No P.O. Boxes, please):

CITY:

STATE:

ZIP CODE:

Please mail this completed form with your other necessary forms from this package to:

Indiana Emergency Response Commission
ATTN: SARA Title III Reporting
100 N. Senate Avenue
P.O. Box 7024
Indianapolis, IN 46207-7024

Tier Two **EMERGENCY AND** **HAZARDOUS** **CHEMICAL** **INVENTORY**

Specific Information by Chemical

Facility Identification

Name **ARVIN NORTH AMERICAN AUTOMOTIVE** ID# **03661**
 Street **1001 N HURRICANE STREET**
 City **FRANKLIN** County **JOHNSON** State **IN** Zip **46131**
 SIC Code **37114** Dun & Bradstreet Number **0006414783**

From Mailing Label

ID#

Date Received

Owner/Operator Name

Name **ARVIN INDUSTRIES, INC.** Phone **812 379-3000**
 Mailing Address **1531 13TH STREET COLUMBUS, IN 47201**

Emergency Contact

Name **JOHN MCBREATH** Title **ASST. MGR, HUMAN RES.**
 Phone **(317) 736-7111, ext 2802** 24 Hr. Phone **(317) 736-7111**
 Name **LEW DEWITT** Title **MGR, HUMAN RES.**
 Phone **(317) 736-7111, ext 2801** 24 Hr. Phone **(317) 736-7111**

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 **94**

Check if information below is identical to the information submitted last year ☐

Chemical Description

CAS **0007664939** Trade Secret ☐

Chem. Name **SULFURIC ACID**

Check all that apply: Pure ☒ Mix ☐ Solid ☐ Liquid ☐ Gas ☒ EHS

CAS **0007440371** Trade Secret ☐

Chem. Name **ARGON**

Check all that apply: Pure ☒ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

CAS **0007782447** Trade Secret ☐

Chem. Name **OXYGEN**

Check all that apply: Pure ☒ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

Physical and Health Hazards (check all that apply)

Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic) ☐

Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic) ☐

Fire ☒ Sudden Release of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic) ☐

Inventory

Max. Daily Amount (code) **03**
 Avg. Daily Amount (code) **03**
 No. of Days On-site (days) **365**

Max. Daily Amount (code) **04**
 Avg. Daily Amount (code) **04**
 No. of Days On-site (days) **365**

Max. Daily Amount (code) **04**
 Avg. Daily Amount (code) **04**
 No. of Days On-site (days) **365**

Storage Codes and Locations (Non-Confidential) Storage Locations

A **14**

A **27**

A **27**

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through **2**, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

JOHN MCBREATH, ASST. MANAGER, HUMAN RESOURCES

Name and official title of owner/operator OR owner/operator's authorized representative

John McBreath

Signature

2/24/95

Date Signed

Optional Attachments

☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Tier Two

EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY

Specific
Information
by Chemical

Facility Identification

Name ARVIN NORTH AMERICAN AUTOMOTIVE ID#03661

Street 1001 N HURRICANE STREET

City FRANKLIN County JOHNSON State IN Zip 46131

SIC Code 3714 Dun & Brad Number 00-641-4783

From Mailing Label

ID #

Date Received

Owner/Operator Name

Name ARVIN INDUSTRIES, INC.

Mail Address 1531 13TH STREET, COLUMBUS, IN 47201

Emergency Contact

Name JOHN MCBEATH

Phone (317) 736-7111, ext. 2802

Name LEW DEWITT

Phone (317) 736-7111, ext. 2801

Title ASST. MGR. HUMAN RES.

24 Hr. Phone (317) 736-7111

Title MGR. HUMAN RES.

24 Hr. Phone (317) 736-7111

Important: Read all instructions before completing form

Reporting Period

94

From January 1 to December 31, 1994

Chemical Description

CAS 068476302 Trade Secret

Chem. Name FUEL OIL #2

Check all that apply: Pure Mix Solid Liquid Gas EHS

CAS Trade Secret

Chem. Name

Check all that apply: Pure Mix Solid Liquid Gas EHS

CAS Trade Secret

Chem. Name

Check all that apply: Pure Mix Solid Liquid Gas EHS

Physical and Health Hazards

(check all that apply)
Fire Sudden Release of Pressure Reactivity Immediate (acute) Delayed (chronic)

Fire Sudden Release of Pressure Reactivity Immediate (acute) Delayed (chronic)

Fire Sudden Release of Pressure Reactivity Immediate (acute) Delayed (chronic)

Inventory

Max. Daily Amount (code) 05
Avg. Daily Amount (code) 05
No. of Days On-site (days) 365

Max. Daily Amount (code)
Avg. Daily Amount (code)
No. of Days On-site (days)

Max. Daily Amount (code)
Avg. Daily Amount (code)
No. of Days On-site (days)

Storage Codes and Locations (Non-Confidential)

Storage Locations

0-11

Certification

(Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

JOHN MCBEATH, ASST. MANAGER, HUMAN RESOURCES

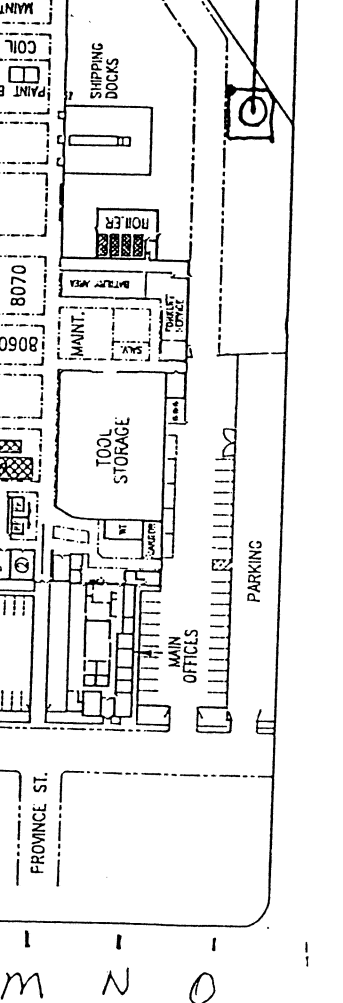
Name and official title of owner/operator OR owner/operator's authorized representative

Signature John McBeath

Date signed 2/24/95

Optional Attachments

I have attached a site plan
I have attached a list of site coordinate abbreviations
I have attached a description of dikes and other safeguard measures





*Mailed 2/28/96
reporting year 1995*

February 28, 1996

Indiana Emergency Response Commission
Attn: Section 304 (c) Reporting
P.O. Box 7024
Indianapolis, IN 46207-7024

To Whom It May Concern:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, ext. 2802.

Sincerely,

John McBeath
John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Franklin Fire Department
Johnson County Emergency Management
Dan Boucher
Lew DeWitt
Liston Hinson ✓



February 28, 1996

Johnson County LEPC
Attn: Robert Smith, Chair
Johnson County Emergency Management
1111 Hospital Road
P.O. Box 171
Franklin, IN 46131

Dear Mr. Smith:

In compliance with SARA Section 312, I have enclosed a Tier Two Report for the Arvin North American Automotive, Franklin Plant.

Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, ext. 2802.

Sincerely,

A handwritten signature in cursive script that reads 'John McBeath'.

John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Indiana Emergency Response Commission
Franklin Fire Department
Dan Boucher
Lew DeWitt
Liston Hinson



February 28, 1996

Franklin Fire Department
Attn: Jack Matthews
1701 N. Main Street
Franklin, IN 46131

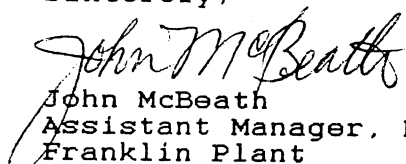
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Along with the report, I have also included a site plan indicating the location of the storage tanks.

If you need further information, please contact me at (317) 736-7111, ext. 2802.

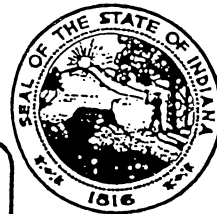
Sincerely,


John McBeath
Assistant Manager, Human Resources
Franklin Plant

cc: Indiana Emergency Response Commission
Johnson County Emergency Management
Dan Boucher
Lew DeWitt
Liston Hinson

INDIANA EMERGENCY RESPONSE COMMISSION

SARA TITLE III FACILITY INFORMATION SHEET



- INSTRUCTIONS -

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3. If you are in category E, please return this form with the Tier Two Form, but do not pay a fee.

03661 FEE CODE: A
ARVIN NORTH AMERICAN AUTOMOTIVE
1001 NORTH HURRICANE FRANKLIN
JOHNSON
1001 NORTH HURRICANE ST
FRANKLIN IN 46131

FOR DATABASE ACCURACY,
PLEASE INDICATE YOUR CURRENT
FEE CATEGORY CODE (A,B,C, or E):

B

IF ANYTHING ON YOUR PEEL-OFF LABEL IS INCORRECT, PLEASE MAKE CORRECTIONS HERE:

FACILITY NAME:

STREET ADDRESS (No P.O. Boxes, please):

CITY:

STATE:

ZIP CODE:

COUNTY:

IF THE FACILITY HAS CLOSED, ENTER THE DATE ON WHICH OPERATIONS CEASED:

(month, day, year)

IF THE FACILITY WAS SOLD IN 1993 AND YOU WILL NOT NEED TO FILE IN 1995, PLEASE GIVE US THE NAME AND MAILING ADDRESS OF THE NEW OWNER:

NAME:

STREET ADDRESS (No P.O. Boxes, please):

CITY:

STATE:

ZIP CODE:

Please mail this completed form with your other necessary forms from this package to:

Indiana Emergency Response Commission
ATTN: SARA Title III Reporting
100 N. Senate Avenue
P.O. Box 7024
Indianapolis, IN 46207-7024

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Specific
Information
by Chemical

Facility Identification

Name ARVIN NORTH AMERICAN AUTOMOTIVE ID# 03661
Street 1001 N HURRICANE STREET
City FRANKLIN County JOHNSON State IN Zip 46131
SIC Code 3714 Dun & Bradstreet Number 0006414783

FOR
OFFICIAL
USE
ONLY

ID # _____
Date Received _____

Owner/Operator Name

Name ARVIN INDUSTRIES, INC. Phone 812 379-3000
Mail Address 1531 13TH STREET, COLUMBUS, IN 47201

Emergency Contact

Name JOHN MCBEATH Title ASST. MGR, HUMAN RES.
Phone 317 736-7111, ext 2802 24 Hr. Phone 317 736-7111
Name LEW DEWITT Title MGR, HUMAN RES.
Phone 317 736-7111, ext 2801 24 Hr. Phone 317 736-7111

Important: Read all instructions before completing form

Reporting Period

From January 1 to December 31, 19 95

☒ Check if information below is identical to the information submitted last year

Chemical Description

Physical and Health Hazards

Inventory

HAZARDOUS
SUBSTANCE
TABLE

Storage Codes and Locations (Non-Confidential)

Storage Locations

Optional

CAS 007664939 Trade Secret ☐
Chem. Name SULFURIC ACID

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS

Fire ☒
Sudden Release of Pressure ☐
Reactivity ☐
Immediate (acute) ☐
Delayed (chronic) ☐

Max. Daily Amount (code) 03
Avg. Daily Amount (code) 03
No. of Days On-site (days) 365

A 1 4
H-6

CAS 007744037 Trade Secret ☐
Chem. Name ARGON

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

Fire ☐
Sudden Release of Pressure ☐
Reactivity ☐
Immediate (acute) ☐
Delayed (chronic) ☐

Max. Daily Amount (code) 04
Avg. Daily Amount (code) 04
No. of Days On-site (days) 365

A 2 7
H-8

CAS 007782447 Trade Secret ☐
Chem. Name OXYGEN

Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

Fire ☒
Sudden Release of Pressure ☒
Reactivity ☐
Immediate (acute) ☐
Delayed (chronic) ☐

Max. Daily Amount (code) 04
Avg. Daily Amount (code) 04
No. of Days On-site (days) 365

A 2 7
H-8

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

JOHN MCBEATH ASST. MGR, HUMAN RESOURCES

John MCBEATH

2/27/96

☒ I have attached a site plan
I have attached a list of site
coordinate abbreviations

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY****Facility Identification**

Name ARVIN NORTH AMERICAN AUTOMOTIVE
 Street 1001 N HURRICANE STREET
 City FRANKLIN County JOHNSON State IN Zip 46131
 SIC Code 3714 Dun & Bradstreet Number 006414783

Specific
Information
by Chemical

FOR
OFFICIAL
USE
ONLY

ID #
Date Received

Owner/Operator Name

Name ARVIN INDUSTRIES, INC. Phone 812 379-3000
 Mail Address 1531 13TH STREET, COLUMBUS, IN 47201

Emergency Contact

Name JOHN MCBEATH Title ASST. MGR. HUMAN RES.
 Phone 317 736-7111, ext 2802 24 Hr. Phone 317 736-7111
 Name LEW DEWITT Title MGR. HUMAN RES.
 Phone 317 736-7111, ext 2801 24 Hr. Phone 317 736-7111

Important: Read all instructions before completing form**Reporting Period**From January 1 to December 31, 1995
☒ Check if information below is identical to the information submitted last year.
Chemical Description**Physical and Health Hazards****Inventory**

Storage Codes and Locations
(Non-Confidential)
Storage Locations

Optional

CAS 068476302 Trade Secret ☐
 Chem. Name FUEL OIL #2

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

Fire ☒ Sudden Release of Pressure ☒
 Reactivity ☒ Immediate (acute) ☒
 Delayed (chronic) ☒

Max. Daily Amount (code) 05
 Avg. Daily Amount (code) 05
 No. of Days On-site (days) 365

Al 1 4
0-11

CAS ☐ Trade Secret ☐
 Chem. Name

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

Fire ☐ Sudden Release of Pressure ☐
 Reactivity ☐ Immediate (acute) ☐
 Delayed (chronic) ☐

Max. Daily Amount (code) ☐
 Avg. Daily Amount (code) ☐
 No. of Days On-site (days) ☐

Al 1 4

CAS ☐ Trade Secret ☐
 Chem. Name

Check all that apply: Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS ☐

Fire ☐ Sudden Release of Pressure ☐
 Reactivity ☐ Immediate (acute) ☐
 Delayed (chronic) ☐

Max. Daily Amount (code) ☐
 Avg. Daily Amount (code) ☐
 No. of Days On-site (days) ☐

Al 1 4

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

JOHN MCBEATH, ASST. MANAGER, HUMAN RESOURCES

John McBeath

2/27/96

☒ I have attached a site plan
I have attached a list of site
coordinate abbreviations

Optional Attachments



Mailed 2-18-98

February 18, 1998

Johnson County Emergency Management
Attn: Rodney Johnson
Johnson County LEPC
1111 Hospital Road
P.O. Box 171
Franklin, Indiana 46131

To Whom It May Concern;

In compliance with section 312 of Title III of SARA, we have enclosed copies of the Material Safety Data Sheets (MSDS) of the listed Hazardous Chemicals that were reported on our submission of the Tier II reports mailed on February 13, 1998. . . These three (3) MSDS's are the listed chemicals reported in the tier II report as being over the reportable threshold limits.

We are sorry these were emitted from the original submission package and any inconvenience this may have caused. If you have any questions, please don't hesitate to call me at (317) 346-2851

Sincerely

A handwritten signature in dark ink, appearing to read 'D. Boucher'.

Dan Boucher
Safety/Environmental Coordinator
Arvin Exhaust
Franklin Facility

cc: Indiana Emergency Response Commission
Franklin Fire Department
Robert Elliott
Liston Hinson
Deb Chelf
Ted Wells



February 18, 1998

Indiana Emergency Response Commission
Attn: Section 304 (c) Reporting
P.O. Box 7024
Indianapolis, Indiana 46207-7024

To Whom It May Concern;

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Sincerely

A handwritten signature in black ink, appearing to read 'Dan Boucher', written over a horizontal line.

Dan Boucher
Safety/Environmental Coordinator
Arvin Exhaust
Franklin Facility

cc: Franklin Fire Department
Johnson County Emergency Management
Robert Elliott
Liston Hinson
Deb Chelf
Ted Wells



February 18, 1998

Franklin Fire Department
Attn: Mr. Jack Matthews
1701 North Main Street
Franklin, Indiana 46131

To: Mr. Jack Matthews;

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Sincerely

A handwritten signature in black ink, appearing to read 'Dan Boucher', with a long, sweeping horizontal line extending to the right.

Dan Boucher
Safety/Environmental Coordinator
Arvin Exhaust
Franklin Facility

cc: Indiana Emergency Response Commission
Johnson County Emergency Management
Robert Elliott
Liston Hinson
Deb Chelf
Ted Wells



Quality Assurance/Technical Service Department

Product Information Sheet

December, 1992

PI NO. 88Replaces Number

Heat Content of Burner and Diesel Fuels

The "heat content" or Heat of Combustion of distillate fuels is directly related to the API Gravity and is influenced by sulfur content. Although heat of combustion can be determined experimentally, usually it is calculated.

Gross heat of combustion is the more commonly used. It is the heat released by the combustion of the fuel with all of the water formed condensed to a liquid state. Net heat of combustion is the heat released by combustion of the fuel with the water remaining in the vapor state.

The calculated values in this table may differ from determined values by up to 61 Btu's per pound.

Calculated* Heat of Combustion

Gravity, °API	Density @ 60 Lb/Gal.	Heat of Combustion, Btu's/Gallon	
		Net	Gross
25	7.547	135,384	143,499
26	7.499	134,796	142,942
27	7.452	134,215	142,392
28	7.405	133,640	141,848
29	7.359	133,072	141,310
30	7.313	132,511	140,778
31	7.268	131,956	140,252
32	7.224	131,407	139,732
33	7.180	130,864	139,218
34	7.137	130,327	138,709
35	7.094	129,797	138,206
36	7.051	129,272	137,709
37	7.009	128,752	137,217
38	6.968	128,239	136,730
39	6.927	127,731	136,249
40	6.887	127,288	135,772
41	6.847	126,731	135,301
42	6.807	126,238	134,834
43	6.768	125,751	134,372
44	6.730	125,269	133,915
45	6.692	124,792	133,463
46	6.654	124,320	133,015
47	6.617	123,853	132,572
48	6.580	123,390	132,134
49	6.543	122,932	131,699
50	6.507	122,479	131,269
51	6.472	122,030	130,843
52	6.437	121,585	130,422
53	6.402	121,145	130,004
54	6.367	120,709	129,591
55	6.333	120,277	129,181

*Assuming 0.25 wt% sulfur. Fuels of higher sulfur content can be adjusted down by 5 Btu's per 0.01% sulfur, and fuels of lower sulfur content can be adjusted upward by the same factor. Linear Interpolation can be used within the range of this table.



Supply Source:
Mandan Refinery
Sugar Creek
Whiting Refinery

Amoco Petroleum Products

Product Manufactured At:	Mandan Whiting Texas City to Midwest	Product Available At:	Mandan-By TT, TC, and Pipeline Sugar Creek-By TT, TC, Pipeline, and Marine Whiting-By TT, TC, Pipeline, and Marine
TEST METHOD	GENERAL SPECIFICATION	NOTES	LIMIT
Visual	Appearance	(a)	Clear and bright at 70° F or shipping tank temperature.
D624	Carbon Residue on 10% Bime., Ramsbottom		NMT 0.25%
ACM 22.02	Causeic, Free: Mandan, Whiting		Pass
D976	Cetane Index	(b)(6)	NLT 40
Visual	Color	(f)	Dyed
D1800	Color, ASTM, Before Adding Dye		NDT 2.5
D130	Corrosion, Cu Strip, 3 Hrs. at 122°F		NDT 1b
D86	Distillation:		<u>Mandan</u>
	10% Recovery, °F		347-450
	90% Recovery, °F		NMT 630
	95% Recovery, °F		NLT 464
	End Point, °F		NMT 875
			NMT 5.0
ACM 15.07	Filterability Index		NLT 125°F
D66 or D93	Flash, TCC or P-M		NLT 30° API
D287	Gravity		NMT 0.30 mg KOH/gm
D974	Neutralization No. (Whiting only)		NMT 4.5
ACM 15.19	Stability:		NDT 3
	Aged Sediment plus Color		NMT 2.0 mg/100 ml
	Aged Color, ASTM		NMT 7
	Aged Sediment		NMT 0.5 W%
ACM 16.17	Stability:		NMT 0.29 W%
D1652, D128, D2622	Sulfur, Total:		NMT 0.30 W%
	Shipments to Illinois		NMT 100 ppm @ MN;
	Shipments to Wayne Co. (Metra Detroit)		NMT 140 ppm @ WH
D3227	Sulfur, Mercaptan		NMT 0.05%
D2709	Water and Sediment		

SEASONAL SPECIFICATIONS-MANDAN AREA			
For Month Received at Terminals: Mandan, Jamestown, Moorhead, Twin Cities, Superior			
TEST METHOD	NOTES	SUMMER	WINTER
D7624	(c)	APR-SEP	OCT-MAR
D2600		NLT 100 CU	NLT 150 CU
		NMT +15°F	OCT-NOV 15
			NOV16-FEB
D87			MAR
D445		NMT -10°F	NMT -30°F
		2.0-3.6	1.8-3.6

SEASONAL SPECIFICATIONS-WHITING AREA			
For Month Received at Terminals: Whiting, Milwaukee, Muskegon, Traverse City, Green Bay, Sugar Creek, Spring Valley, all terminals on Rouge, Indianapolis, Sioux Falls, and Dubuque Pipelines			
TEST METHOD	NOTES	SUMMER	WINTER
D2624	(a)(d)	APR-SEP	OCT-MAR
D2600		NLT 100 CU	NLT 150 CU
D97		NMT -15°F	NMT -8°F
D445	(e)	NMT 0°F	NMT -20°F
		2.0-3.6	1.8-3.6

NOTES:

- (a) Requests for Appearance waivers must be accompanied by information on haze point or water content.
- (b) No. 2 Bumer Fuel, HS Off-Rd (Brand No. 23123, PCC 216) is the same as Amoco No. 2 Fuel Oil, HS Off-Rd except there is no cetane specification.
- (c) Measurement at room temperature rather than 70°F is adequate. Additive may be omitted if product is being shipped fungible or is going into commingled storage.
- (d) Sugar Creek may be NLT 125 CU.
- (e) Spring Valley and Green Bay winter pour is NMT -30°F. Sufficient Pour Depressant will be added/injected to reduce pour.
- (f) See PQS Page Number 2585 for dye requirement.
- (g) Whiting cetane index may be as low as 38. Improver must be added to bring the cetane number (CET13) up to NLT 40.0

GENERAL NOTES:

- (1) Product must also comply with state legal requirements; see state legal.

BRAND NUMBER	BRAND NAME	PCC
23140	AMOCO No. 2 Fuel Oil, HS Off-Rd	212
23142	AMOFUEL No. 2 Oil, HS Off-Rd	212

Distribution Date: December 1994

Revised in this Issue: Mandan Winter Cloud

Issued by Quality Assurance/Technical Service Department

RWK/eq/94379w

Date of previous issue: October 1994

MATERIAL SAFETY DATA SHEET

FEB 19 1991

L-4638-A
September 1985



An explanation of the terms used herein may be found in OSHA 29 CFR 1910.1200,
available from OSHA regional or area offices.
(Essentially similar to U.S. Department of Labor Form OSHA-20
and generally accepted in Canada for information purposes)
Do Not Duplicate This Form. Request an Original.



I. PRODUCT IDENTIFICATION

PRODUCT	Oxygen	SYNONYMS	Not applicable
CHEMICAL NAME	Oxygen	CHEMICAL FAMILY	Not applicable
FORMULA	O ₂	MOLECULAR WEIGHT	32.00
TRADE NAME	Oxygen		

II. HAZARDOUS INGREDIENTS

For mixtures of this product request the respective component Material Safety Data Sheets. See Section IX.

MATERIAL (CAS NO.)	Wt (%)	1984-1985 ACGIH TLV-TWA (OSHA-PEL)
Oxygen (7782-44-7)	100	None currently established (None currently established)

III. PHYSICAL DATA

BOILING POINT, 760 mm. Hg	- 183°C (- 297.4°F)	FREEZING POINT	- 218.4°C (- 361.1°F)
SPECIFIC GRAVITY (H ₂ O = 1)	Gas	VAPOR PRESSURE AT 20°C.	Gas
VAPOR DENSITY (air = 1)	1.105 @ 25°C	SOLUBILITY IN WATER, % by wt.	Negligible
PERCENT VOLATILES BY VOLUME	100	EVAPORATION RATE (Butyl Acetate = 1)	Not applicable
APPEARANCE AND ODOR	Colorless, odorless gas at normal temperature and pressure.		

EMERGENCY PHONE NUMBER

IN CASE OF EMERGENCIES involving this material, further information is available at all times:
In the USA 1-800-UCC-HELP (1-800-822-4357)
For routine information contact your local supplier

Union Carbide requests the users of this product to study this Material Safety Data Sheet (MSDS) and become aware of product hazards and safety information. To promote safe use of this product a user should (1) notify its employees, agents and contractors of the information on this MSDS and any product hazards and safety information, (2) furnish this same information to each of its customers for the product, and (3) request such customers to notify their employees and customers for the product of the same product hazards and safety information.

UNION CARBIDE CORPORATION ☐ LINDE DIVISION
UNION CARBIDE CANADA LIMITED ☐ LINDE DIVISION

V. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (test method)	Not applicable		AUTOIGNITION TEMPERATURE	Not applicable
FLAMMABLE LIMITS IN AIR, % by volume	LOWER	Not applicable	UPPER	Not applicable

EXTINGUISHING MEDIA: Vigorously accelerates combustion. Use media appropriate for surrounding fire. Water (i.e. safety shower) is the preferred extinguishing media for clothing fires.

SPECIAL FIRE FIGHTING PROCEDURES: Evacuate all personnel from danger area. Immediately cool containers with water spray from maximum distance until cool, then move containers away from fire area if without risk.

UNUSUAL FIRE AND EXPLOSION HAZARDS: Oxidizing agent, vigorously accelerates combustion. Contact with flammable materials may cause fire or explosion. Container may rupture due to heat of fire. No part of a container should be subjected to a temperature higher than 52°C (approximately 125°F). Most containers are provided with a pressure relief device designed to vent contents when they are exposed to elevated temperature. Smoking, flames and electric sparks in the presence of enriched oxygen atmospheres are potential explosion hazards.

VI. REACTIVITY DATA

STABILITY		CONDITIONS TO AVOID: See Section IX.
UNSTABLE	STABLE	
	X	

INCOMPATIBILITY (materials to avoid): Combustible materials, asphalt, flammable materials, especially oils and greases.

HAZARDOUS DECOMPOSITION PRODUCTS: None.

HAZARDOUS POLYMERIZATION		CONDITIONS TO AVOID: None currently known.
May Occur	Will not Occur	
	X	

VII. SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED: Shut off leak if without risk. Ventilate area of leak or move leaking container to well-ventilated area. Remove all flammable materials from vicinity. Oxygen must never be permitted to strike an oily surface, greasy clothes, or other combustible material.

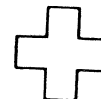
WASTE DISPOSAL METHOD: Slowly release into atmosphere, in an open, outdoors area. Remove all flammable materials from vicinity.

MATERIAL SAFETY DATA SHEET

L-4563-C
Dec. 1986



An explanation of the terms used herein may be found in OSHA 29 CFR 1910.1200, available from OSHA regional or area offices.
(Essentially similar to U.S. Department of Labor Form OSHA-20 and generally accepted in Canada for information purposes)
Do Not Duplicate This Form. Request an Original.



I. PRODUCT IDENTIFICATION

PRODUCT	Argon		
CHEMICAL NAME	Argon	SYNONYMS	Shielding Gas, Argon-40
FORMULA	Ar	CHEMICAL FAMILY	(Rare Gas) Noble Gas
		MOLECULAR WEIGHT	39.948
TRADE NAME	Argon (This product is usually intended for electric welding use.)		

II. HAZARDOUS INGREDIENTS

This section covers the materials from which this product is manufactured. The fumes and gases produced during cutting with the normal use of this product are covered by Section VI. The term "hazardous" in "Hazardous Materials" should be interpreted as a term required and defined in OSHA 29 CFR 1910.1200 and does not necessarily imply the existence of any hazard.

MATERIAL (CAS NO.)	Vol (%)	1986-1987 ACGIH TLV-TWA (OSHA-PEL)
Argon (7440-37-1)	100	Simple asphyxiant (None currently established)

III. PHYSICAL DATA

BOILING POINT, 760 mm. Hg	-185.9°C (-302.6°F)	FREEZING POINT	-189.2°C (-308.6°F)
SPECIFIC GRAVITY (H ₂ O = 1)	Gas	VAPOR PRESSURE AT 20°C.	Gas
VAPOR DENSITY (air = 1)	1.378 @ 21.2°C (70°F)	SOLUBILITY IN WATER, % by wt.	Negligible
PERCENT VOLATILES BY VOLUME	100	EVAPORATION RATE (Butyl Acetate = 1)	Not Applicable
APPEARANCE AND ODOR	Colorless, odorless gas at normal temperature and pressure.		

EMERGENCY PHONE NUMBER

IN CASE OF EMERGENCIES involving this material, further information is available at all times:
In the USA 1-800-UCC-HELP (1-800-822-4357)
In Canada 514-640-6400
For routine information contact your local supplier

Union Carbide requests the users of this product to study this Material Safety Data Sheet (MSDS) and become aware of product hazards and safety information. To promote safe use of this product a user should (1) notify its employees, agents and contractors of the information on this MSDS and any product hazards and safety information, (2) furnish this same information to each of its customers for the product, and (3) request such customers to notify their employees and customers for the product of the same product hazards and safety information.

UNION CARBIDE INDUSTRIAL GASES INC.
LINDE DIVISION

Printed on recycled paper.



PRODUCT: Argon

L-4563-C
Dec. 1986

V. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (test method)	Not Applicable		AUTOIGNITION TEMPERATURE	Not Applicable
FLAMMABLE LIMITS IN AIR, % by volume	LOWER	Not Applicable	UPPER	Not Applicable

EXTINGUISHING MEDIA

Argon cannot catch fire. Use media appropriate for surrounding fire.

SPECIAL FIRE FIGHTING PROCEDURES

Evacuate all personnel from danger area. Immediately cool cylinders with water spray from maximum distance until cool then move containers away from fire area if without risk. Shut off leak if without risk.

Arcs and sparks can ignite combustibles. Refer to American National Standard Z49.1 "Safety in Welding and Cutting" for fire prevention information during the use of welding and allied procedures.

UNUSUAL FIRE AND EXPLOSION HAZARDS

Argon cannot catch fire. Container may rupture due to heat of fire. No part of a container should be subjected to a temperature higher than 52°C (approximately 125°F). Most containers are provided with a pressure relief device designed to vent contents when they are exposed to elevated temperature.

VI. REACTIVITY DATA

STABILITY		CONDITIONS TO AVOID
UNSTABLE	STABLE	
	X	High pressure gas. Close valve when not in use and when empty. Use with equipment rated to adequately withstand pressures to be encountered. Do not strike arc on cylinder. Do not ground cylinder. See Section IX.

INCOMPATIBILITY (materials to avoid)

None currently known. Argon is chemically inert.

HAZARDOUS DECOMPOSITION PRODUCTS

Ozone and Nitrogen Oxides may be formed by the radiation from the arc. See Section IV. Other decomposition products of normal operation originate from the volatilization, reaction or oxidation of the material being worked.

HAZARDOUS POLYMERIZATION		CONDITIONS TO AVOID
May Occur	Will not Occur	
	X	None currently known.

VII. SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED

Argon is an asphyxiant. Evacuate all personnel from danger area. Use self contained breathing apparatus where needed. Shut off cylinder if without risk. Ventilate area of leak or move cylinder to well ventilated area. Test area, especially confined areas, for sufficient oxygen content prior to permitting re-entry of personnel.

WASTE DISPOSAL METHOD: Slowly release into atmosphere. Discard any product, residue, disposable container or liner in an environmentally acceptable manner in full compliance with Federal, State and local regulations.



mailed 2-15-99

February 15, 1999

Johnson County Emergency Management
Attn: Lou Remshaw
Johnson County LEPC
1111 Hospital Road
P.O. Box 171
Franklin, Indiana 46131

To Whom It May Concern:

In Compliance with SARA section 312, we have enclosed our Tier II reports for the 1998 calendar year for Arvin Exhaust, Franklin Facility.

Along with this report we have included a site plan of this facility indicating the storage locations for this material.

If you need any further information, please contact me at (317) 346-2851

Sincerely

Dan Boucher
Environmental Coordinator
Arvin Exhaust
Franklin Facility

Cc: Indiana Emergency Response Commission
Franklin Fire Department
Division Environmental Department





February 15, 1999

Franklin Fire Department
Attn: Jack Matthews
1701 North Main St
Franklin, Indiana 46131

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Sincerely

Dan Boucher
Environmental Coordinator
Arvin Exhaust
Franklin Facility

Cc: Indiana Emergency Response Commission
Johnson County Emergency Management
Division Environmental Department





February 15, 1999

Indiana Emergency Response Commission
Attn: Section 304 © Reporting
P.O. Box 7024
Indianapolis, Indiana 46207-7024

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Sincerely

Dan Boucher
Environmental Coordinator
Arvin Exhaust
Franklin Facility

Cc: Johnson County Emergency Management (LEPC)
Franklin Fire Department
Division Environmental Department



Page 1 of 1

Important: Read all instructions before completing form.

Reporting Period: From January 1 to December 31, 98

 Check if information below is identical to the information submitted last year

Optional

Certification Read and sign after completing all sections.

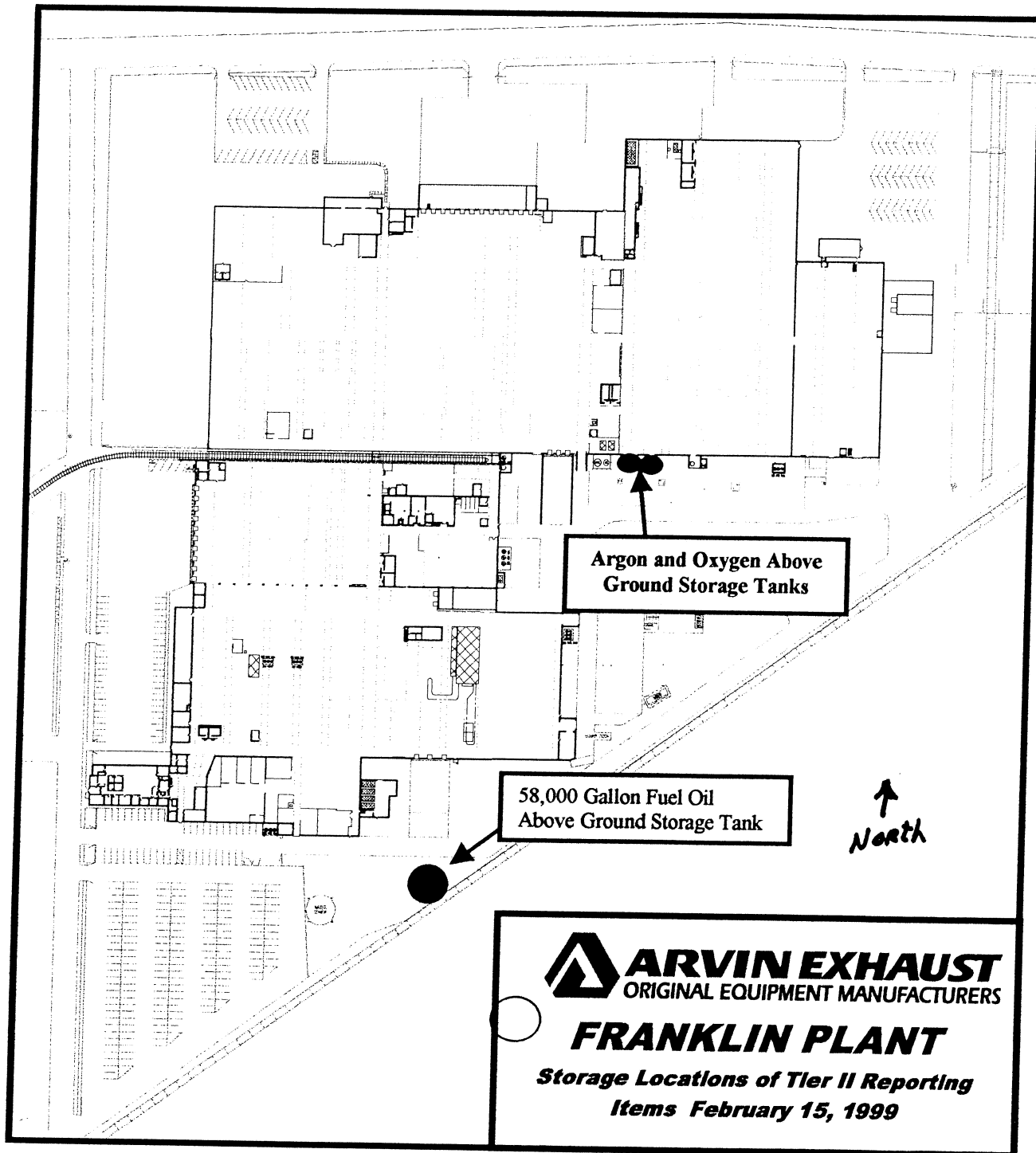
I certify, under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through 1, and that, based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.

Robert Elliott Facility/Environmental Manager
Name and official title of owner/operator OR authorized representative

Signature

February 15, 1998
Date signed

I have attached a site plan
I have attached a list of site coordinate
abbreviations
I have attached a description of dikes and



Tier II EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY		Facility Identification		Owner/Operator Name (Mailing Address)	
		Name <u>Arvin Exhaust</u>	City <u>Franklin</u>	State <u>Ind</u>	Zip <u>46131</u>
		Street Address <u>1001 North Hurricane St.</u>	County <u>Johnson</u>	Dunn & Bradstreet: <u>00 641 4783</u>	Name <u>Robert Elliott</u>
		SIC Code: <u>3714</u>	Date Received _____	(From Mailing Label)	Title <u>Fac/Envlr Manager</u>
		Facility ID # <u>03661</u>			Name <u>Dan Boucher</u>
					Title <u>Envlr Coord.</u>
					Phone <u>(317) 346-2915</u>
					24-Hr. Phone <u>(317) 736-7111</u>
					Name <u>Dan Boucher</u>
					Title <u>Envlr Coord.</u>
					Phone <u>(317) 346-2851</u>
					24-Hr. Phone <u>(317) 736-7111</u>
Important: Read all instructions before completing form.		Reporting Period: From January 1 to December 31, <u>98</u>			
Chemical Description		Physical and Health Hazards		Inventory	
CAS <u>007440 37 1</u>	<input type="checkbox"/> Trade Secret	Fire		<u>04</u> Max. Daily Amount (Code)	A 2 7
Chem. Name <u>Argon</u>	<input type="checkbox"/> Trade Secret	Sudden Release of pressure		<u>04</u> Avg. Daily Amount (Code)	
Check all <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reactivity		<u>365</u> No. of Days On-site (Days)	
Pure Mix Solid	Liquid Gas EHS	Immediate (acute)			
EHS Name _____		Delayed (chronic)			
CAS <u>007782 44 7</u>	<input type="checkbox"/> Trade Secret	Fire		<u>04</u> Max. Daily Amount (Code)	A 2 7
Chem. Name <u>Oxygen</u>	<input type="checkbox"/> Trade Secret	Sudden Release of pressure		<u>04</u> Avg. Daily Amount (Code)	
Check all <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reactivity		<u>365</u> No. of Days On-site (Days)	
Pure Mix Solid	Liquid Gas EHS	Immediate (acute)			
EHS Name _____		Delayed (chronic)			
CAS <u>068476 30 2</u>	<input type="checkbox"/> Trade Secret	Fire		<u>05</u> Max. Daily Amount (Code)	A 1 4
Chem. Name <u># 2 Fuel Oil</u>	<input type="checkbox"/> Trade Secret	Sudden Release of pressure		<u>05</u> Avg. Daily Amount (Code)	
Check all <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reactivity		<u>365</u> No. of Days On-site (Days)	
Pure Mix Solid	Liquid Gas EHS	Immediate (acute)			
EHS Name _____		Delayed (chronic)			
Certification Read and sign after completing all sections		I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through <u>1</u> , and that, based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.			
Robert Elliott Facility/Environmental Manager		Signature <u>Robert Elliott</u>			
Name and official title of owner/operator OR authorized representative		Date signed February 15, 1998			
		X I have attached a site plan			
		I have attached a list of site coordinate abbreviations			
		I have attached a description of dikes and other safeguards			



ARVIN
ARVIN INDUSTRIES, INC.

EXHAUST SYSTEMS ORIGINAL EQUIPMENT

Franklin Plant: 1001 Hurricane Ave., Franklin, Indiana 46131 (317) 736-7111

FEBRUARY 9, 2000

Johnson County Emergency Planning
Attn: Lew Remshaw
Johnson County LEPC
1111 Hospital Road
P.O. Box 171
Franklin, Indiana 46131


To Whom It May Concern:

In compliance with SARA section 312, I have enclosed a Tier II report for the Arvin Exhaust, Franklin Facility.

Along with this report, I have also included a site plan indicating the locations of the reported storage area tanks.

If you need further information, please contact me at (317) 346-2842

Sincerely


Jerry Kean
Environmental Coordinator
Arvin Exhaust

Cc: Indiana Emergency Response Commission
Johnson County Emergency Management
Tom Jones
Debra Chelf



ARVIN
ARVIN INDUSTRIES, INC.

EXHAUST SYSTEMS ORIGINAL EQUIPMENT

Franklin Plant: 1001 Hurricane Ave., Franklin, Indiana 46131 (317) 736-7111

FEBRUARY 9, 2000

Indiana Emergency Response Commission
Attn: Section 304 (c) Reporting
P.O. Box 7024
Indianapolis, Indiana 46207-7024


To Whom It May Concern:

In compliance with SARA section 312, I have enclosed a Tier II report for the Arvin Exhaust, Franklin Facility.

Along with this report, I have also included a site plan indicating the locations of the reported storage area tanks.

If you need further information, please contact me at (317) 346-2842

Sincerely


Jerry Kean
Environmental Coordinator
Arvin Exhaust

Cc: Indiana Emergency Response Commission
Johnson County Emergency Management
Tom Jones
Debra Chelf



ARVIN
ARVIN INDUSTRIES, INC.

EXHAUST SYSTEMS ORIGINAL EQUIPMENT

Franklin Plant: 1001 Hurricane Ave., Franklin, Indiana 46131 (317) 736-7111

FEBRUARY 9, 2000

Franklin Fire Department
Attn: Jack Matthews
1701 North Main Street
Franklin, Indiana 46131


To Whom It May Concern:

In compliance with SARA section 312, I have enclosed a Tier II report for the Arvin Exhaust, Franklin Facility.

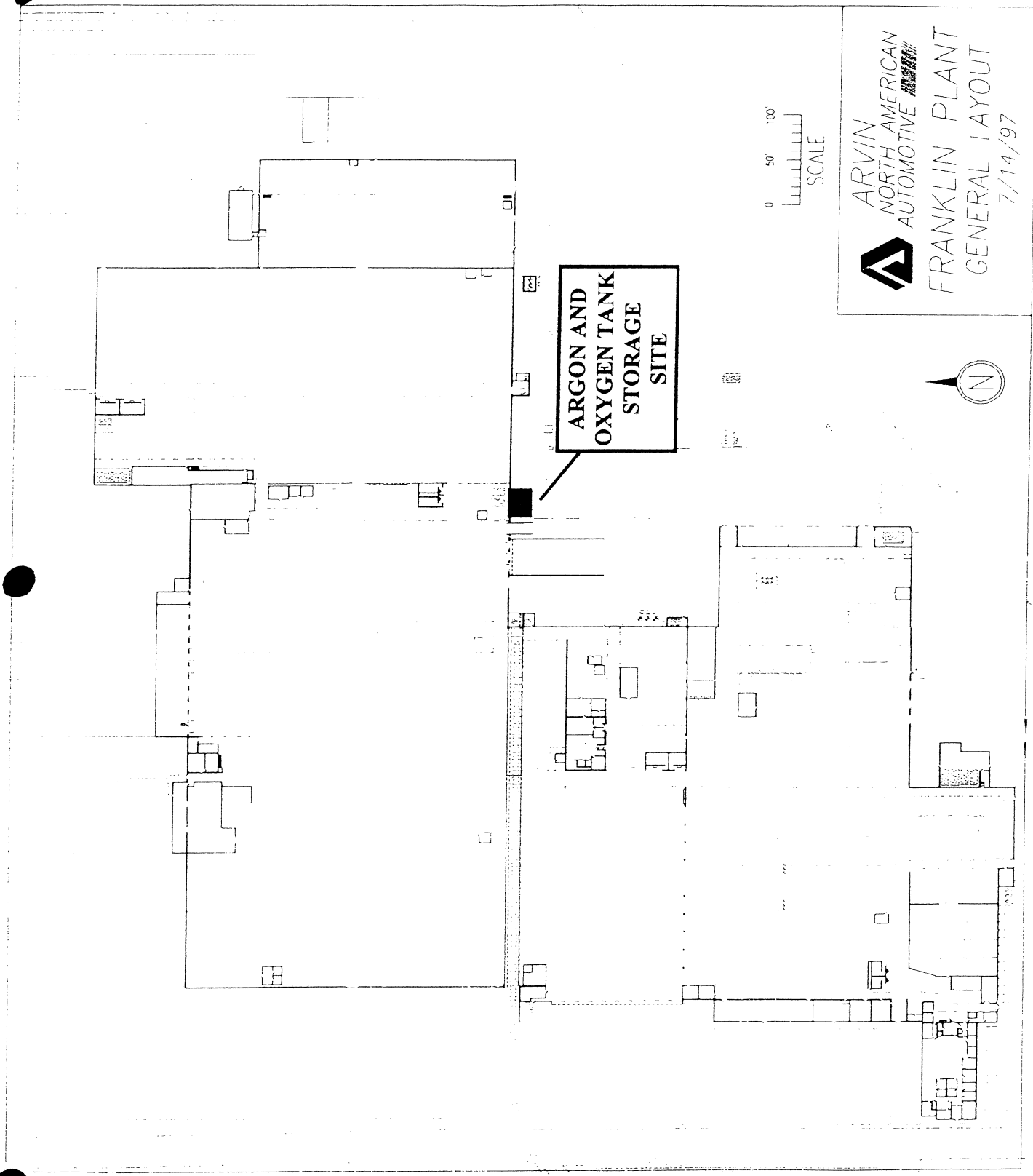
Along with this report, I have also included a site plan indicating the locations of the reported storage area tanks.

If you need further information, please contact me at (317) 346-2842

Sincerely


Jerry Keen
Environmental Coordinator
Arvin Exhaust

Cc: Indiana Emergency Response Commission
Johnson County Emergency Management
Tom Jones
Debra Chelf

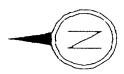


ARGON AND
OXYGEN TANK
STORAGE
SITE



ARVIN
NORTH AMERICAN
AUTOMOTIVE

FRANKLIN PLANT
GENERAL LAYOUT
7/14/97



NONCONFIDENTIAL LOCATION INFORMATION SHEET

Page 1 of 1

Tier II EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY Specific Information by Chemical		Facility Identification Name <u>ARVIN EXHAUST</u> Street Address <u>1001 N. HARRIS ST.</u> City <u>FRANKLIN</u> County <u>JOHNSON</u> State <u>IA</u> Zip <u>506131</u> SIC Code: <u>3714</u> Dunn & Bradstreet: <u>00641 4783</u> Facility ID # _____ Date Received _____		Owner/Operator Name (Mailing Address) Name <u>ARVIN INDUSTRIES</u> Phone () <u>813-399-3000</u> Mailing Address <u>1531 13th STREET</u> <u>COLUMBUS IND. 47201</u> Emergency Contact Name <u>TOM JONES</u> Title <u>MANAGER</u> Phone <u>317-346-2770</u> 24-Hr. Phone <u>317 736-7111</u> Name <u>JERRY KEAN</u> Title <u>EMER. COORDINATOR</u> Phone <u>317-346-3848</u> 24-Hr. Phone <u>317 736-7111</u>	
Important: Read all instructions before completing form.		Reporting Period: From January 1 to December 31, <u>1999</u>		<input type="checkbox"/> Check if information below is identical to the information submitted last year	
Chemical Description		Physical and Health Hazards		Inventory	
CAS <u>007440 371</u> Chem. Name <u>ARGON</u> <input type="checkbox"/> Trade Secret Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____		Fire <input checked="" type="checkbox"/> Sudden Release of pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) <input checked="" type="checkbox"/>		04 Max. Daily Amount (Code) 04 Avg. Daily Amount (Code) 365 No. of Days On-site (Days)	
CAS <u>007782 447</u> Chem. Name <u>OX49EN</u> <input type="checkbox"/> Trade Secret Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____		Fire <input checked="" type="checkbox"/> Sudden Release of pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) <input checked="" type="checkbox"/>		04 Max. Daily Amount (Code) 04 Avg. Daily Amount (Code) 365 No. of Days On-site (Days)	
CAS _____ Chem. Name _____ <input type="checkbox"/> Trade Secret Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____		Fire _____ Sudden Release of pressure _____ Reactivity _____ Immediate (acute) _____ Delayed (chronic) _____		_____ Max. Daily Amount (Code) _____ Avg. Daily Amount (Code) _____ No. of Days On-site (Days)	
Storage Codes and Locations (Nonconfidential) Storage Location		Temperature _____ Pressure _____		Container Type _____	
Optional					

Certification Read and sign after completing all sections

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages 1 through 1, and that, based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate, and complete

JERRY KEAN John 2-9-00
 Name and official title of owner/operator OR authorized representative Signature Date signed

☒ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguards



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Ernest E. Dannon
Governor

Lori F. Kaplan
Commissioner

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

January 16, 2001

MEMORANDUM

TO: Interested Parties / Applicant

FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Management

SUBJECT: Notice of Decision - APPROVAL

effective 1-30-01

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to IC 4-21.5-3-5(f), this order will become effective within eighteen (18) calendar days from the mailing of this notice unless a petition for review and a petition for stay of effectiveness is filed.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office of Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, within eighteen (18) calendar days from the mailing of this notice. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing: (1) The date the document is delivered to the Office of Environmental Adjudication (OEA). (2) The date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail. (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and the following: (1) the name and address of the person making the request; (2) the interest of the person making the request; (3) identification of any persons represented by the person making the request; (4) the reasons, with particularity, for the request; (5) the issues, with particularity, proposed for consideration at any hearing; (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

Pursuant to IC 4-21.5-3-5(d), the Office of Environmental Adjudication will provide you with notice of any prehearing conferences, preliminary hearing, hearings, stays, or orders disposing of the review of this decision if a written request is submitted to the Office of Environmental Adjudication at the above address. If you have procedural or scheduling questions regarding your petition, you may contact the Office of Environmental Adjudication at 317-232-8591. If you have any other questions regarding the enclosed document, please contact the Office of Air Management (OAM) at 317-233-0178.

Attachment



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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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.state.in.us/idem

January 16, 2001

Debra Chelf
Arvin Industries, Inc.
1531 13th Street, Box 3002
Columbus, IN 47202

Re: 081-12617-00020
Source Specific Operation Status

Dear Ms. Chelf:

Your application for Source Specific Operation Status was received on November 20, 2000 and has been reviewed. Based on the data submitted and the provisions in 326 IAC 2, it has been determined that your emission source, an automobile component manufacturing plant located at 1001 Hurricane Street, Franklin, IN 46131, has met the criteria required to obtain a Source Specific Operating Agreement. All terms and conditions in any prior registrations or permits are no longer in effect.

Pursuant to IC 4-21.5-3-5(a) and (b), approval of this Source Specific Operating Agreement shall not be effective until fifteen (15) days from the date of this letter.

The facilities and processes of this source are hereby granted the Source Specific Operating Agreement provided that the following requirements of 326 IAC 2-9 are satisfied:

Section A: External Combustion Operation: [326 IAC 2-9-13]

1. The visible emissions from the external combustion unit shall not exceed twenty percent (20%) opacity in twenty-four (24) consecutive readings in a six (6) minute period. The opacity shall be determined using 40 CFR 60, Appendix A, Method 9.
2. The fuel usage for the units listed in this Source Specific Operating Agreement (SSOA) shall be limited as follows:
697,000 dekatherms
 - (a) less than six hundred ninety-seven million cubic feet (697 MMcf) of natural gas per year, based on a straight twelve (12) month total, and
 - (b) less than one hundred seventeen (117) kilogallons of #1 or #2 distillate oil, or any combination of #1 or #2 oil, per year, based on a straight twelve (12) month total.

1 dekatherm = 1,000 c F

Section B: General Requirements: [326 IAC 2-9-1]

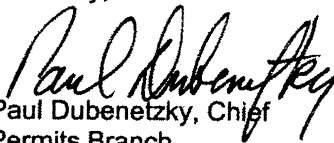
1. The source shall provide an annual notice to the commissioner, stating that the source is in operation, and certifying that its operations are in compliance with the requirements of this Source Specific Operating Agreement. The above annual notice shall be submitted to:

**Compliance Data Section
Office of Air Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015**

- no later than January 30 of each year, with the annual notice being submitted in the format attached.
2. Any exceedance of any requirement contained in this operating agreement shall be reported, in writing, within one (1) week of its occurrence. Said report shall include information on the actions taken to correct the exceedance, including measures to reduce emissions, in order to comply with the established limits. If an exceedance is the result of a malfunction, then the provisions of 326 IAC 1-6 apply.
3. Pursuant to 326 IAC 2-9-1(i), the owner or operator is hereby notified that this operating agreement does not relieve the source of the responsibility to comply with the provisions of any applicable federal, state, or local rules, or any New Source Performance Standards (NSPS), 40 CFR Part 60, or National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61.

Any change or modification which will alter operations in such a way that it will no longer comply with the applicable restrictions and conditions of this operating agreement, must obtain the appropriate approval from the Office of Air Management (OAM) under 326 IAC 2-5.1, 326 IAC 2-5.5, 326 IAC 2-6.1, 326 IAC 2-2, 326 IAC 2-3, 326 IAC 2-7, and 326 IAC 2-8, before such change may occur.

Sincerely,


Paul Dubenetzky, Chief
Permits Branch
Office of Air Management

ARD

cc: File - Johnson County
Johnson County Health Department
Air Compliance Section Inspector - Marc Goldman
Compliance Data Section - Karen Nowak
Administrative and Development - Janet Mobley
Technical Support and Modeling - Michele Boner

February 19, 2004

Mr. Steve Roush
Indiana Department of Environmental Management
100 North Senate Avenue
PO Box 6015
Indianapolis, IN 46206-6015

Dear Mr. Roush:

I am writing regarding the ArvinMeritor Franklin facility Pretreatment Permit No. INP 000168. This permit expires on October 31, 2004, and requires a permit renewal application 180 days prior to the date the permit expires, which would be May 6, 2004. The Franklin facility is scheduled to close as of September 24, 2004. All manufacturing activities will cease by that date. Consequently we are requesting permission to not submit a pretreatment permit renewal application for the facility.

Should you have questions, or require additional information, please telephone me at 812-379-3545. Thank you.

Sincerely,

Debra Chelf
Corporate Environmental Manager
ArvinMeritor, Inc.

Cc: Rick Littleton
Mike Alte
Dan Boucher

January 14, 2000

Mr. Jeffrey Ewick
Indiana Department of Environmental Management
Office of Water Management
100 North Senate Avenue
PO Box 6015
Indianapolis, IN 46206-6015

RE: INP00168

Dear Mr. Ewick:

Due to changes in facility management, please be advised that the following individuals:

- 1. Jerry Kean**
- 2. Tom Jones**

Are authorized by me to sign wastewater Discharge Monitoring Reports for the Arvin Exhaust Franklin facility, INP00168. This letter supersedes the correspondence dated March 26, 1998 designating Liston Hinson and Debra Chelf as authorized signatories. Thank you.

Sincerely,

David Galle
Vice President Chrysler Business Group
Arvin Exhaust

Cc: J. Kean
D. Chelf

October 8, 2001

Mr. Rick Littleton
Franklin Department of Public Works
796 South State Street
Franklin, IN 46131

Dear Mr. Littleton:

The purpose of this letter is to notify you of an upcoming change in the wastewater discharge from the ArvinMeritor Exhaust Franklin facility. Effective October 18, 2001, blowdown from the cooling water system will be discharged to the Franklin POTW. The quantity of blowdown is estimated to be approximately 45,000 gallons per month. The water contains the following additives:

Nalco 7346 Microbiocide at 1 ppm approximate concentration
Nalco 7363 Cooling Water Treatment at 250 ppm approximate concentration
(scale and corrosion inhibitor)

Copies of the Material Safety Data Sheets for these products are included for your reference.

If you have questions or require additional information, please call me at 317-346-2770. Thank you.

Sincerely,

Tom Jones
Quality Manager
ArvinMeritor Exhaust Franklin

Cc: Kevin Cahoon, IDEM
D. Chelf, ArvinMeritor



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Evan Bayh
Governor

Kathy Prosser
Commissioner

105 South Meridian Street
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

MAY 28 1993

Dear Storm Water Applicant:

The Notice of Intent (NOI) letter submitted to the Indiana Department of Environmental Management (IDEM) is sufficient to comply with 327 IAC 15-6.

At this time, an NPDES general permit identification number is being assigned to each facility that has submitted a NOI to comply with 327 IAC 15-6. This number will be used as an identification number and should be written on any type of correspondence or amended NOI letter that is submitted to IDEM in relation to the NPDES general permit for storm water. Please make a note of it.

The NPDES general permit number which has been assigned to this facility is:

INR 00A004.

Enclosed, please find an information sheet which explains the requirements of 327 IAC 15-6, which is the state of Indiana's NPDES general permit rule for storm water discharges associated with industrial activity.

If you have any questions regarding this matter, please contact Ms. Sarah Santori or Mr. Shawn Spaw at (317) 232-8760 or Mrs. Catherine Hess at (317) 232-8704.

Sincerely,

Lonnie D. Brumfield

Lonnie Brumfield, Chief
Permits Section
Office of Water Management

Enclosure



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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Kathy Prosser
Commissioner

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P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

How To Comply With 327 IAC 15-6

The following document is a reminder of the activities that must be completed and implemented by your facility to be in compliance with 327 IAC 15-6 which is the NPDES general permit rule for Storm Water Discharge Associated with Industrial Activity.

Please include the NPDES general permit number which has been assigned to your facility on all correspondences related to this NPDES general permit.

Prepare a pollution prevention plan that contains the required elements in 327 IAC 15-6-7. The plan must be developed and implemented within 365 days from the date the NOI letter was submitted. Consider the submission of the NOI as day zero. The plan is not required to be submitted to IDEM, but must be retained onsite at the facility. Quarterly progress reports concerning the status of the plan must be submitted until the plan is completed. You are not required to submit a fee with your quarterly progress reports. One initial sampling event must be performed prior to implementation of the plan. Sampling data which has been obtained in accordance with federal storm water regulations and which is not more than 3 years old may be used to satisfy the first sampling requirement.

During the next one-year period after implementation of the pollution prevention plan, 2 additional sampling events must be performed at least 3 months apart. Thereafter, only semiannual visual inspections are required, unless you are contacted by this office to perform additional physical sampling.

In accordance with the provisions of 327 IAC 15-6-7 (c) (3), the commissioner may grant an extension of 365-day time frame based on a written request showing reasonable cause. We understand that extenuating circumstances may arise requiring an extension for the development and implementation of the storm water pollution prevention plan, a letter may be submitted to the aforementioned address (attention: Storm Water Desk) explaining your facility's situation. According to the circumstances, an extension may or may not be granted.

An annual report which contains the results of any sampling data and/or visual inspections are to be submitted to IDEM by January 28th of each year. Facilities which have a discharge regulated under this rule which enters a municipal separate sewer system must also submit a copy of the annual report to the operator of the municipal system.

Please be sure to provide an identifying outfall number for each representative outfall that is monitored with future correspondences. The numbering shall start at 001 for the first outfall, 002 for the second outfall and continue in that manner until all outfalls are numbered. Those facilities which have individual NPDES permits that cover other outfalls may wish to adjust the numbering of their outfalls. For example: If Outfalls 001 and 002 are covered by an individual NPDES permit, you may begin numbering the storm water representative outfalls at 003.

Please do not submit any sampling data or pollution prevention plans to IDEM with your NOI letter. Refer to paragraphs #3 & #6 above for instructions concerning these items.

Since the NPDES general permit rules for storm water discharges are permit-by-rules, you will not be receiving an actual permit. The permit requirements are contained in the NPDES general permit rules, 327 IAC 15. Rules 1 through 4 establishes the basic requirements for all NPDES general permit rules. Rule 5 establishes the permit requirements for storm water runoff from construction activity. Rule 6 establishes requirements for storm water discharges associated with industrial activity.

The NPDES general permit rules for storm water were "issued" on 8/31/92 and became effective on 9/30/92. These final rules were published in the October 1, 1992 edition of the Indiana Register (pp. 15-32). This office is not distributing copies of the final rules. The Indiana Register is distributed to all public libraries in the state of Indiana. Copies of the rules can also be obtained through the Legislative Services Agency at the State House or by calling (317) 232-9557. Ask for LSA Document No. 92-62(F). There will be a copying fee of at least 15¢ per page.

A \$50.00 application fee is required to be submitted with the NOI letter, in accordance with 327 IAC 5-2-21. Checks should be made payable to Indiana Department of Environmental Management. Please send all correspondence concerning the NPDES general permit to:

Indiana Department of Environmental Management
Office of Water Management
Permits Section, Storm Water Desk
105 South Meridian Street
P.O. Box 6015
Indianapolis, IN 46206-6015

A Notice of Termination (NOT) letter must be submitted upon the closure of a facility. No fee is required for submittal of an NOT. Remember that any new facility must submit a Notice of Intent letter 180 days prior to operations of the new facility. An NOI letter may not be transferred to a new facility. Also, if significant changes occur at the facility, an amended NOI letter may need to be submitted to IDEM to address these changes. Resubmittal of an NOI letter in response to a deficiency letter from this Office does not require submittal of any additional fees if a fee was previously submitted with the original NOI letter. Any further amendments will require a \$50.00 processing fee.

If there are any questions feel free to call (317) 233-6123 and ask for the storm water desk.

* INR00A004



**ARVIN
NORTH AMERICAN
AUTOMOTIVE**

RECEIVED

DEC 29 1992

CASHIER, PAYROLL

DEC 13 1992

December 18, 1992

Indiana Department of Environmental Management
Office of Water Management
105 South Meridian Street
P.O. Box 6015
Indianapolis, Indiana 46206
Attention: Permits Section, General Permit Desk

Subject: Notice of Intent

Dear sir or madam:

The Arvin North American Automotive (NAA) facility located at Franklin, Indiana intends to comply with the general permit for storm water discharges associated with industrial activity (327 IAC 15-6). The information below is reported in accordance with 327 IAC 15-3-2 and 15-6-5:

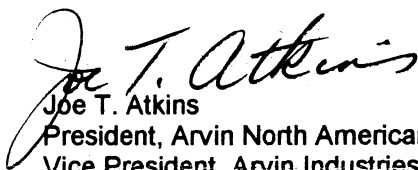
1. Arvin North American Automotive
1001 Hurricane St.
Franklin, IN 46131
2. SIC Code: 3714
3. This facility is owned by Arvin Industries, Inc., an Indiana corporation, located at One Q.G. Noblitt Plaza, P.O. Box 3000, Columbus, IN 47202, telephone (812) 379-3000.
4. The facility is located at:

Latitude: 39° 29' 30" N

Longitude: 86° 2' 45" W
5. Storm water is discharged to:
 - a.
 1. 30 inch concrete storm sewer discharging to a Johnson County legal drain which discharges to Hurricane Creek.
 2. 20 inch concrete storm sewer discharging to a Johnson County legal drain which discharges to Hurricane Creek.
 - b. 24 inch concrete storm sewer discharging to the ditch along the former railroad right of way south of the Arvin facility, which discharges to the City of Franklin stormsewer system and ultimately discharges to Young's Creek.
 - c. 12 inch galvanized storm sewer discharging to the ditch along the former railroad right of way south of the Arvin facility, which discharges to the City of Franklin storm sewer system and ultimately discharges to Young's Creek.
 - d. 12 inch galvanized storm sewer discharging to the ditch along the former railroad right of way south of the Arvin facility, which discharges to the City of Franklin storm sewer system and ultimately discharges to Young's Creek.

6. The NAA facility at Franklin is an existing facility which has 5 point source discharges of storm water not currently regulated under an NPDES permit. These sources are described above in par. 5. These discharges are not prohibited from coverage under 327 IAC 15-2-6. This facility is not in a subcategory with federal effluent guidelines for storm water.
7. Additional NOI information required by 327 IAC 15-6-5:
 - (1) Joe T. Atkins, President of Arvin North American Automotive and a Vice President of Arvin Industries, Inc. will be responsible for signatory requirements under 327 IAC 15-4-3 (g).
 - (2) The location of each point source discharge of storm water associated with industrial activity is shown in Attachment 1.
 - (3) Substantially similar point source discharges of storm water on the site, if any, the outfall to be monitored as representative of all such discharge points, and the rationale used to identify the substantially similar points are shown in Attachment 2.

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.



Joe T. Atkins

President, Arvin North American Automotive and
Vice President, Arvin Industries, Inc.

2 attachments



ARVIN
NORTH AMERICAN
AUTOMOTIVE

FRANKLIN PLANT UNIT BREAKDOWN

MAY 1998

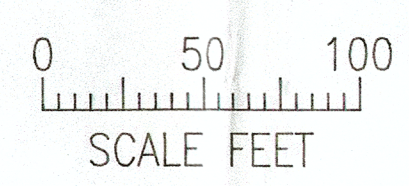
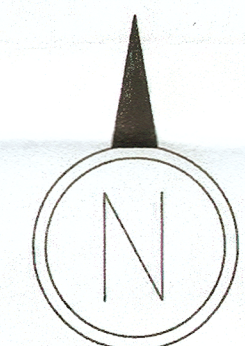
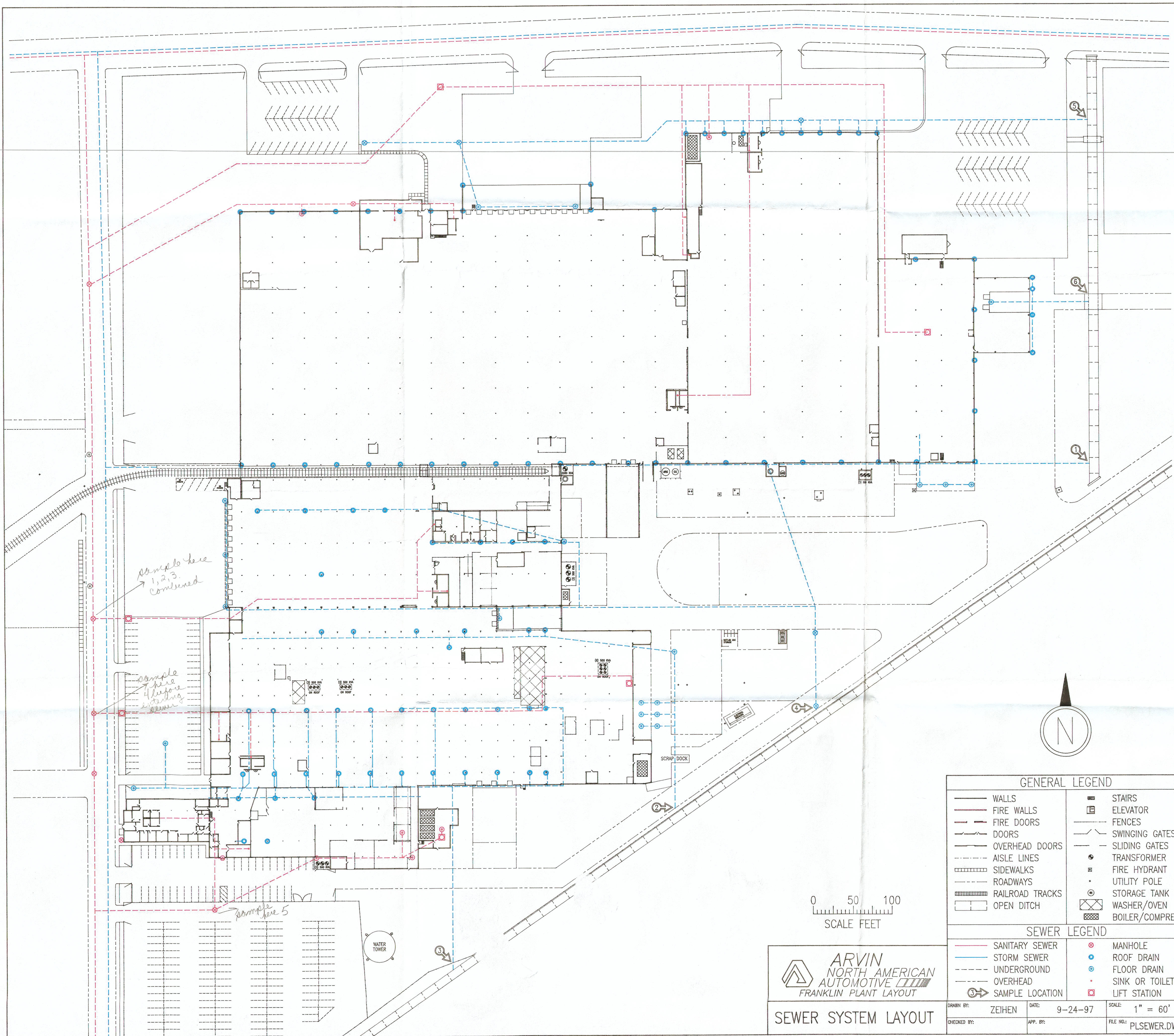
[illegible]

ArvinMeritor


FRANKLIN PLANT LINE LAYOUT

11/6/00

LARGE
MAP



GENERAL LEGEND			
—	WALLS	—	STAIRS
—	FIRE WALLS	—	ELEVATOR
—	FIRE DOORS	—	FENCES
—	DOORS	—	SWINGING GATES
—	OVERHEAD DOORS	—	SLIDING GATES
—	AISLE LINES	●	TRANSFORMER
—	SIDEWALKS	■	FIRE HYDRANT
—	ROADWAYS	•	UTILITY POLE
—	RAILROAD TRACKS	⊙	STORAGE TANK
—	OPEN DITCH	⊗	WASHER/OVEN
		⊗	BOILER/COMPRES.
SEWER LEGEND			
—	SANITARY SEWER	●	MANHOLE
—	STORM SEWER	●	ROOF DRAIN
—	UNDERGROUND	●	FLOOR DRAIN
—	OVERHEAD	●	SINK OR TOILET
—	SAMPLE LOCATION	●	LIFT STATION
DRAWN BY: ZEIHEN		DATE: 9-24-97	
CHECKED BY:		SCALE: 1" = 60'	
		FILE NO.: PLSEWER.DWG	



ARVIN
NORTH AMERICAN
AUTOMOTIVE
FRANKLIN PLANT LAYOUT

SEWER SYSTEM LAYOUT

**STORM WATER POLLUTION PREVENTION PLAN
ARVINMERITOR, INC.
FRANKLIN, IN**

September 2001

STORM WATER POLLUTION PREVENTION PLAN
ARVINMERITOR, INC.
FRANKLIN, IN

INTRODUCTION

This report documents the storm water pollution prevention plan implemented (SWPPP) at the ArvinMeritor Exhaust Division Franklin facility. The plan discusses facility areas exposed to storm water and actions taken to reduce storm water contact in such areas. This plan follows the guidelines set forth in Indiana regulation 327 IAC 16-6-7 (a) through (c). The pollutants of concern cited in the plan are based on the types of materials stored outside the facility building and the type of industrial activities conducted at the facility.

Each area containing pollutants that could be exposed to storm water is described in Part I of the SWPPP. Existing conditions at the facility that could affect storm water and planned measures that will serve to eliminate pollutant exposure to storm water are outlined in Part II of the plan.

STORM WATER DRAINAGE AREAS EXPOSED TO POLLUTANTS

The ArvinMeritor Franklin facility is located in Franklin, Indiana at 1001 Hurricane Street. The location of the facility is shown in *Attachment 1*. The facility fabricates automotive and light truck exhaust components and assembles complete exhaust systems. Activities at the facility include stamping, machining, welding, waste storage, oil/chemical storage, and receiving and loading. The applicable SIC code is 3714. The facility occupies approximately 40 acres.

A map showing the layout of the facility is included as *Attachment 2*. Storm water runoff from the facility roof, truck docks, and surrounding paved and gravel lots flows to six discharge points into two unnamed ditches on the east and south sides of the facility via below-grade pipes. Runoff from Franklin facility outfalls 1, 5 and 6 discharge to an open, unnamed ditch identified as a Johnson County drain on the east side of the facility, which then enters a subsurface City of Franklin storm drain that discharges into Hurricane Creek approximately 1/2 mile south of the facility. Franklin facility outfalls 2, 3, and 4 discharge to an unnamed ditch that originates on Franklin facility property on the south side of the property that then enters a subsurface City of Franklin storm drain that eventually flows into Youngs Creek.

ArvinMeritor Franklin does not store materials or conduct activities that would contribute pollutants to storm water other than those listed in 327 IAC 15-6-7(d)(1), storm water run-off associated with industrial activity. Furthermore,

327 IAC 15-6-7(d)(2) does not apply. Therefore, storm water samples were analyzed for the following parameters.

- PH
- Oil and grease
- BOD-5 (Biochemical Oxygen Demand)
- COD (Chemical Oxygen Demand)
- TSS (Total Suspended Solids)
- TKN (Total Kjeldahl Nitrogen)
- Total phosphorous
- Nitrate Nitrogen
- Nitrite Nitrogen

The facility and the surrounding area within $\frac{1}{4}$ mile of the facility are shown in *Attachment 1*. Surrounding properties are residential, commercial, or agricultural. According to information available from the Indiana Department of Natural Resources, two drinking water wells exist within $\frac{1}{4}$ mile of the facility.

According to the 1979 Johnson County Soil survey Map published by the U.S. Geological Survey, two kinds of native soil are present on the facility grounds, Brookston silty clay loam (symbol Br) and Crosby silt loam (symbol CrA). The Brookston silty clay loam soils are nearly level with slopes from 0-2%. Runoff is very slow or ponded. The Crosby silt loam soils are nearly level and poorly drained as well. Crosby and Brookston soils are often found together, and wetness is the main limitation of both these soils for uses other than those agriculturally related.

The facility roof is 540,000 square feet in size, approximately 12.4 acres. The remainder of the outdoor surfaces subject to this plan includes an impervious area of approximately 1.5 acres, (asphalt and concrete) and a pervious area of approximately 0.2 acres (stone drives, vegetated areas).

Industrial Activity Exposed to Storm Water And Storm Water Management Controls

Outfalls 1, 5, 6

These outfalls enter an unnamed Johnson County drain that is an open ditch until it enters a subsurface City of Franklin storm drain at the southeast corner of the facility property. Areas of the facility that are exposed to storm water that enters this ditch are: uncovered scrap hoppers, the north portion of the facility roof, empty shipping containers, and truck docks.

The uncovered scrap hoppers contain stainless steel or other steel scrap that may have a light coating of synthetic oil. Runoff from these hoppers could

contain minimal amounts of oil. Runoff in the vicinity of these hoppers has no direct conduit to the east side ditch. Runoff from some of these scrap hoppers is collected and disposed of off-site as oily wastewater.

Primary roof exhaust units are from combustion of natural gas and welding fume exhaust, neither of which is anticipated to contribute significantly to storm water contamination.

Empty shipping containers may have a light synthetic oil residue from parts placed in them. Generally shipping containers would not be expected to contribute to storm water contamination.

Chemical deliveries are made to dock E on the east side of the facility. This dock is covered and is not exposed to storm water. However, a storm drain is present in the dock bay. As a precaution against liquid spills during delivery, a 6-inch curb has been installed on the shipping bay floor near the back-bay wall that would contain a sizeable spill of liquid. A spill kit is readily accessible to this shipping/receiving dock. Additionally, a flexible storm drain cover has been added to the spill kit that can be placed over the storm drain in this dock bay in the event of a spill. The most likely spill event would be a hydraulic system failure on a truck that would result in hydraulic oil being spilled on to the shipping bay floor. The spill kit contents nearby would be used to contain and confine such a spill.

There are other truck docks located throughout this portion of the facility, none of which ship or receive chemicals. The most likely spill event at these docks would be a hydraulic system failure on a truck that would result in hydraulic oil being spilled in a dock area. Depending upon the location of storm drains in the dock areas, such an event could result in material entering a storm drain. Spill kits are present throughout the facility that could be used to contain and confine a spill of this nature so that the amount of material entering a storm drain would be minimized.

Outfalls 2, 3, 4

Outfalls 2, 3, and 4 enter the unnamed ditch that originates on the south side of the facility. Areas of the facility that are exposed to storm water that enters this ditch are: uncovered scrap hoppers, the south portion of the facility roof, electrical transformers, above-ground fuel storage, truck docks, gas cylinder storage, empty shipping racks, and an uncovered trash dumpster.

The uncovered scrap hoppers contain stainless steel or other steel scrap that may have a light coating of synthetic oil. Runoff from the vicinity of these hoppers has no direct conduit to the east side ditch.

Primary roof exhaust units are from combustion of natural gas and welding fume exhaust, neither of which is anticipated to contribute significantly to storm water contamination.

There are electrical non-PCB transformers scattered at several locations in this portion (south) of the facility, but curbs have been installed around them to collect any oil that could be released from them.

There are two aboveground 290-gallon steel tanks, one of which stores gasoline, and the other that stores diesel fuel. These tanks have secondary containment around them. The drain for the containment is locked in a closed position. Water from the containment is not released from containment until it is inspected for a sheen. If no sheen is present the water is released from the containment. If sheen is present, the water must be collected and disposed of off-site. In the unlikely event that contaminated water did escape from this secondary containment area, there is no direct conduit from it to the south ditch, and the distance is so great, water would disperse before reaching the south ditch.

There are several truck docks, most of which are uncovered, located throughout this portion of the facility, none of which ship or receive chemicals. The most likely spill event at these docks would be a hydraulic system failure on a truck that would result in hydraulic oil being spilled in a dock area. Depending upon the location of storm drains in the dock areas, such an event could result in material entering a storm drain. Spill kits are present throughout the facility that could be used to contain and confine a spill of this nature so that the amount of material entering a storm drain would be minimized.

Portable gas cylinders are stored in an uncovered outdoor area. These cylinders typically contain gases used for welding and propane. The contribution to storm water contaminants from this activity is considered minimal.

Empty shipping containers may have a light synthetic oil residue from parts placed in them. Generally shipping containers would not be expected to contribute to storm water contamination.

The uncovered trash dumpster appears to contain mostly waste wood, primarily broken skids and pallets that cannot be reused. It is not anticipated that this wood will contribute to storm water contamination.

Administrative Controls and Preventative Maintenance

The Franklin facility has a written spill response plan that addresses facility response to spills and releases. For releases to the environment, facility personnel are trained, and have spill equipment to contain and confine as a short-term immediate response, a spill of approximately 55 gallons. For clean up and spills of greater quantities, a spill response contractor will be called. Spill kits are located throughout the facility in areas where spills are most likely.

Used oil and oily wastewaters are managed fully within the facility. Waste oil is removed from the lube room and remains within the plant during transfer to the

tanker. For additional information on specific transfer procedures, please refer to the current *Spill Prevention, Control and Countermeasures (SPCC) Plan*.

All storm drains and outfalls are inspected on a monthly basis. If they are in need of attention, a work order is written. All storm drains are cleaned out annually. Regulated storm water outfalls are observed biannually during a qualifying rainfall event for the following: turbidity, color, foam, solids, floatable materials, and oil sheen. The results are recorded and sent to IDEM.

Significant Spills and Leaks


No significant spills or leaks of pollutants have been reported by the Franklin facility during the past five years.

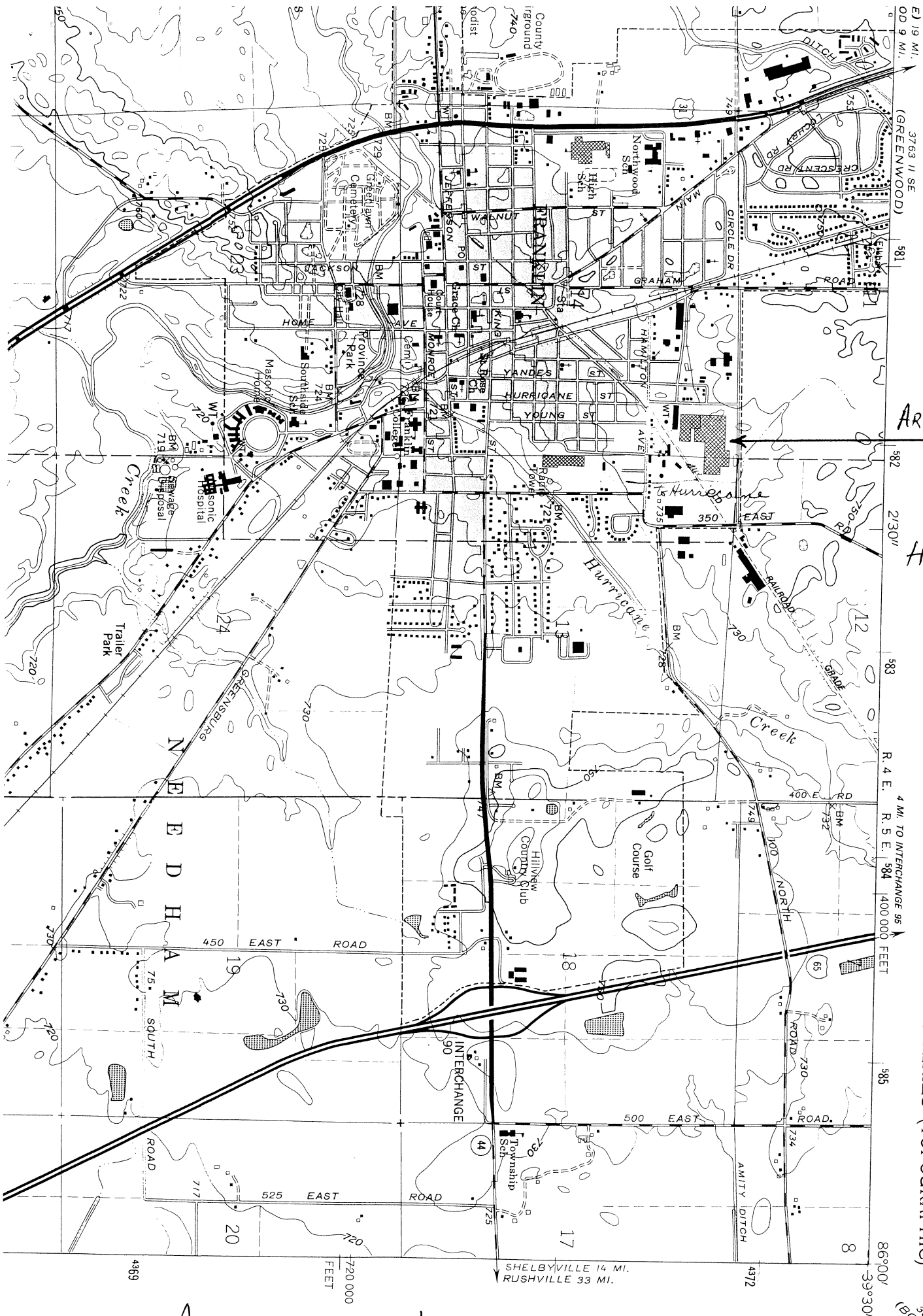
Presence of Non-Storm Water

During preparation of this storm water pollution prevention plan update, the possibility that recirculating cooling water blowdown may be discharging to outfall 1 was investigated. It was discovered that this blowdown water is indeed discharging to outfall 1. The facility intends to re-route this blowdown discharge to the sanitary sewer. This requires a major plumbing project, and it is anticipated that it will be complete by December 2001.

Certification

This plan has been prepared by or under the supervision of the qualified professionals specified below and complies with the terms of 327 IAC 15-6. Based on an inquiry of the persons who manage the system, or those persons directly responsible for gathering information, the plan is, to the best of my knowledge and belief, true, accurate, and complete.

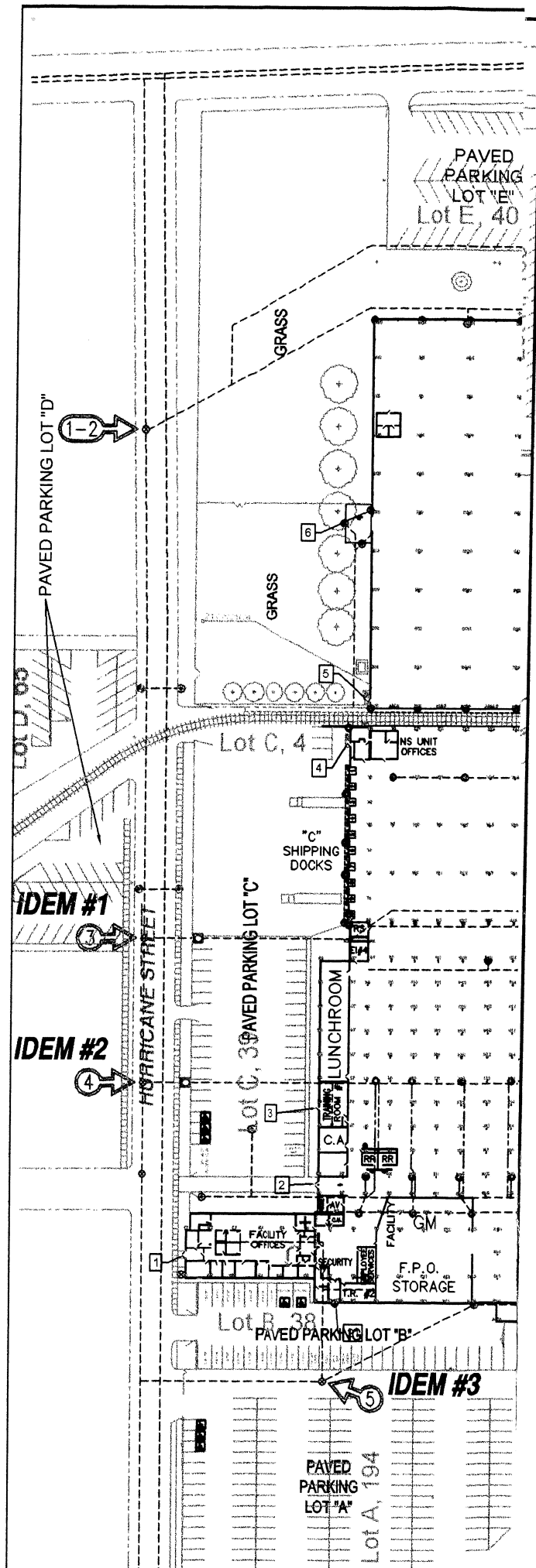
Signed: 
Debra Chelf
Corporate Environmental Manager
ArvinMeritor



ARVIN MER
FRANKLIN FACILI
1001
HURRICANE ST.

FRANKLIN QUADRANGLE
INDIANA-JOHNSON CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)

ATTACHMENT 1



ATTACHMENT 2

DIVISION OF WATER RESOURCES
INDIANA DEPARTMENT OF CONSERVATION
311 WEST WASHINGTON STREET
INDIANAPOLIS, INDIANA



WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Johnson Civil Township: _____
Congressional township: _____ Range: _____ Number of section: _____
(Fill in as completely as possible)
Describe in your own words the well location with respect to nearby towns, roads, streets
distinctive landmarks: 1091 Gardner St. Franklin Ind

Name of owner: Carl Taylor Address: _____
Name of Well Drilling Contractor: Brown's Well Drilling
Franklin Ind
Phone: _____
Name of Drilling Equipment Operator: _____

INFORMATION ON THE WELL

Completed depth of well: 63 ft. Date well was completed: June 63
Diameter of outside casing or drive pipe: 4 Length: _____
Diameter of inside casing or liner: _____ Length: _____
Diameter of Screen: 3 Length: 3'4" 3.3 Slot size: #18 Cook
Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other _____
Use of Well: For home ☒ For industry ☐ For public supply ☐ Stock ☐
Method of Drilling: Cable Tools ☒ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐
Static water level in completed well (Distance from ground to water level) 19 ft.
Pump Test: Hours tested _____ Rate _____ g.p.m. Drawdown _____ ft. (Difference between
static level and water
level at end of test)
Pumping Test: Hours tested 1 Rate 10 g.p.m. Drawdown 13 ft.

Signature _____

Date _____

FOR WELL LOG SPACE USE REVERSE SIDE OF THIS SHEET

WATER WELL LOG

FORMATIONS (Color, type of material, hardness, etc.)	From	To
yellow clay	0	19
grey "	19	48
yellow "	48	55
grey "	55	58
gravel	58	63

COUNTY: Johnson	TWP. 12N RGE. 4E	NE 1/4 NE 1/4 SEC. 14
Topo. Map: 78	Loc. accepted w/o verification Yes	No
El. of grnd. surface at well: 740	Courthouse Loc.	By Date
Depth to bedrock: 740	Field Located	By Date
Well Log processed by: 24	Placed in Master Well Log File	Date

FEET W OF EL	1000
FEET N OF SL	
FEET E OF WL	
FEET S OF ML	500
BEDROCK ELEV	
UTM NORTH	
UTM EAST	
SUBDIVISION	
*COMMENTS	LOT # 7

REMARKS:

INSTRUCTIONS

This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies.

An accurate location of the well is equally as important as an accurate well log. Please include all information possible in the space provided for well location.

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water Resources, Indiana Department of Conservation, 311 West Washington Street, Indianapolis, Indiana.

DIVISION OF WATER RESOURCES
INDIANA DEPARTMENT OF CONSERVATION
609 STATE OFFICE BUILDING
INDIANAPOLIS, INDIANA 46209
MElrose 3-6757

WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Johnson Civil Township: _____
Congressional township: 12 N Range: 4 E Number of section: 14
(Fill in as completely as possible)
Describe in your own words the well location with respect to nearby towns, roads, streets
or distinctive landmarks: Near Arvin Ind.

Name of owner: Claschorn Address: 1021
Name of Well Drilling Contractor: Gene Brown
Address: _____
Name of Drilling Equipment Operator: _____

INFORMATION ON THE WELL

Completed depth of well: 63 ft. Date well was completed: 9/2/59
Diameter of outside casing or drive pipe: _____ Length: _____
Diameter of inside casing or liner: 4" Length: 63
Diameter of Screen: 3" drop Length: 4' 6" 4.5 Slot size: _____
Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other _____
Use of Well: For home ☒ For industry ☐ For public supply ☐ Stock ☐
Method of Drilling: Cable Tools ☒ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐
Static water level in completed well (Distance from ground to water level) 25 ft.
Packer Test: Hours tested 2 Rate 75-80 g.p.m. Drawdown _____ ft. (Difference between
pumping Test: Hours tested 2.5 Rate 10 g.p.m. Drawdown 31 ft. static level and water
level at end of test)

Signature Driller
Date Kost & Steen 3/61

FOR WELL LOG SPACE USE REVERSE SIDE OF THIS SHEET

WATER WELL LOG

[illegible]

INSTRUCTIONS

This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies.

As specified in Chapter 6, § 6-111, the permittee shall include all information possible in the space provided for well location.

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water Resources, Indiana Department of Conservation.



Arvin Automotive

June 12, 1985

Mr. Charles Phipps
Indiana State Board of Health
Office of Emergency Response
1330 West Michigan Street
Indianapolis, Indiana 46206-1964

Dear Mr. Phipps:

Re: **Fuel Oil Spill on May 28, 1985**
Arvin Automotive, Franklin Plant
1001 North Hurricane Street
Franklin, Indiana 46131

On May 28, 1985, an oil substance believed to be fuel oil was noticed in the north-south drainage ditch. On May 29, 1985, The Harry R. Long Company, (P.O. Box 33, Chesterfield, Indiana 46017) performed a hydrostatic pressure test on a 10,000 gallon underground storage tank containing #2 grade heating fuel. The results of this test indicated a leakage below ground level. On May 30, 1985, Standard Oil was contacted to empty the tank. Oil absorbent booms and pads were placed at those areas of the ditch at 30 yard intervals. The leakage was contained by the first boom located at the 18" outlet tile.

On Monday, June 3, 1985, Bruce A. Smith Construction (Franklin, Indiana) was contracted to remove the tank from the ground and contain and cover all contaminated soil. On Wednesday, June 5, 1985, Petro-Chem (1901 W. Morris Street, Indianapolis, IN) was contracted to remove all contaminated soil. Petro-Chem disposed of 280 square yards of contaminated soil at the South Side Land Fill. This was authorized by Lew Schoenberger, Indiana State Board of Health, Land Pollution Division. This material was given a special waste classification. We back filled the excavation site with pit run gravel and installed (4) 4" PVC test wells to represent the contaminated site. This operation was completed by 6:15 pm, June 3, 1985. There has been no further evidence of fuel oil since the excavation.

In conclusion, Arvin Safety Officials found the tank was originally back filled in the early 1960's without proper sand fill. This led to a puncture by a small gravel pebble. The fuel oil traveled through an old field tile into the 18" drainage line.

Mr. Charles Phipps

-2-

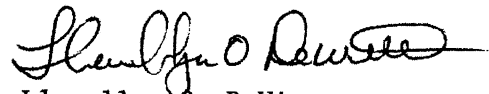
June 12, 1985

The field tile was removed and back filled. Arvin has no intentions of replacing the underground fuel tank. Alternate fuel sources are being evaluated. The boom will be removed on Monday, June 17, 1985, unless evidence of fuel oil reappears.

Arvin Automotive Safety Officials consider this matter abated and will continue its commitment to safeguard our employees, our community and our environment. If you have any further questions, please contact me at 317-736-7111, Ext. 269.

Respectfully,

ARVIN AUTOMOTIVE



Llewellyn O. DeWitt
Assistant Personnel Manager
Franklin Plant

LD/sas

March 15, 1985

To: EPA File

From: Lew DeWitt

Subject: On site inspection of spill area for
spill on March 1, 1985.

At 10:25 am, this date I met with Ron Peasson, Pollution inspector for the Indiana State Board of Health. He advised me that he received notification from County Health Officer John Bonsett of a chemical spill in the east ditch. I told him that I received a call from John Bonsett on March 1, 1985. He advised me that while he was taking samples of drainage water from our east ditch, he and a research team from Pittsburg who work for Bendix noticed a white grayish material flowing from a drainage tile located on our property. I told him I took samples of the material on March 1, 1985 and showed him my samples. I told him it was non oil fluid mixed with water from floor run off.

I took Mr. Peasson to the site and he commented, "the water looks good." I took him to the basement and he looked at the area. He requested a chemical composition for IRMCO 131 to complete his investigation. I told him I would obtain a copy from our manufacturing source and forward it to him. I showed him the Material Safety Data sheet and pointed out that IRMCO 131 met all EPA standards. He informed me that if the chemical composition sheet supported my conclusion, he would forward a letter of no citation to the plant.

Mr. Peasson stated he felt we at the plant should have called the emergency response number when we noticed the spill. I told him I did not consider such a small amount of non toxic fluid a spill. He stated he felt like the state should make that decision. I told him I disagreed. I told him that I knew that the material was non toxic and not harmful to the environment. I told Mr. Peasson he would feel the same way when he reviewed the chemical composition sheet.

In our closing conference he asked that in the future if we would contact the state if we have material flowing in a stream as a courtesy gesture. I told him I would do my best. I told him we had always had a good relationship with the State Board of Health and that Arvin was very concerned about the environment. He left at 11:18 am.

March 27, 1985
Franklin Plant

TO: Mark Adolay

FROM: Tom Linneweber

SUBJECT: WASTE-WATER SPILL 3-22-85

On 3-22-85 at 11:25 a.m., Ethel Houshour told me that Jr. Absher wanted to see me about people dumping oil into the creek. At 12:30 p.m. I went to see Mr. Absher, who showed me several pools of liquid standing on the ground outside the press room by the overhead door. The liquid was running into the creek. A film was apparent on the surface of the liquid.

Upon investigation, set-up employee Rex Sipes stated, that on 3-21-85 between 2:00 and 2:30 p.m., he dumped about 200 gallons of waste water from parts washers onto the ground because the sewer line was clogged to the point that the drain would barely accept any water. On 3-22-85, at 10:30 a.m., he dumped about 100 gallons more. He stated that Steve Johnson dumped some also. Mr. Johnson stated that on 3-21-85, about 1:30 p.m., he dumped about 100 gallons of waste water onto the ground. The waste water contained IRMCO-131 water soluble lubricant in a very diluted state. Employees were told to dump the solution into the sewer drain in 100 press room, but the drain was clogged so they decided to dump the water onto the ground.

At 2:55 p.m. Lew DeWitt contacted Michael Sorge at the State's EPA emergency number. Mr. Sorge told Mr. DeWitt that the problem did not appear to be severe; thanks for the report. At approximately 3:10 p.m. Lew DeWitt and I went with Bob Smith, of Johnson Co. Health Department, to look at the stream at Ross Court. A slight residue was seen at a rock breaker south of a nearby culvert. The stream showed no other damaging effects. Minnows were seen in abundance in the stream.

On 3-22-85 the supervisors of the employees who will be involved with future cleaning of the wash tanks and Messrs. Sipes and Johnson have been instructed under no circumstances can the Company permit anyone to dump liquid waste onto the ground.

On 3-25-85 the drain line remains clogged. Maintenance is scheduling a sewer line replacement project. Meanwhile, we may have to store the waste water until this drain line is fixed because maintenance says that the press room drain line is the only place that the waste water can be dumped.



TL

TL/dab



Arvin Automotive

March 22, 1985

Mr. Ron Pearson
Indiana State Board of Health
Water Pollution Division
1330 West Michigan Street
P.O. Box 1964
Indianapolis, Indiana 46206-1964

Dear Mr. Pearson:

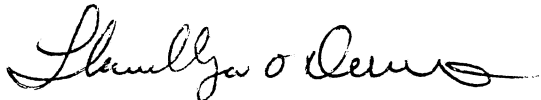
Re: Non-Toxic Chemical Leakage
Arvin Automotive, Franklin, IN
46131 on March 1, 1985

Attached is the Chemical Data Sheet for IRMCO DATA 131 Drawing Fluid that you requested on your Spill Inspection of March 15, 1985. I trust this will satisfy your initial request. I would appreciate it if you would forward your findings or conclusion in writing to me.

In closing, I would like to restate Arvin Automotive's commitment to safe guarding our employees, our community and our environment. If you have any further questions, please contact me at 317-736-7111, Ext. 269.

Respectfully,

ARVIN AUTOMOTIVE



Llewellyn O. DeWitt
Assistant Personnel Manager
Franklin Plant

LD/sas
Attachment

CONTROLLED VISCOSITY NON-OIL CONCENTRATE

GENERAL

IRMCO 131 is a NON-OIL fluid designed to give an innovative response to the need to replace oil. IRMCO 131 has a unique viscosity controlled film strength enhancer additive package along with a phosphorus extreme pressure additive. IRMCO 131 is a dark blue transparent fluid that is nitrite free and has a bactericide which is non-phenolic for the widest industrial acceptance. IRMCO 131 offers the combination of inherent cleanliness, pleasant odor, outstanding bacterial control, film strength enhancer, extreme pressure agents, rust protection and good cooling. IRMCO 131 is non-staining to galvanized steel, aluminized steel or terneplate (lead/tin coated) steel.

ADVANTAGES

1. IRMCO 131 has a unique controlled viscosity which allows it to replace oil on many applications. It flows like oil; but contains No Oil.
2. IRMCO 131 is a superior rust inhibitor for cold rolled steel. It protects the workpiece, machine and tool during processing and inside storage. The residue can be washed off with water at any time.
3. IRMCO 131 is water based and thus helps cool the workpiece. Parts made with IRMCO 131 are cooler coming off the machine. The vapor is water, not hydro-carbon smoke. The water base of IRMCO 131 makes it a non-flash, non-flammable metalworking fluid.
4. IRMCO 131 is a stable fluid with excellent wetting, therefore, less IRMCO 131 is used making it more economical than oil because carry-out is reduced below oil levels.

RECOMMENDED APPLICATION

DRAWING AND STAMPING -IRMCO 131 is meant to be used "as is" with a balanced viscosity control and film strength enhancer agent which prevents scoring and galling. The residual film may be left on the parts for rust protection or may be easily removed by water wash-off. Extended die life is obtained between polishings.

/cont.

GENERAL MOTORS CORPORATION

MATERIAL SAFETY DATA SHEET

SECTION I

PRODUCT NAME OR NUMBER IRMCO 131		EMERGENCY TELEPHONE NO. (312) 864-0255
MANUFACTURER'S NAME International Refining & Manufacturing Company		MANUFACTURER'S D-U-N-S NO. 20-525-1731
ADDRESS (Number, Street, City, State and Zip Code) 2117 Greenleaf Street, Evanston, IL 60202		
HAZARDOUS MATERIALS DESCRIPTION AND PROPER SHIPPING NAME(49 CFR 172.101) Not a hazardous material		HAZARD CLASS (49 CFR 172.101) Not applicable
CHEMICAL FAMILY NON-OIL METALWORKING FLUID	FORMULA Mixture	

SECTION II — INGREDIENTS (list all ingredients)

	CAS REGISTRY NO.	%
Triethanolamine	(102-71-6)	1-2
Inhibitor - Carboxylate type	Not available	2-3
Polyglycols	Not available	10-20
Dye	(1330-28-7)	trace
Phosphate Ester	Not available	4-8
Hexahydro-1,3,5 tris (2 Hydroxyethyl)-S-Triazine	(4719-04-4)	1/2
Wetting Agent	Not available	1
Water		balance

SECTION III — PHYSICAL DATA

BOILING POINT (°F) (°C)	similar to water	SPECIFIC GRAVITY (H ₂ O=1)	1.04
VAPOR PRESSURE (mm Hg) (psi)	water base	PERCENT VOLATILE BY VOLUME (%)	65
VAPOR DENSITY (AIR=1)	-	EVAPORATION RATE (1)	1
SOLUBILITY IN WATER	Soluble pH = 8.5 to 9.0 at working strength 5:1 with water		
APPEARANCE AND ODOR		IS MATERIAL GAS LIQUIDX SOLID PASTE POWDER	

SECTION IV-FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (method used) (°F) (°C)	None - water base	FLAMMABLE LIMITS	LEL	UEL
EXTINGUISHING MEDIA Use media suitable to primary cause of fire				
SPECIAL FIRE FIGHTING PROCEDURES				
UNUSUAL FIRE AND EXPLOSION HAZARDS None				

SECTION V-HEALTH HAZARD DATA

EFFECTS OF OVEREXPOSURE Eye splash may injure-triethanolamine content may cause eye injury.	THRESHOLD LIMIT VALUE PERMISSIBLE EXPOSURE LIMIT	Volatle portion is water
EMERGENCY AND FIRST AID PROCEDURES Eyes: For eye splash wash freely with water 15-minutes. See Doctor if necessary. Skin: Wash with soap and water and use protective barrier cream.		

LABORATORY REPORT

FOR Franklin SAMPLE TAKEN 5-29-85
CHECKED BY RDH

WATER Taken from Creek on the property									
Tank No.	Water	Sewer	NH4	#/W.R.	M. Ch.	A. Ch.	Sizer	Wax	
pH									
Clarity									
Zinc									
Iron									
Lead									
Tin									
Solids									
Chloride									
P04									
Residue									
S. Solids									
Oil & GREASE	0.1 mg/l								

Recommendations:

September 29, 1983
Franklin Plant

TO: Mark Adolay

FROM: Lew DeWitt

SUBJECT: Biodegradable oil/water spill in east drainage ditch.

At 2:16 pm, September 29, 1983, Bill Dailey notified me that he noticed a large amount of oily water in the drainage ditch that is located in the east yard. I examined the ditch and found a combination greenish, yellow water, with an oil yellow film on the water in the ditch. I followed the ditch to its dumping point into the city storm sewer. I examined the sewer entrance and found a large accumulation of greenish yellow water in the bottom of the 60" sewer pipe which looked to be 5" to 6" in depth. At this point I notified G. Ernest. I obtained two pint samples from the creek and then called John Holland and Ron Pardieck. They arrived at the Franklin Plant around 3:00 pm. Mr. Holland, Ron Pardieck, Dale Bates, G. Ernest and myself went to the spill area. I gave Mr. Holland the two samples and then stated this oil shouldn't be allowed to enter the waterway. However this material was certainly biodegradable and would break up in water. I asked Mr. Holland if we had to report this to the state and he said, "No".

I decided at 3:15 pm to pump the material out of the ditch and sewer tile. We pumped it on the gravel drive to allow it to settle and dry.

On September 30, 1983, I reinspected the ditch and sewer and found the same situation. I again ordered the ditch to be pumped out. I believe this accumulation came from run off from the length of tile from the building to the ditch. The concentration seemed more diluted and lighter color.

This clean up removed all concentrations of material and the problem was abated. This material was tested for composition by our chemlab. The results indicated that the material was not polluting and could be flushed down a sanitation sewer.

LD

SATURDAY, JUNE 17, 1995
FRANKLIN PLANT

YESTERDAY EVENING, DANNY BOUCHER TOLD ME HE SAW OIL OR NON OIL LUBRICANT ON THE GROUND AT THE FPO SCRAP AREA. I CALLED UNIT MANAGER KEN WEBB AND LEFT HIM A MESSAGE THAT WE SHOULD LOOK AT THIS EARLY SATURDAY MORNING.

THIS MORNING, I WENT TO INSPECT THE AREA AND FOUND THAT AN OILY SUBSTANCE WAS ALL OVER THE GROUND JUST OFF OF THE CONCRETE PAD AT THE FPO SCRAP AREA. I DISCOVERED SEVERAL POOLS OF WHAT LOOKED TO BE OIL AND WATER AND NON OIL AND WATER MIXED. IT APPEARED THAT THE OILY SUBSTANCE HAD LEAKED OUT OF THE KROOT SCRAP CONTAINERS AND ONTO THE GROUND. IT ALSO LOOKED AS IF THE KROOT CONTAINERS HAD BEEN PULLED OUT AND THE OIL LEAKED FROM THEM FURTHER OUT IN THE GRAVEL.

I THEN HAD MR. WEBB COME OUT AND LOOK AT THE PROBLEM. WE FEEL AT THIS TIME THAT NON OIL LUBRICANT HAD BEEN LEAKING OUT OF THE CONTAINERS, BUT ALSO THERE APPEARED TO BE WHAT WE THINK IS HYDRAULIC OIL ON THE GROUND AS WELL. I TOLD MR. WEBB THAT I WOULD SPEAK WITH BOB ELLIOTT, BUT WE WERE GOING TO HAVE TO START A CLEAN UP RIGHT AWAY.

I HAD PAGED FOR MR. ELLIOTT AND HE CAME TO THE PRESS AREA. I SHOWED HIM WHAT WE HAD ON THE GROUND AND EXPLAINED WHAT WE SHOULD DO AT THIS TIME TO START CLEAN UP. I SAID I THOUGHT THAT LISTON HINSON SHOULD BE INVOLVED AND ADVISE US IF WE SHOULD NOTIFY EPA. ALSO, WE SHOULD GET A VACUUM AND PUMP UP ANY PUDDLES OF OIL, THEN DROP SORBENT PADS ON THE GROUND TO SOAK UP WHAT WE CAN FROM THE GROUND. THE LOCATION WAS FAR ENOUGH AWAY FROM ANY DRAINS OR THE DITCH TO BE ANY IMMEDIATE PROBLEM. ALSO, THE QUANTITY WAS NOT ENOUGH TO PRESENT THAT TYPE OF PROBLEM. MR. ELLIOTT TOLD ME TO PROCEED WITH THE CLEAN UP AND MAKE IT THE RESPONSIBILITY OF FPO. WE SHOULD WORK THROUGHOUT THE WEEKEND IF NECESSARY, AND CONTACT LISTON HINSON MONDAY FOR FURTHER DIRECTION.

I TOOK PHOTOGRAPHS OF THE SITE AT APPROXIMATELY 8:30 AM AND THEN MR. WEBB AND I SET UP A PLAN TO DEAL WITH THE PROBLEM. HE CONTACTED MAINTENANCE MAN, LES JACKMAN, TO COME IN EARLY ON SECOND SHIFT TO BE AVAILABLE CONTINUE WITH CLEAN UP. FPO ALREADY HAD SEVERAL FIRST SHIFT EMPLOYEES AND TWO SECOND SHIFT EMPLOYEES IN TO WORK ON UPCOMING ATQPS CERTIFICATION. MR. WEBB DECIDED TO HAVE SEVERAL OF THEM TO START THE CLEAN UP WITH THE TWO SECOND SHIFT EMPLOYEES INVOLVED. THAT WOULD ALLOW THEM TO BE AVAILABLE LONGER TO CONTINUE WITH THE CLEAN UP.

I BROUGHT SORBENT PADS OVER TO USE AFTER THE VACUUMING WAS COMPLETED. ALSO, I BROUGHT LARGE, HEAVY PLY TRASH BAGS TO

PUT THE SOAKED PADS INTO WHEN FINISHED. BEFORE STARTING, AT APPROXIMATELY 10:30 AM, MR. WEBB INSTRUCTED ALL THE FPO EMPLOYEES THAT WERE HERE TO COME OUT TO THE SCRAP PAD TO SHOW THEM WHAT HAD HAPPENED. HE THEN EXPLAINED TO THEM WHAT A SERIOUS MATTER THIS WAS AND HOW THEY WILL HAVE TO MONITOR WHAT GOES INTO THE SCRAP CONTAINERS, WHETHER IT IS THEM OR SOMEONE ELSE. HE AND I EXPLAINED THE CONSIDERABLE COST THAT COULD BE INVOLVED TO CLEAN THIS UP AS WELL AS THE ENVIRONMENTAL PROBLEMS THIS COULD POSE FOR US IF EPA WAS TO GET INVOLVED. I TOLD THEM WE ALL HAVE A RESPONSIBILITY TO NOT LET THIS KIND OF THING HAPPEN AND NOT TO BE AFRAID TO COME FORWARD IF THEY KNEW IF SOMEONE WAS DUMPING OIL IN THE SCRAP CONTAINERS.

I THEN EXPLAINED THAT WE FIRST HAD TO PUMP AS MUCH OF THE OIL UP AS POSSIBLE AND PUT IT IN A DRUM IN CASE WE HAVE TO HAVE IT TESTED BEFORE DISPOSAL. AFTER WE GET ALL THAT IS POOLED UP, WE WILL THEN PUT THE SORBENT PADS DOWN TO SOAK AS MUCH OUT OF THE SOIL AND GRAVEL AS POSSIBLE. IF THE PADS SOAK UP A LOT, WE WILL PICK UP AND ADD MORE.

AT APPROXIMATELY 11:00 AM, WE BEGAN THE CLEAN UP BY PUMPING AND THE PLACING OF THE PADS. I TOOK MORE PHOTOS AS THE WORK BEGAN. I MONITORED THE CLEAN UP UNTIL 12:30 PM. I WENT HOME FOR A WHILE AND TOLD MR. WEBB I WOULD RETURN AROUND 3:00 PM TO CHECK THE PROGRESS. AT THAT TIME, I WOULD MAKE AN ASSESSMENT AS TO WHETHER IT WOULD BE NECESSARY TO CONTINUE IN THE EVENING AND POSSIBLY ON SUNDAY.

I RETURNED TO THE PLANT AT APPROXIMATELY 3:05 PM. I WENT STRAIGHT TO THE CLEAN UP SITE TO CHECK PROGRESS. I FOUND LESS JACKMAN CONTINUING THE CLEAN UP. ALL OF THE POOLED OIL HAD BEEN PUMPED UP AND PADS WERE DOWN FOR SOAKING. HE ALSO WAS PLACING EXTRA PADS AT THE CORNER OF THE MOST EAST SCRAP CONTAINER. IT HAD WHAT APPEARED TO BE NON OIL LUBRICANT DRIPPING OUT OF IT ON THE END. WE THINK IT WAS RUN OFF FROM THE SCRAP STEEL IN THE CONTAINER.

I THEN PHOTOGRAPHED THE AREA WITH THE PADS DOWN. I NOTICED THAT THE PADS REALLY WEREN'T SOAKING THAT MUCH OIL OUT OF THE DIRT AND GRAVEL AND REPEATED WALKING ON THEM DID NOT PRODUCE MUCH MORE ABSORBING. LES THEN TOOK A RAKE AND SCRAPED DOWN INTO THE DIRT IN SEVERAL AREAS TO SEE IF MUCH HAD SOAKED INTO THE GROUND. THE GROUND WAS VERY HARD AND DIFFICULT TO SCRAPE (DUE TO A LOT OF TRAFFIC OVER THE YEARS). EACH PLACE SCRAPED, SHOWED VERY LITTLE IF ANY ABSORBING IN THE GROUND. I TOLD MR. JACKMAN THAT SINCE WE HAD USED MOST OF OUR PADS AND IT DID NOT APPEAR WE WOULD BE ABLE TO SOAK UP MUCH AT ALL FROM THE GROUND, WE MIGHT AS WELL TAKE THEM UP AROUND 5:00 PM. AT THAT POINT, I REALLY WOULD LIKED TO HAVE LEFT THEM OVERNIGHT, BUT IT JUST DID NOT APPEAR THE PADS WOULD REALLY BE ANYMORE EFFECTIVE. ALSO, THE BREEZE WAS PICKING UP AND THE PADS DID NOT HAVE ENOUGH

SOAKED INTO THEM TO HOLD THEM DOWN. TO LEAVE THEM OVERNIGHT WOULD HAVE ALLOWED MANY OF THEM TO PROBABLY BLOW AWAY.

I TOOK MORE PICTURES OF THE CLEAN UP AT APPROXIMATELY 5:00 PM. WHILE MR. JACKMAN WAS TAKING UP THE PADS. I ASKED HIM TO LEAVE DOWN ANY PADS THAT HAD ENOUGH OIL ON THEM TO HOLD THEM DOWN. I ALSO INSTRUCTED HIM TO TAKE SEVERAL PADS TO THE CORNER OF THE SCRAP CONTAINER THAT WAS DRIPPING SO WE COULD SOAK UP AND CONTAIN THAT OVERNIGHT. I THEN LEFT FOR HOME AGAIN AND TOLD MR. JACKMAN HE COULD LEAVE WHEN FINISHED.

I AGAIN RETURNED TO THE PLANT AT APPROXIMATELY 8:15 PM TO CHECK THE SITE FOR ANY ADDITIONAL POOLING OF OIL. THERE APPEARED TO BE NONE. I BELIEVE THAT WE CLEANED UP AS MUCH AS IT WAS POSSIBLE TO DO.

AT THIS POINT, IT IS EVIDENT WE HAVE A SERIOUS PROBLEM IN THIS AREA. NO DOUBT, NON OIL LUBRICANT FROM THE PRESSES ARE RUNNING OFF THE SCRAP MATERIAL IN THE CONTAINERS AND THEN RUNNING OUT AT THE BOTTOM ON THE LOW ENDS. ALSO, ACCORDING TO SOME OF THE FPO EMPLOYEES, KROOT SOMETIMES LIFT THE CONTAINERS IN THE AIR AND TILTS THEM TO ALLOW IT TO RUN OUT ON THE GROUND BEFORE REMOVING. ALSO, IT APPEARS THAT SOMEHOW, OIL (PROBABLY HYDRAULIC) IS GETTING IN THE CONTAINERS AS WELL. IN ADDITION TO ALL THIS, THERE WERE SIGNS ON THE CONCRETE PAD THAT FLOOR SCRUBBER WASTE WATER HAD BEEN DUMPED AND ALLOWED TO RUN OFF THE PAD ONTO THE GROUND. REGARDLESS, WE CANNOT ALLOW ANYTHING TO BE POURED OUT ONTO THE GROUND OR LEFT WHERE IT CAN EVENTUALLY RUN ONTO THE GROUND, WHETHER IT IS OIL OR NON OIL. OF COURSE, OIL WOULD BE A MORE SERIOUS PROBLEM FOR US.

I WILL RETURN SUNDAY TO INSPECT THE SITE AGAIN.

SUNDAY, JUNE 18, 1995

MR. WEBB CALLED ME AT HOME EARLY THIS AFTERNOON. HE HAD BEEN BACK TO THE SITE AND REPORTED THAT THERE WAS NO MORE POOLING OR ACCUMULATION OF OIL AND THAT A FEW PADS WERE STILL DOWN. I CAME BACK BY THE PLANT AND PHOTOGRAPHED THE SITE AGAIN AT 5:45 PM. IT APPEARED MUCH THE SAME AS IT HAD ON SATURDAY EVENING.

MONDAY, JUNE 19, 1995

I REPORTED THE WEEKEND PROGRESS TO BOB ELLIOTT AND LEW DEWITT. I THEN PLACED A CALL AND LEFT A MESSAGE FOR LISTON HINSON, ASKING HIM TO COME BY AND ADVISE. HE LATER RETURNED THE CALL AND SAID HE WOULD BE AT OUR PLANT SOON.

UPON ARRIVAL TO OUR PLANT, MR. HINSON REVIEWED ALL PHOTOGRAPHS AND MY WRITTEN REPORT UPDATED TO THAT TIME. WE THEN PROCEEDED TO THE SITE FOR HIS INSPECTION. HE AGREED THAT PROBABLY NOT MUCH COULD HAVE ACTUALLY PENETRATED INTO THE GROUND AND THAT MOST OF THE RESIDUE APPEARED TO BE NON OIL. HOWEVER, HE ADVISED THAT THE WISEST THING TO DO WOULD BE TO GO AHEAD AND TAKE THE TOP LAYER OF DIRT UP AND REPLACE. WE SHOULD FIRST HAVE SURFACE SOIL SAMPLES TAKEN, REMOVE THE DIRT AND CONTAINER IT UNTIL TEST RESULTS WERE BACK.

MR. HINSON SAID THAT IT WOULD NOT BE NECESSARY TO NOTIFY EPA IN THIS CASE BECAUSE: THE SPILL WAS CONTAINED, IT WAS NOT A HAZARDOUS MATERIAL AND THERE WAS NO ENTRY INTO ANY WATERWAY. WE STILL SHOULD TAKE THE ABOVE MENTIONED PRECAUTIONS HOWEVER TO SHOW GOOD FAITH AND THAT ACTION WAS TAKEN IF THERE WAS AN EPA INQUIRY. ALSO, HE SAID WE COULD TAKE THE APPROXIMATELY ONE THIRD DRUM OF OIL OR NON OIL THAT WE HAD VACUUMED UP AND PUT IN OUR WASTE OIL BULK TANK FOR DISPOSAL. THE SORBENT PADS HAD SUCH LITTLE OIL ON THEM, HE FELT WE WERE SAFE TO PUT IN OUR TRASH SINCE WE COMPACT IT AND IT IS THEN INCINERATED.

AS WE WALKED AROUND THE OUTSIDE OF THE PLANT TRAVELING BACK TO MY OFFICE, I SHOWED HIM ANOTHER SIMILAR, BUT SMALLER PROBLEM AT ONE OF THE SCRAP CONTAINERS BEHIND THE TUBE MILL. HE SUGGESTED WE TAKE THAT TOP LAYER OF SOIL UP AS WELL WHEN WE DO THE OTHER SITE JUST TO BE SAFE, AND CONTAINER IT WITH THE OTHER SOIL. BEFORE LEAVING, LISTON SAID HE WOULD NOTIFY ME REGARDING SOMEONE TO TEST AND PROVIDE A CONTAINER. PROBABLY WE WOULD HAVE RUMPKE PROVIDE THE CONTAINER.

LATER IN THE MORNING, MR. HINSON CALLED ME AND GAVE ME CONTACTS WITH RUMPKE TO OBTAIN CONTAINERS FOR THE DIRT AND SIECO, INC. TO HAVE SOIL SAMPLES TAKEN. WE SHOULD HAVE THEM DO "PPH", "B/TEX" AND "TOTAL LEAD" TESTS. MR. JEFF ERNEST WAS CONTRACTED BY FPO TO DO THE DIRT AND GRAVEL REMOVAL AND THE ADDING OF NEW GRAVEL. I THEN ORDERED CONTAINERS FROM RUMPKE WHO SAID THEY COULD HAVE ONE CONTAINER THE NEXT DAY. I ALSO CALLED SIECO AND THEY SAID THEY WOULD HAVE SOMEONE HERE THE NEXT DAY TO SAMPLE THE SOIL.

WHILE IN THE PROCESS OF MAKING THESE CALLS, MR. WEBB CALLED ME AND TOLD ME THAT KROOT HAD COME IN TO PICK UP ONE OF THE SCRAP CONTAINERS, THE ONE ON THE EAST END THAT HAD LEAKED SO

BADLY. AS THEY ELEVATED THE CONTAINER, THEIR LIFT BROKE AND THE BACK END OF THE CONTAINER DROPPED TO PAD. THE REST OF THE LUBRICANT THAT WAS STILL IN THE CONTAINER THEN RAN TO THAT END AND OUT ONTO THE PAD, THEN RIGHT BACK ONTO THE GROUND WE HAD CLEANED UP. I WENT BACK TO THE SITE AT 11:30 AM AND AGAIN PHOTOGRAPHED. IT WAS OBVIOUSLY NON OIL LUBRICANT. BY 2:15 PM, THIS ALSO WAS VACUUMED UP AND PADDING PLACED DOWN TO SOAK UP THE REMAINDER.

TUESDAY, JUNE 20, 1995

SINCE THE SITE WAS CLEANED AS WELL AS COULD BE AND IT DID NOT POSE A THREAT, WE WAITED UNTIL SOIL SAMPLES WERE TAKEN BEFORE THE REMOVAL OF DIRT AND GRAVEL. AT 2:00 PM, KAREN STILLABOWER, OF SIECO, INC., ARRIVED AND TOOK THREE SOIL SAMPLES. I PHOTOGRAPHED THIS PROCESS ALSO. WE SELECTED THREE OF THE WORST AREAS WE COULD FIND AND SHE OBTAINED HER SAMPLES FROM THESE, PLACING THEM INTO GLASS JARS. I ASKED THAT THEY DO THE ABOVE MENTIONED TESTS.

WEDNESDAY, JUNE 21, 1995

JEFF ERNEST BEGAN THE DIRT AND GRAVEL REMOVAL AT APPROXIMATELY 9:00 AM. I ARRIVED AT THE SITE AT 9:45 AM AND PHOTOGRAPHED THE REMOVAL THROUGH 11:30 AM. TO BE SAFE, HE DUG DEEPER AT THE EDGE OF THE CONCRETE PAD AND TAPERED HIS WAY OUT IN DEPTH AWAY FROM THE PAD, REMOVING TO THE LEVEL HE DETECTED DISCOLORATION AND JUST A LITTLE DEEPER. JUST A FEW FEET FROM THE PAD, THE GROUND WAS VERY HARD AND THERE APPEARED TO BE LITTLE IF ANY ABSORPTION.

BY 2:15 PM, HE HAD MOST OF THE REMOVAL DONE. I PHOTOGRAPHED THE CONTAINER THAT HE PUT THE DIRT IN AND OTHER DIRT PILED ON THE GROUND AS RUMPKE COULD NOT GET AN ADDITIONAL CONTAINER UNTIL THE NEXT DAY. THE PILE WAS COVERED WITH A TARP. BY 4:15 PM, MR. ERNEST HAD MOST OF THE NEW STONE DOWN AND WAS COMPACTING IT. HE ORDERED ADDITIONAL STONE TO FINISH FILLING FOR TOMORROW.

THURSDAY, JUNE 22, 1995

MR. ERNEST FINISHED THE NEW STONE BY 12:15 PM AND I PHOTOGRAPHED THE COMPLETED JOB ALONG WITH THE TWO ADDITIONAL RUMPKE CONTAINERS THAT HAD BEEN USED TO HOLD THE CONTAMINATED PILE FROM THE DAY BEFORE.

BY 1:00 PM, HE HAD MOST OF THE SMALLER AREA BY THE TUBE MILL DUG OUT. THIS WAS PLACED IN THE CONTAINERS WITH THE OTHER

CONTAMINATED DIRT AND GRAVEL. HE PUT THE REMAINDER OF NEW
STONE DOWN IN THIS AREA. I ALSO PHOTOGRAPHED THE BEFORE AND
AFTER ALONG THIS PAD, WITH THE FINAL PICTURE BEING TAKEN AT
7:30 AM ON FRIDAY, JUNE 23. WE WILL NOW WAIT FOR THE
RESULTS OF OUR SOIL SAMPLES TO FIND WHAT WE MUST DO WITH OUR
CONTAINERS OF DIRT AND GRAVEL.

JOHN MCBEATH