

OFFICE OF LAND QUALITY
FACILITIES DATA ANALYSIS SECTION
ANNUAL MANIFEST REPORT
Report Year: 2005

RCRA ID: IND 984 874 628

COUNTY: St Joseph

HANDLER NAME: Bosch Automotive Chassis

Date Received 03 / 02 / 2006 logged in by SG

Hard Copy Submission:

Date of data entry 6/29/06 by SO

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Initial Review JUN 15, 2006 by MDW

Comparison Review / / by

Correction Letter Sent / / by

Correction Letter Sent / / by



OFFICE OF LAND QUALITY
HAZARDOUS WASTE HANDLER IDENTIFICATION: ID FORM

1A ST JOSEPH RECEIVED
 MAR 02 2006

(Instructions at www.in.gov/idem/land/hazwaste/fda.html)

INFORMATION ON FILE as of 12/01/2005		CHANGES NEEDED (please print)
COUNTY	ST JOSEPH	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input checked="" type="checkbox"/> As a component of the annual or biennial report
RCRA ID	IND984874628	
NAME	BOSCH AUTOMOTIVE CHASSIS	
LOCATION ADDRESS	2721 W KENWOOD SOUTH BEND IN 46628	<input type="checkbox"/> we moved * <input type="checkbox"/> post office change
MAILING ADDRESS	401 N BENDIX DR SOUTH BEND IN 46628	
CONTACT Title Address	MARK WALKER LEADER HS&E 401 N BENDIX DR SOUTH BEND IN 46628	
Phone Fax E-mail	574-237-5688 Ext	
OWNER Address	ROBERT BOSCH 2800 S 25TH AVE BROADVIEW IL 60155-4594	
phone fax e-mail	219-237-5688 Ext	Did the owner change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date changed: ___/___/___
Land type	P <input checked="" type="checkbox"/> private <input type="checkbox"/> municipal <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> federal <input type="checkbox"/> district <input type="checkbox"/> Indian <input type="checkbox"/> other	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.
Owner type	P	

Contact for questions on the Annual/Biennial Report:

Last Name WALKER First Name MARK Title Leader - HSE
 E-mail address mark.walker@us.bosch.com Phone # 574 237 5688

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

Last Name WALKER First name MARK Title Leader - HSE
 Signature Mark Walker Date 2/27/06

HAZARDOUS WASTE ACTIVITY	OLQ records	Status in 2005	Status in 2006
GENERATOR LQG = large quantity SQG = small quantity CESQG = conditionally exempt	SQG	<input type="checkbox"/> LQG <input type="checkbox"/> Non-handler <input checked="" type="checkbox"/> SQG <input type="checkbox"/> Out of Business <input type="checkbox"/> CEG	<input type="checkbox"/> LQG <input type="checkbox"/> Non-handler * <input checked="" type="checkbox"/> SQG <input type="checkbox"/> Out of Business* <input type="checkbox"/> CEG
TREATMENT, STORAGE, DISPOSAL FACILITY		<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities	<input type="checkbox"/> Active TSD <input type="checkbox"/> Inactive TSD <input type="checkbox"/> Completed RCRA closure <input type="checkbox"/> Post closure activities
TRANSPORTER S = we transport our own waste C = we transport waste for others X = transporter, status unknown		<input type="checkbox"/> We transport our own waste (S) <input type="checkbox"/> We transport for others (C) <input type="checkbox"/> No longer transport; still in business <input type="checkbox"/> Out of business	* If you checked out of business or non-handler, we will deactivate your your ID number. You must reapply for the number before using it again.

EXEMPT BOILER and/or INDUSTRIAL FURNACE smelting, melting, refining exemption
 small quantity on site burner exemption

USED OIL *If you are just a generator of used oil this section does not apply to you.*

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

TRANSFER FACILITY ACTIVITIES

Mix Comingle
 Bulk Repackage
 Pump Open containers
 Combine Transfer between vehicles

UNIVERSAL WASTE

L = large handler: accumulates > or = 11,000 pounds
 S = small handler: accumulates < 11,000 pounds

HW CODES *Box 1 on the Uniform HW Manifest*
F005 _____

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

33634 _____
 (primary)

(Go to www.naics.com to find code list)

COMMENTS

Return to: Facilities Data Analysis Section, Office of Land Quality
 Indiana Department of Environmental Management
 100 North Senate Avenue, Room 1101
 Indianapolis, Indiana 46204-2251



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MAR 02 2006

OFFICE OF LAND QUALITY
ANNUAL MANIFEST SUMMARY REPORT

REPORT YEAR: 2005

FORM OS

OFF-SITE
SHIPMENTS

RCRA ID IND 984874628
GENERATOR NAME ROBERT BOSCH CORPORATION (BOSCH AUTOMOTIVE CHASSIS)

Hazardous Waste Description	RQ, WASTE FLAMMABLE LIQUID, N.O.S. (TOLUENE, ISOPROPYL ALCOHOL)		
Waste Codes:	FOOS		

TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY	LOCATION STATE	QUANTITY SHIPPED UNIT OF MEASURE	MGMT CODE	# OF SHIPMENTS	REJECTED RETURNED
1 IND 093219012	HERITAGE ENVIRONMENTAL SERVICES INDIANAPOLIS, IN		5000 lbs.	H061	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
1 IND 058484114	HERITAGE TRANSPORT
2	
3	