



**OFFICE OF LAND QUALITY  
HAZARDOUS WASTE HANDLER IDENTIFICATION**

RECEIVED

MAR 07 2002 ID FORM

*St. Joseph IA*

INFORMATION ON FILE as of 10/26/2001		CHANGES NEEDED (please print)
COUNTY	ST JOSEPH	Reason for submittal <input type="checkbox"/> Subsequent notification to update information <input type="checkbox"/> As a component of the annual or biennial report <input type="checkbox"/> As a component of the annual operation fees
RCRA ID	INR000102004	
NAME	BOSCH AUTOMOTIVE CHASSIS	
LOCATION ADDRESS	401 N BENDIX DR 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	MARK WALKER LEADER HSE 401 N BENDIX DR SOUTH BEND IN 46628 219-237-5688 Ext	
OWNER	ROBERT BOSCH 2800 S 25TH AVE BROADVIEW IL 60155-4594 708-865-5218 Ext	Did the owner change? <input type="checkbox"/> Yes <input type="checkbox"/> No Date changed: ____/____/____
Land type	P (See instructions for codes)	* WARNING If you have moved you may no longer use your old RCRA ID number. IDEM will issue a number for your new location.
Owner type	P	

Contact for questions on the Annual/Biennial report

Last Name WALKER First Name MARK  
 Title Leader - Health, Safety + Environment Phone # 219 237 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 3/1/02

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

**USED OIL**

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Transporter       | <input type="checkbox"/> Processor  | <input type="checkbox"/> Marketer who directs shipment to off-specification burner |
| <input type="checkbox"/> Transfer Facility | <input type="checkbox"/> Re-refiner | <input type="checkbox"/> Marketer who first claims the oil meets specifications    |
| <input type="checkbox"/> Collection Ctr    | <input type="checkbox"/> Recycler   | <input type="checkbox"/> Off-specification Used Oil Burner                         |

**UNIVERSAL WASTE**

L = large handler  
S = small handler

**TRANSFER FACILITY**

- |                               |                                   |                                    |  |
|-------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Mix  | <input type="checkbox"/> Combine  | <input type="checkbox"/> Pump      | <input type="checkbox"/> Open containers           |
| <input type="checkbox"/> Bulk | <input type="checkbox"/> Comingle | <input type="checkbox"/> Repackage | <input type="checkbox"/> Transfer between vehicles |

NAICS CODES

33634  
~~33631~~  
(primary)

(See instructions for NAICS and HW codes)

HW CODES

COMMENTS

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

APR 12 2001

Fax 4-10-01

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. Initial Notification

B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

TNR000102004

**II. Name of Installation (Include company and specific site name)**

BOSCH AUTOMOTIVE CHASSIS

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

401 N. BENDIX DR.

Street (Continued)

City or Town

SOUTH BEND

State

IN

Zip Code

46628-

County Code

14157

County Name

JOSEPH

**IV. Installation Mailing Address (See instructions)**

Street or P.O. Box

401 N. BENDIX DR.

City or Town

SOUTH BEND

State

IN

Zip Code

46628-

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (Last)

WALKER

(First)

MARK

Job Title

LEADER HSE

Phone Number (Area Code and Number)

219-237-5688

**VI. Installation Contact Address (See instructions)**

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

State

Zip Code

**VII. Ownership (See instructions)**

A. Name of Installation's Legal Owner

ROBERT BOSCH

Street, P.O. Box, or Route Number

2800 S. 25th AVE

City or Town

BROADVIEW

State

IL

Zip Code

60155-4594

Phone Number (Area Code and Number)

708-865-5218

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

Date Changed

Month

Day

Year

ID - For Official Use Only  
INR000102004

**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)**

A. Hazardous Waste Activities	C. Used Oil Management Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p style="border: 1px solid black; width: 200px; height: 15px; margin-left: 20px;"></p>	<p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
<p><b>B. Universal Waste Activity</b></p> <p><input type="checkbox"/> Large Quantity Handler of Universal Waste</p>	

**IX. Description of Hazardous Wastes (Use additional sheets if necessary)**

**A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)**

1 F005	2 D001	3 D018	4 D035	5 D008	6 
7	8	9	10	11	12

**B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)**

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D001	D008	D018	D035

**C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)**

1	2	3	4	5	6

**X. Certification**

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

Signature	Name and Official Title (Type or print) Dr. Sigmar Micke, VP-ENG	Date Signed 4/10/2009
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**XI. Comments**

Location may have had a # as BENDIX/ALLIEDSIGNAL

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)