

county St. Joseph
title TA

**NOTIFIER DATABASE
INFORMATION UPDATE FORM**

EPA ID ~~TA8984874628~~ NAME Bosch Braking Systems

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

NEW NAME Bosch Automotive Chassis
(put old name into alias field)

PREVIOUS ID _____

LOCATION ADDRESS _____

MAILING ADDRESS _____

CONTACT _____ PHONE _____

LAND TYPE _____ OWNER TYPE _____

STATUS CODE _____ OFFICIAL FL _____
1-active 5-out-of-business 6-non-handler
2-reg under other ID 3-dead mail

SIC CODES _____

GENERATOR 2 TRANSPORTER _____ TSD _____
1-LQG s-for own waste
2-SQG c-commercially
3-CEG x-don't know

COMMENTS _____

NAME Marilyn Hansen DATE 7/18/02



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

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

July 18, 2002

Mr. Mark Walker
Leader, Health, Safety & Environmental
Bosch Automotive Chassis
401 N. Bendix Dr.
South Bend, IN 46628

Dear Mr. Walker:

Re: EPA ID Number: IND984874628
Location: Bosch Automotive Chassis
2721 W. Kenwood
South Bend, IN 46628

In response to your Hazardous Waste Handler Identification form dated March 1, 2002, the following information has been updated regarding the above-mentioned facility:

- **Installation Owner: Robert Bosch**
- **Installation Name: Bosch Automotive Chassis**

Enclosed is a new ID form that reflects the above changes. If anything on the form is incorrect, please indicate the changes and return the form to me. If everything is correct, you may keep the ID form for submitting changes in the future.

Please note that pursuant to IC 13-22-4-3.1, an Annual Manifest Report must be submitted to the Indiana Department of Environmental Management (IDEM), on forms provided by IDEM, beginning March 1, 2002 for all small quantity generators, large quantity generators, and treatment, storage, and disposal (TSD) facilities. The Annual Manifest Report will summarize a company's hazardous waste manifest shipments sent and/or received. Small quantity generators are required to submit the Annual Manifest Report by March 1st of each year. Large quantity generators and TSD facilities must submit the Annual Manifest Report for even-numbered years and the Biennial Report for odd-numbered years. Please review the enclosed "Fact Sheet on Annual Manifest and Biennial Waste Reports" for clarification on the reporting schedule.

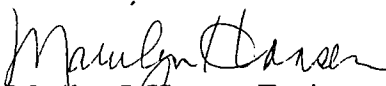
Mr. Mark Walker

-2-

July 18, 2002

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Marilyn J. Hansen".

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

Enclosures

12



OFFICE OF LAND QUALITY
HAZARDOUS WASTE HANDLER IDENTIFICATION

INFORMATION ON FILE as of 10/26/2001		CHANGES NEEDED <i>(please print)</i>
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	IND984874628	
NAME	BOSCH BRAKING SYSTEMS	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	MARK WALKER LEADER HS&E 401 N BENDIX DR SOUTH BEND IN 46628 219-237-5688 Ext	_____
OWNER Address	BOSCH BRAKING SYSTEMS CORP 401 N BENDIX DR SOUTH BEND IN 46628 219-237-2100 Ext	Robert Bosch 2800 S. 25th Ave Broadview, IL 60155-4594 _____
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	Did the owner change? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date changed: ____/____/____

Contact for questions on the Annual/Biennial report

Last Name WALKER First Name MARK
 Title Leader-Health, Safety & Environmental 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- H, S&E
 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>
GENERATOR <i>LQG = large quantity</i> <i>SQG = small quantity</i> <i>CESQG = conditionally exempt</i>	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 <i>S = we transport our own waste</i> <i>C = we transport waste for others</i> <i>X = transporter, status unknown</i>		<input type="checkbox"/> We transport our own waste (S) <input type="checkbox"/> We transport for others (C) <input type="checkbox"/> No longer transport; still in business <input type="checkbox"/> Out of business	* If you have checked out of business or non-handler, we will deactivate your RCRA ID number. You must re-notify IDEM before you may reuse the number.
EXEMPT BOILER and/or INDUSTRIAL FURNACE smelting, melting, refining exemption small quantity on site burner exemption	_____ _____	_____ smelting, melting, refining exemption _____ small quantity on site exemption	

USED OIL

- | | | |
|--|-------------------------------------|--|
| <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
~~33621~~
 (primary)

(See instructions for NAICS and HW codes)

HW CODES

COMMENTS

county St. Joseph
title IA

**NOTIFIER DATABASE
INFORMATION UPDATE FORM**

EPA ID IND 984874628 NAME Bosch Braking Systems Corp

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

NEW NAME Bosch Braking Systems
(put old name into alias field)

PREVIOUS ID _____

LOCATION ADDRESS _____

MAILING ADDRESS _____

CONTACT _____ PHONE _____

LAND TYPE _____ OWNER TYPE _____

STATUS CODE _____ OFFICIAL FL _____
1-active 5-out-of-business 6-non-handler
2-reg under other ID 3-dead mail

SIC CODES _____

GENERATOR _____ TRANSPORTER _____ TSD _____
1-LOG s-for own waste
2-SOG c-commercially
3-CEG x-don't know

COMMENTS _____

NAME Marilyn Hansen DATE 4/20/98



Telephone: (219) 654-2400
Facsimile: (219) 654-8755

32104 State Road 2
New Carlisle, IN 46552-9605

April 9, 1998

Ms. Marilyn Hansen
IDEM, Hazardous Waste Compliance Branch
100 North Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015

*2721 W Kenwood
South Bend In*

Dear Marilyn:

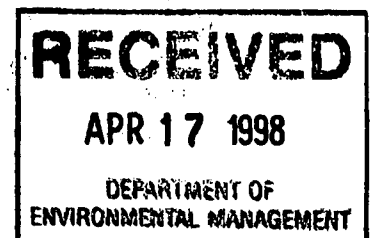
This letter is to inform you that on January 1, 1998 Bosch Braking Systems Corporation was merged with Robert Bosch Corporation. This makes Bosch Braking Systems a division of Robert Bosch rather than a subsidiary. The legal name is now Bosch Braking Systems (dropping the "Corporation"). The Bosch Automotive Proving Grounds, EPA I.D. Number is IND984874628, is part of Bosch Braking Systems. The last "Notification of Regulated Waste Activity" form submitted 6/96, for the Bosch Automotive Proving Grounds, listed Bosch Braking Systems Corporation as Owner.

I spoke with Ms. Jenny Dooley in your office and she indicated that this letter could serve as notification and that it was not necessary to submit a new "Notification of Regulated Waste Activity" form because this is not a change of ownership.

If you have any questions, contact me at 219-237-5688.

Sincerely,

Mark Walker
Leader - Health, Safety, & Environmental Quality





Telephone: (219) 237-2100

401 North Bendix Drive
South Bend, Indiana 46628

Mailing Address:
P.O. Box 4001
South Bend, IN 46634-4001

April 9, 1998

Ms. Marilyn Hansen
IDEM, Hazardous Waste Compliance Branch
100 North Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015

Dear Marilyn:

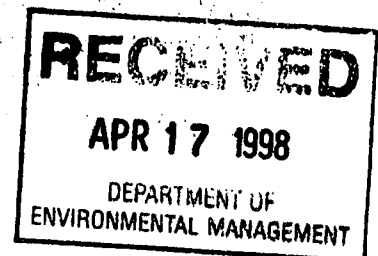
This letter is to inform you that on January 1, 1998 Bosch Braking Systems Corporation was merged with Robert Bosch Corporation. This makes Bosch Braking Systems a division of Robert Bosch rather than a subsidiary. The legal name is now Bosch Braking Systems (dropping the "Corporation"). Our EPA I.D. Number is IND984874628.

I spoke with Ms. Jenny Dooley in your office and she indicated that this letter could serve as notification and that it was not necessary to submit a new "Notification of Regulated Waste Activity" form because this is not a change of ownership.

If you have any questions, contact me at 219-237-5688.

Sincerely,

Mark Walker
Leader – Health, Safety, & Environmental Quality





INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Frank O'Bannon
Governor

John M. Hamilton
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

April 20, 1998

Mr. Mark Walker
Leader - Health, Safety & Environmental Quality
Bosch Braking Systems
401 N. Bendix Drive
South Bend, Indiana 46628

Dear Mr. Walker:

Re: U.S. EPA ID Number IND984874628
Location: 2721 W. Kenwood
South Bend, Indiana

In response to your letter dated April 9, 1998, the following information has been updated:

Name of Installation: Bosch Braking Systems

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

Sincerely,

Marilyn J. Hansen, Environmental Manager
Waste Data Analysis and Planning
Operations Branch
Solid and Hazardous Waste Management

COUNTY St Joseph
FILE 1A

**NOTIFIER DATABASE
INFORMATION UPDATE FORM**

EPA ID IND984874628 NAME Bendix Automotive Systems NA

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

NEW NAME Bosch Braking Systems Corp
(put old name into alias field)

PREVIOUS ID _____

LOCATION ADDRESS _____

MAILING ADDRESS _____

CONTACT Walker, Mark PHONE _____

LAND TYPE _____ OWNER TYPE _____

STATUS CODE _____ 1=active 5=out-of-business 6=non-handler
OFFICIAL FL _____ 2=reg under other ID 3=dead mail

SIC CODES _____

GENERATOR _____ TRANSPORTER _____ TSD _____
1=LQG s=for own waste
2=SQG c=commercially
3=CEG x=don't know

COMMENTS Owner: Bosch Braking Systems Corp

NAME Marilyn Hansen DATE 6/14/96

Please refer to the Instructions for Filing Notification 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)

JUN 12 1996

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

A. First Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

IND984874628

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

BOSCH BRAKING SYSTEMS CORP.

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

Street
2721 W. KENWOOD

Street (Continued)

City or Town State Zip Code
SOUTH BEND IN 46628-

County Code County Name
141 ST JOSEPH

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
401 N. BENDIX DRIVE

City or Town State Zip Code
SOUTH BEND IN 46628-

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

Name (Last) (First)
WALKER MARK

Job Title Phone Number (Area Code and Number)
LEADER HSE 219-237-5688

VI. Installation Contact Address (See Instructions)

A. Contract Address Location: mailing Other B. Street or P.O. Box

City or Town State Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
BOSCH BRAKING SYSTEMS CORP.

Street, P.O. Box, or Route Number
401 N. BENDIX DRIVE

City or Town State Zip Code
SOUTH BEND IN 46628-

Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year
219-237-2100 P P Yes No 04 12 96

ID - For Official Use Only

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

A. Hazardous Waste Activity		B. Used Oil Recycling 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 (200-2,200 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><input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

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

A. 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)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1 F005	2	3	4	5	6
7 D039	8	9	10	11	12

C. Other Wastes. (State 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)	Date Signed
Larry Buschling	Larry Buschling Vice-President Engineering & Technology	6-7-96

XI. Comments

FORMERLY KNOWN AS BENDIX AUTOMOTIVE SYSTEMS-NA

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

**1991 HAZARDOUS WASTE HANDLER
INFORMATION UPDATE**

BHP
10-7-92

EPA ID, COUNTY	NAME, LOCATION ADDRESS, CONTACT	OWNER, MAILING ADDRESS, PHONE
IND984874628 ST JOSEPH	BENDIX AUTOMOTIVE SYSTEMS NA 2721 W KENWOOD SOUTH BEND IN 46634 TARNOWSKI DAVID MANAGER	ALLIED SIGNAL INC 401 NORTH BENDIX DR SOUTH BEND IN 46634 219-237-2272

HAZARDOUS WASTE ACTIVITIES:

GENERATOR: SMALL QUANTITY	HAZ WASTE FUEL: GMB: OM: BURNER:	UTILITY-BOILER:
TSD FACILITY:	USED OIL FUEL: GMB: OM: BURNER:	INDUSTRIAL BOILER:
TRANSPORTER: AIR: RAIL: HWY: WATER:	SPEC USED OIL FUEL MKT:	INDUSTRIAL FURNACE:

CHANGES TO ABOVE INFORMATION:

Name: _____

Is this also a change in ownership?

Location Address: _____

Did you move?

Mailing Address: _____

Contact/Phone: _____

Ownership Change: _____

Date of Change: _____

NEW INFORMATION REQUESTED:

Contact Address: _____ same as location address

same as mailing address

_____ different _____

Owners Address: _____ same as location address

same as mailing address

_____ different _____

<u>HAZARDOUS WASTE ACTIVITY:</u> (see instructions for definitions)	<u>1991</u>	<u>CURRENT</u>
TSD - treatment, storage, disposal	_____	_____
LQG - large quantity generator	_____	_____
SQG - small quantity generator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEG - conditionally exempt generator	_____	_____
Transporter (s) for our own waste	_____	_____
(c) commercially	_____	_____
Non-handler (6) *	_____	_____
Out-of-business (5) *	_____	_____
One time generator (6) *	_____	_____

* If you have checked any of these, we will deactivate your ID number and you will have to reapply for it if you need to use it again.

Comments: _____

Signature: *Joseph A. Tarnowski*

Date: 2/28/92

Owners Phone: _____

Recyclers: We are a : _____(c) commercial recycler

_____ (r) non-commercial recycler

_____ (n) not a recycler

Type of Owner/Operator: _____(p) private _____(s) state

_____ (f) federal _____(c) county

_____ (m) municipal _____(d) district

_____ (i) indian _____(o) other

Type of Land: _____(p) private _____(s) state

_____ (c) county _____(f) federal

_____ (d) district _____(i) indian

_____ (m) municipal _____(o) other

SIC Codes: primary 3714

secondary _____

Allied-Signal, Inc.
Bendix Automotive Systems
North America
401 N. Bendix Drive
P.O. Box 4001
South Bend, IN 46634-4001
Telephone (219) 237-2100

MAR 6 2 37 PM '92

OFFICE OF SOLID
AND HAZARDOUS
WASTE MGMT
DEM

February 28, 1992

CERTIFIED MAIL

Ms. Jenny Ranck Dooley
Indiana Department of Environmental Management
Office of Solid and Hazardous Waste Management
105 S. Meridian Street
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Dear Ms. Dooley:

As requested, enclosed please find completed 1991 Hazardous Waste Handler Information Updates for Allied-Signal Inc. facilities in South Bend and New Carlisle, Indiana. Both facilities are small quantity generators.

Please call Mark Walker (219-237-5688) or myself (219-237-2272) should you have any questions.

Sincerely,



David S. Tarnowski
Manager, Health, Safety and
Environmental Systems

Enclosures

cc: M. Walker

ARC 7-16-92

1991 HAZARDOUS WASTE HANDLER
INFORMATION UPDATE

EPA ID, COUNTY

NAME, LOCATION ADDRESS, CONTACT

OWNER, MAILING ADDRESS, PHONE

IND984874628
ST JOSEPH

BENDIX AUTOMOTIVE SYSTEMS NA
2721 W KENWOOD
SOUTH BEND IN 46634
TARNOWSKI DAVID MANAGER

ALLIED SIGNAL INC
401 NORTH BENDIX DR
SOUTH BEND IN 46634
219-237-2272

HAZARDOUS WASTE ACTIVITIES:

GENERATOR: SMALL QUANTITY

TSD FACILITY:

TRANSPORTER: AIR: RAIL: HWY: WATER:

HAZ WASTE FUEL: GMB: OM: BURNER:
USED OIL FUEL: GMB: OM: BURNER:
SPEC USED OIL FUEL MKT:

UTILITY-BOILER:
INDUSTRIAL BOILER:
INDUSTRIAL FURNACE:

CHANGES TO ABOVE INFORMATION:

NEW INFORMATION REQUESTED:

Name: _____

Contact Address: _____ same as location address

Is this also a change in ownership? _____

same as mailing address

Location Address: _____

_____ different _____

Did you move? _____

Mailing Address: _____

Contact/Phone: _____

Owners Address: _____ same as location address

Ownership Change: _____

same as mailing address

Date of Change: _____

_____ different _____

HAZARDOUS WASTE ACTIVITY:

1991 CURRENT

(see instructions for definitions)

TSD - treatment, storage, disposal _____

LQG - large quantity generator _____

SQG - small quantity generator

CEG - conditionally exempt generator _____

Transporter (s) for our own waste _____

(c) commercially _____

Non-handler (6) * _____

Out-of-business (5) * _____

One time generator (6) * _____

* If you have checked any of these, we will deactivate your ID number and you will have to reapply for it if you need to use it again.

Comments: _____

Signature: _____

Date: 2/28/92

Owners Phone: _____

Recyclers: We are a : _____(c) commercial recycler

_____ (r) non-commercial recycler

_____ (n) not a recycler

Type of Owner/Operator: _____(p) private _____(s) state

_____ (f) federal _____(c) county

_____ (m) municipal _____(d) district

_____ (i) indian _____(o) other

Type of Land: _____(p) private _____(s) state

_____ (c) county _____(f) federal

_____ (d) district _____(i) indian

_____ (m) municipal _____(o) other

SIC Codes: primary 3714

secondary _____

603
5/15/90

VIF RW 5-25-90

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

United States Environmental Protection Agency
Washington, DC 20460



Notification of Hazardous Waste Activity

5298

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

C N		Comments		RECEIVED	
C F		Installation's EPA ID Number		APR 28 1990 Date Received	
I ND 984874628		T/A C		Approved DEPARTMENT OF ENVIRONMENTAL MANAGEMENT SOLID & HAZARDOUS WASTE DIVISION	

APR 12 1990

I. Name of Installation

BENDIX AUTOMOTIVE SYSTEMS - N.A.

II. Installation Mailing Address

C 3				Street or P.O. Box			
401 NORTH BENDIX DRIVE				City or Town			
SOUTH BEND				State		ZIP Code	
				IN		46634	

III. Location of Installation

C 5				Street or Route Number			
2721 W. KENWOOD				City or Town			
SOUTH BEND				State		ZIP Code	
				IN		46634	

IV. Installation Contact

C 2				Name and Title (last, first, and job title)				Phone Number (area code and number)			
TARNOWSKI				DAVID				MANAGER			
				219		237		227		2	

V. Ownership

C R				A. Name of Installation's Legal Owner				B. Type of Ownership (enter code)			
ALLIED - SIGNAL				INC.				P			

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity				B. Used Oil Fuel Activities			
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner		<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.		<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	

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VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

A. Utility Boiler B. Industrial Boiler C. Industrial Furnace

VIII. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es))

A. Air B. Rail C. Highway D. Water E. Other (specify)

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IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below

A. First Notification B. Subsequent Notification (complete item C)

411190

C. Installation's EPA ID Number

ID - For Official Use Only												
C											T/A	C
W												1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2	U 0 8 0	U 1 5 1	U 1 5 4	U 1 5 9	U 1 6 5
37	38	39	40	41	42
U 2 2 0	U 2 3 9				
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. 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 261.21 - 261.24)

1. Ignitable (D001)
 2. Corrosive (D002)
 3. Reactive (D003)
 4. Toxic (D004)

XI. Certification

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 immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Thomas C. Schafer</i>	Name and Official Title (type or print) Thomas C. Schafer Group Vice President	Date Signed <i>11/6/09</i>
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