

Indiana Department of Environmental Management
Office of Environmental Response
UST Program
P.O. Box 7015
Indianapolis, IN 46207-7015

Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

I.D. Number
STATE USE ONLY
Date Received

(317) 243-5022
~~5000~~

INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means— (a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(u) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are: 1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes; 2. tanks used for storing heating oil for consumptive use on the premises where stored; 3. septic tanks;

- 4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- 5. surface impoundments, pits, ponds, or lagoons;
- 6. storm water or waste water collection systems;
- 7. flow-through process tanks;
- 8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- 9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

1

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)
Allied-Signal Inc.
Street Address
101 Columbia Road
County
Morris
City State ZIP Code
Morristown, NJ 07962
Area Code Phone Number
(201) 455-2000

Type of Owner (Mark all that apply)
 Current State or Local Gov't Private or Corporate
 Former Federal Gov't (GSA facility I.D. no.) Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section 1, mark box here)
Facility Name or Company Site Identifier, as applicable
Bendix Automotive Systems - North America
Street Address or State Road, as applicable
401 North Bendix Drive
County
St. Joseph
City (nearest) State ZIP Code
South Bend, IN 46628

Indicate number of tanks at this location 4
Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here) Job Title Area Code Phone Number
David S. Tarnowski Manager, Health, Safety and Environmental Affairs (219) 237-2272

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

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.

Name and official title of owner or owner's authorized representative Signature Date Signed
David S. Tarnowski Manager, Health, Safety & Environmental Affairs [Signature] 2/26/91

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. T-1-1	Tank No. T-1-3	Tank No. T-8-2	Tank No. T-9-1	Tank No. T-9-2
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
2. Estimated Age (Years)	30+	30+	30+	30+	30+
3. Estimated Total Capacity (Gallons)	8,000	7,000	1,500	10,000	1,000
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
5. Internal Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Interior Lining (e.g., epoxy resins) None Unknown Other, Please Specify	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> _____
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>Ceramic</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty b. Petroleum Diesel Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify c. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances d. Unknown	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Machining Coolants <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Zinc Cyanide 557211 <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Quench Oil <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	 10/84 0 <input checked="" type="checkbox"/>	 7/85 0 <input checked="" type="checkbox"/>	 7/85 0 <input checked="" type="checkbox"/>	 Removed 12/89 N/A <input type="checkbox"/>	 10/87 0 <input checked="" type="checkbox"/>

PURCHASE ORDER

ATTACHMENT C

PHONE (219) 237-2100 TWX 810-299-2581
TELEX 25-8420

BILL AND SHIP TO BOX CHECKED BELOW

MAIL TO: ▶

PEERLESS MIDWEST
51255 BITTERSWEET ROAD
P.O. BOX 26
GRANGER, IN 46530

- BENDIX BRAKE AND STEERING DIV. • P.O. BOX 4001
401 NORTH BENDIX DR. • SOUTH BEND, IN. 46634-4001
(IN. SALES & USE TAX #78630)
- BENDIX HYDRAULICS DIV. • RED ARROW HIGHWAY
ST. JOSEPH, MI. 49085-9217
(MI. SALES & USE TAX #1500435)
- BENDIX SUMTER PLANT • P.O. BOX 2488
INDUSTRIAL PARK • SUMTER, S.C. 29151-2488
(S.C. SALES & USE TAX #043-88303-9)
- BENDIX AUTOMOTIVE PROVING GROUNDS
ROUTE 2, P.O. BOX 75
NEW CARLISLE, IN 46552

VENDOR CODE _____ DATE 10/22/87

PAYMENT TERMS <input checked="" type="checkbox"/> NET. 25 TH PROX. <input type="checkbox"/> % 25 TH & 10 TH PROX.		F.O.B. TERMS SP		DEPT. 839	ACCOUNT 85210	PROJ. NO.	WORK ORDER NO.
SALES TAXES APPLICABLE YES NO		COMMODITY CODE AND PURCHASING AGENT J. R. ROBINSON		CHARGE NO. 00958461			
STATE F.E.T.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	PLANT	DEPT. 801	DELIVERY CODE LOCATION PROVING GROUNDS	DOCK	FEDERAL EXCISE TAX EXEMPTION CERTIFICATE OF REGISTRY NO. 38740379A	

QUANTITY	PART NO.	DESCRIPTION	REV. LEVEL	PRICE	DELIVERY
1		<p>TO COVER LABOR AND MATERIALS FOR SOIL DRILLING AND SAMPLING, TANK DECOMMISSIONING AND REMOVAL AND RESTORATION OF GROUNDS (PARTIAL)</p> <p>(10% RETAINED FOR INCOMPLETE RESTORATION)</p> <p>THIS IS A PARTIAL/PRE-FINAL P.O. UNTIL THE FINAL P.O. IS SIGNED OFF BY OUR LEGAL DEPARTMENT.</p> <p>SCOPE OF WORK IN ACCORDANCE WITH LETTER FROM PEERLESS-MIDWEST DATED AUGUST 18, 1987.</p> <p>CONFIRMING PHONE REQUEST OF M. WALKER</p> <p>SUBJECT TO PURCHASE ORDER TERMS AND CONDITIONS ON REVERSE SIDE</p>		\$45,056.67/NET	RECEIVED

Routing

Packing Slip

All material must be forwarded in accordance with routing instructions issued; otherwise any difference in rates will be charged to your account.

An itemized packing slip with part number, description, purchase order no., item no., quant., unit of measure, and delivery code must accompany each shipment. Charge No. to be included.

Invoicing

Individual invoices must be rendered in duplicate for each shipment. Invoices must show vendor code, the date shipment was made, shipping point, and purchase order no. Packing ticket numbers must be shown on each invoice. Invoices should be mailed not later than the day after shipments are made.

Discount terms are based upon the assumption that bills will be in our hands within three (3) days from date of shipment, otherwise we will assume that the discount is to be calculated from the date the bill reaches us, allowing three days from transmission.

Packing Ticket

Purchaser's count will be accepted as final and conclusive on all shipments not accompanied by a packing ticket. In all instances where, in accordance with our instructions, material is forwarded to you from another Supplier for further processing, copies of a receiving report must be forwarded to our Accounts Payable Department immediately.

JOHN R. ROBINSON
Sr. Buyer, Engrg.
(219) 237-2187

BY John R. Robinson
FOR BENDIX CORP.

E 04225

ITEM 2 - Soil Removal and Stockpiling

In accordance with your letter of May 7, 1987, this item and the stockpile site preparation has been eliminated. We still retain engineering work necessary to monitor the excavated soil to be certain there is no problem with it.

Supervision:

Project Supervisor	22 Hours	\$ 80.00	\$1,760.00	WC
Assistant Project Engineer	30 Hours	60.00	1,800.00	WC
Engineering Technician	80 Hours	39.00	3,120.00	AI
Total -----			<u>\$6,680.00</u>	

ITEM 3 - Tank Decommissioning

ITEM 3.1 - Decommission Tanks 1-2-3 at BAPG and Tank 12 at Plant 9 (TANK T-9-2)
 Excavate thru concrete to the top of 1,000 gallon tanks. Pump any remaining liquid (assuming 50 gallon or less in each tank) into drums furnished by owner. De-fume and cut opening in the top of each tank. Enter, inspect and clean each tank. (Any residue to be put in owner's drums for their disposal.) Spoil to be left at site.

Fill tanks and excavated area with inert material. Saw cut edge of excavation and pour 6" concrete to floor grade.

Total cost ----- \$6,625.00 ✓

ITEM 3.2 - Remove BAPG Tanks 4-5-6-7

Remove sod, bushes, edging and top soil in area to be excavated. Excavate and remove 1-5,000 gallon water storage tank and 3-1,000 gallon tanks used for waste oil, gasoline and furnace oil.

Backfill excavated area and compact with backhoe as placed. Grade and level fill, place 6" top soil, and re-sod excavated area. Replace trees and landscaping to original condition. Replace sidewalks and curbs as required to bring to present condition.

Total cost ----- \$15,440.00 ✓

ITEM 3.3 - Remove BAPG Tanks 8-9-10-11

Excavate and remove concrete on top of tanks. Spoil to be stock piled at site for reuse. Disconnect all wiring and product lines from tanks and cap same at edge of excavated area. Excavate and remove 1-10,000 and 3-5,000 gallon tanks used for gasoline and diesel fuel.

Backfill excavation and compact with backhoe as placed. Concrete from the top of tanks to be placed in bottom of hole. Grade excavated area. Form and pour 30' x 60' x 6" wire reinforced concrete slab in present tank area.

Total cost ----- \$17,552.00 ✓

39617
 394.70 10% WC-D
 35655.30



Automotive

Bendix Chassis & Brake
Components Division
South Bend Plant
401 N. Bendix Drive
P.O. Box 4001
South Bend, IN 46634-4001
Telephone (219) 237-2100

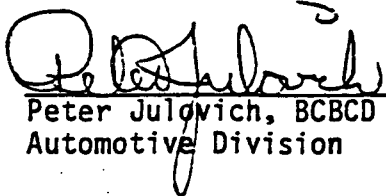
May 5, 1986

Mr. Michael Scanton
Division of Land Pollution Control
UST Program
Indiana State Board of Health
P. O. Box 7015
Indianapolis, IN 46207

Dear Mr. Scanton:

The notification for underground storage tanks at the Allied Corporation facilities located in South Bend and New Carlisle, Indiana is attached. The information supplied is based on reasonably available records and it is submitted in accordance with the requirements of Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

Questions or additional information requests should be directed to Mr. Gerry Budzin at (219)-237-5993 or Mr. Peter Julovich at (219)-237-2272.


Peter Julovich, BCBCD
Automotive Division

PJ:et

att.

0085P

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

FOR
TANKS
IN
IN

RETURN
COMPLETED
FORM
TO

Division of Land Pollution Control
UST Program
Indiana State Board of Health
P.O. Box 7015
Indianapolis, IN 46207

(317) 243-5060

I.D. Number

STATE USE ONLY

Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

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2. tanks used for storing heating oil for consumptive use on the premises where stored;
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4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
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Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

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Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

1

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

ALLIED CORPORATION

Street Address

COLUMBIA & PARK AVENUE

County

MORRIS

City

MORRISTOWNSHIP

State

NJ

ZIP Code

07960

Area Code

201-455-5023

Phone Number

Type of Owner (Mark all that apply)

Current

State or Local Gov't

Private or Corporate

Former

Federal Gov't (GSA facility I.D. no. _____)

Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section I, mark box here)

Facility Name or Company Site Identifier, as applicable

ALLIED CORPORATION, BENDIX CHASSIS & BRAKE

Street Address or State Road, as applicable COMPONENTS DIVISION

401 N. BENDIX DRIVE

County

ST. JOSEPH

City (nearest)

SOUTH BEND

State

IN

ZIP Code

46634

Indicate number of tanks at this location

5

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here)

P. C. JULOVICH

Job Title

ENVIRONMENTAL COORDINATOR

Area Code

219-237-2272

Phone Number

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

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 to the best of my belief.

Name and official title of owner or owner's authorized representative

D.S. CURRIE PLANT MANAGER

Signature

David Currie

Date Signed

9-25-86

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. T-1-1	Tank No. T-1-3	Tank No. T-8-2	Tank No. T-9-1	Tank No. T-9-2	
1. Status of Tank (Mark all that apply <input checked="" type="checkbox"/>) Currently in Use Temporarily Out of Use Permanently Out of Use Brought into Use after 5/8/86	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
2. Estimated Age (Years)	25+	25+	25+	25+	25+	
3. Estimated Total Capacity (Gallons)	8000	7000	1500	10000	1000	
4. Material of Construction (Mark one <input checked="" type="checkbox"/>) Steel Concrete Fiberglass Reinforced Plastic Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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6. External Protection (Mark all that apply <input checked="" type="checkbox"/>) Cathodic Protection Painted (e.g., asphaltic) Fiberglass Reinforced Plastic Coated None Unknown Other, Please Specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. Piping (Mark all that apply <input checked="" type="checkbox"/>) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Cathodically Protected Unknown Other, Please Specify	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CERAMIC	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input checked="" type="checkbox"/>) a. Empty b. Petroleum Diesel Kerosene Gasoline (including alcohol blends) Used Oil Other, Please Specify c. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box <input checked="" type="checkbox"/> if tank stores a mixture of substances d. Unknown	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MACHINING COOLANTS	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> ZINC CYANIDE 557211	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> QUENCH OIL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box <input checked="" type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	10/84 0 <input checked="" type="checkbox"/>	"DECON" 7/85 0 <input type="checkbox"/>	7/85 0 <input type="checkbox"/>	/ <input type="checkbox"/>	<input type="checkbox"/>	

FRW 7-17-86

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

FOR TANKS IN IN

RETURN COMPLETED FORM TO

Division of Land Pollution Control
UST Program
Indiana State Board of Health
P.O. Box 7015
Indianapolis, IN 46207

MAY 8 9 36 AM '86
(317) 243-5060

I.D. Number

STATE USE ONLY 000314

Date Received

GENERAL INFORMATION

STATE BOARD OF HEALTH

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means— (a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;

4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached

1

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

ALLIED CORPORATION

Street Address

COLUMBIA & PARK AVENUE

County

MORRIS

City

MORRISTOWNSHIP

State

NJ

ZIP Code

07960

Area Code Phone Number

201-455-5023

Type of Owner (Mark all that apply)

- Current State or Local Gov't Private or Corporate
 Former Federal Gov't (GSA facility I.D. no. _____) Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section 1, mark box here)

Facility Name or Company Site Identifier, as applicable

ALLIED CORPORATION, BENDIX CHASSIS & BRAKE

Street Address or State Road, as applicable

COMPONENTS DIVISION

401 N. BENDIX DRIVE

County

ST. JOSEPH

City (nearest)

SOUTH BEND

State

IN

ZIP Code

46634

Indicate number of tanks at this location

5

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON AT TANK LOCATION

Name (If same as Section I, mark box here)

P. C. JULOVICH

Job Title

ENVIRONMENTAL COORDINATOR

Area Code

219-237-2272

Phone Number

IV. TYPE OF NOTIFICATION

Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI)

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 to the best of my belief.

Name and official title of owner or owner's authorized representative

D.S. CURRIE PLANT MANAGER

Signature

Date Signed

4-25-86

CONTINUE ON REVERSE SIDE

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential Number (e.g., 1,2,3...)	Tank No. T-1-1	Tank No. T-1-3	Tank No. T-8-2	Tank No. T-9-1	Tank No. T-9-2
1. Status of Tank (Mark all that apply <input type="checkbox"/>) Currently in Use <input type="checkbox"/> Temporarily Out of Use <input type="checkbox"/> Permanently Out of Use <input checked="" type="checkbox"/> Brought into Use after 5/8/86 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
2. Estimated Age (Years)	25+	25+	25+	25+	25+
3. Estimated Total Capacity (Gallons)	8000	7000	1500	10000	1000
4. Material of Construction (Mark one <input type="checkbox"/>) Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Internal Protection (Mark all that apply <input type="checkbox"/>) Cathodic Protection <input type="checkbox"/> Interior Lining (e.g., epoxy resins) <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. External Protection (Mark all that apply <input type="checkbox"/>) Cathodic Protection <input type="checkbox"/> Painted (e.g., asphaltic) <input type="checkbox"/> Fiberglass Reinforced Plastic Coated <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
7. Piping (Mark all that apply <input type="checkbox"/>) Bare Steel <input checked="" type="checkbox"/> Galvanized Steel <input type="checkbox"/> Fiberglass Reinforced Plastic <input type="checkbox"/> Cathodically Protected <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Please Specify _____	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CERAMIC	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply <input type="checkbox"/>) a. Empty <input checked="" type="checkbox"/> b. Petroleum <input type="checkbox"/> Diesel <input type="checkbox"/> Kerosene <input type="checkbox"/> Gasoline (including alcohol blends) <input type="checkbox"/> Used Oil <input type="checkbox"/> Other, Please Specify _____ c. Hazardous Substance <input type="checkbox"/> Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. Mark box <input type="checkbox"/> if tank stores a mixture of substances d. Unknown <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MACHINING COOLANTS <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> ZINC CYANIDE 557211 <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> QUENCH OIL <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Additional Information (for tanks permanently taken out of service) a. Estimated date last used (mo/yr) b. Estimated quantity of substance remaining (gal.) c. Mark box <input type="checkbox"/> if tank was filled with inert material (e.g., sand, concrete)	10/84 0 <input checked="" type="checkbox"/>	"DECON" 7/85 0 <input type="checkbox"/>	7/85 0 <input type="checkbox"/>	/ <input type="checkbox"/>	/ <input type="checkbox"/>



INITIAL INCIDENT REPORT LOG

Emergency Response Branch

State Form 13490 (R/11-88)

Indiana Dept. of Environmental Management
 P. O. Box 6015
 Indianapolis, Indiana 46206
 24 Hr Emergency Reporting Number
 317/241-4336

<input checked="" type="checkbox"/> 1 SPILL	<input type="checkbox"/> 4 AIR	INCIDENT NO.
<input type="checkbox"/> 2 FISH KILL	<input type="checkbox"/> 5 HAZ/MAT & OTHER	8912555
<input type="checkbox"/> 3 RADIATION		CITY
MINOR SIGNIFICANT SEVERE		South Bend
<input checked="" type="checkbox"/> Initial Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	COUNTY
INVESTIGATOR		St. Joseph
R.K.I.ka		TITLE III REPORT
		<input type="checkbox"/> Yes <input type="checkbox"/> No

REPORTING INFORMATION

Incident Date 12-20-89	Incident Time 11:00 AM	Notification Date 12-20-89	Notification Time AM 2:30 PM
Suspected Responsible Party Bendix Automotive Systems-America No.		Reported By / Title S.A.M.C.	
Contact / Title David Tarnowski		Organization	
Address 401 North Bendix Dr.		Address	
City / State / Zip Code South Bend IN 46634	Phone 219/237-2272	City / State / Zip Code	Phone /

REPORTED BY

<input checked="" type="checkbox"/> 1 Responsible Pty	<input type="checkbox"/> 5 County Health Dept
<input type="checkbox"/> 2 Fed Gov't Agency	<input type="checkbox"/> 6 Conservation Officer
<input type="checkbox"/> 3 State Gov't Agency	<input type="checkbox"/> 7 State or Local Police
<input type="checkbox"/> 4 Local Gov't Agency	<input type="checkbox"/> 8 Private Citizen <input type="checkbox"/> 9 Other

INVESTIGATION PERFORMED BY

<input type="checkbox"/> 1 DEM - Emer Resp Br	<input type="checkbox"/> 5 US EPA
<input type="checkbox"/> 2 Other DEM Personnel	<input type="checkbox"/> 6 Other (Specify _____)
<input type="checkbox"/> 3 Conservation Officer	<input type="checkbox"/> 7 DEM-ERB Field
<input type="checkbox"/> 4 County Health Dept	<input checked="" type="checkbox"/> 8 LIST

SOURCE

<input type="checkbox"/> 1 Transportation RR	<input type="checkbox"/> 4 Transportation Barge	<input type="checkbox"/> 7 Commercial	<input type="checkbox"/> 10 Unknown	<input checked="" type="checkbox"/> 13 UST
<input type="checkbox"/> 2 Transportation Truck	<input type="checkbox"/> 5 Industrial	<input type="checkbox"/> 8 Semi-Public	<input type="checkbox"/> 11 Other	
<input type="checkbox"/> 3 Transportation Pipeline	<input type="checkbox"/> 6 Agricultural	<input type="checkbox"/> 9 Municipal	<input type="checkbox"/> 12 Individual	

SPILL LOCATION INFORMATION

Location (Address or Description) 2721 Kenwood - B So. Bend 46634	
Area Sq Ft Miles	Site / Area Description
Water Involved ? / Name <input type="checkbox"/> Yes <input type="checkbox"/> No	Downstream Water Users

MATERIAL INFORMATION

<input checked="" type="checkbox"/> 1 Petroleum Product	<input type="checkbox"/> 3 Misc Chemical	<input type="checkbox"/> 5 Agricultural Related Product	<input type="checkbox"/> 7 Other
<input type="checkbox"/> 2 Acid/Base	<input type="checkbox"/> 4 Misc Material	<input type="checkbox"/> 6 Food Related Product	
Material 1 unleaded gas (10,000 tank)	Phase	G L S	Quantity
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lb Gal
2	Phase	G L S	Lb Gal
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

CHEMICAL AND PHYSICAL CHARACTERISTICS			TLV	STEL	IDLH
Specific Gravity	Flash Point F°	LEL	UEL	Color	Odor
Reportable Quantity Lb	Other Information				

CIRCUMSTANCES

<input checked="" type="checkbox"/> 1 Equipment Failure	<input type="checkbox"/> 5 Intentional Discharge
<input type="checkbox"/> 2 Transportation Accident	<input type="checkbox"/> 6 Miscellaneous
<input type="checkbox"/> 3 Employee Error	<input type="checkbox"/> 7 Unknown
<input type="checkbox"/> 4 Vandalism	

ENVIRONMENTAL CONSEQUENCES

<input type="checkbox"/> 1 Water Quality Violation	<input checked="" type="checkbox"/> 5 Undetermined
<input type="checkbox"/> 2 No Water Quality Violation	<input type="checkbox"/> 6 Air Release
<input type="checkbox"/> 3 Fish Kill	
<input type="checkbox"/> 4 Fish Kill and Water Quality Violation	

TRANSPORTATION INFORMATION

Carrier	Address	Phone (Include Area Code)
Shipper	Address	Phone (Include Area Code)
Manufacturer	Address	Phone (Include Area Code)
Point of Origin	Destination	Placard Number

NOTIFICATION / CONTACTS

STATE POLICE		INDIANA STATE BOARD OF HEALTH	
Representitive/Title		Representitive/Title	
Date/Time	Phone (Include Area Code)	Date/Time	Phone
HEALTH DEPARTMENT		INDIANA DEPARTMENT OF NATURAL RESOURCES	
Representitive/Title		Representitive/Title	
Date/Time	Phone (Include Area Code)	Date/Time	Phone (Include Area Code)
FIRE DEPARTMENT		US EPA	
Representitive/Title		Representitive/Title	
Date/Time	Phone (Include Area Code)	Date/Time	Phone (Include Area Code)
LOCAL AUTHORITIES		POISON CONTROL CENTER	
Representitive/Title		Representitive/Title	
Date/Time	Phone (Include Area Code)	Date/Time	Phone (Include Area Code) 1 800/382-9097

IDEM PERSONNEL

Name	Time/Date	Phone
Remarks:		
Name	Time/Date	Phone
Remarks:		

NOTES

*Failed tightness test, even after piping repaired.
 Tank will be emptied tomorrow (Dec 21st) and
 proceed ~~for~~ with obtaining bids for tank removal
 & assisment*

Submitted By: <i>R. Klika</i>	Reviewed By: <i>Jeff Eads</i>
----------------------------------	----------------------------------

1025
2-12-90

Leaking Underground Storage Tanks (LUST)
Cleanup Tracking System

Name of Site: Bendix Automotive Systems
 Incident Number: 8912555
 UST Facility ID Number: _____
 City: South Bend County: St. Joseph

Site Manager Initials: B K G
 Section Code (LST): L S I

Funds Allocated - Federal: \$ _____
 State: \$ _____
 Program Grant Code: 3-446-381

Media Contaminated: Soil: Groundwater: _____ Surface Water: _____ Air: _____
 Material Released ("P" = petroleum, "H" = hazardous): P
 Remediation (I = "innovative")

Cleanup Initiated By ("V" = Voluntary; "E" = enforcement; "S" = state lead): V
 Priority ("H" = high; "M" = medium; "L" = low): M

Final Disposition ("NFA" = no further action; "DIS" = discontinued): _____
 Date of Final Disposition (MMDDYY): ___/___/___

Comments: _____

ACTIONS

<u>Code</u>	<u>Seq. Nr.</u>	<u>Description</u>	<u>Schedule Date</u>	<u>Actual Date</u>	<u>Responsible Sect/Staff</u>
<u>LUST Corrective Action</u>					
9000	<u>1</u>	Incident report received	<u>1 1</u>	<u>12/20/89</u>	<u>LST BKG</u>
9010	<u>1</u>	Corrective action case assigned	<u>1 1</u>	<u>12/25/90</u>	<u>4 11</u>
9020	<u>1</u>	Corrective action case reviewed	<u>1 1</u>	<u>1 12/25/90</u>	<u>" "</u>
9030		Site visit performed	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9040		LUST PRP search completed	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9050		ISC (Initial Site Char.) letter sent	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9060		ISC letter received by PRP	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9070		ISC response received from PRP	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9080		ISC response reviewed	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9090		FPR (Free Product Removal) letter sent	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9100		FPR letter received by PRP	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9110		FPR response received from PRP	<u>1 1</u>	<u>1 1</u>	<u>" "</u>
9120		FPR response reviewed	<u>1 1</u>	<u>1 1</u>	<u>" "</u>

Code	Seq. Nr.	Description	Schedule Date	Actual Date	Responsible Sect/Staff
9130		FSI (Further Site Invest.) letter drafted	/ /	/ /	
9140		FSI draft letter reviewed	/ /	/ /	
9150		FSI letter sent to PRP	/ /	/ /	
9160		FSI letter received by PRP	/ /	/ /	
9170		FSI response received from PRP	/ /	/ /	
9180		FSI response reviewed	/ /	/ /	
9190		CAP (Corr. Action Plan) letter drafted	/ /	/ /	
9200		Public notice provided	/ /	/ /	
9210		CAP draft letter reviewed	/ /	/ /	
9220		CAP letter sent to PRP	/ /	/ /	
9230		CAP letter received by PRP	/ /	/ /	
9240		CAP sampling plan received	/ /	/ /	
9250		CAP sampling plan reviewed	/ /	/ /	
9260		CAP sampling plan approved	/ /	/ /	
9270		CAP remediation plan received	/ /	/ /	
9280		CAP remediation plan reviewed	/ /	/ /	
9290		CAP remediation plan approved	/ /	/ /	
9300		Progress report received	/ /	/ /	
9310		Progress report reviewed	/ /	/ /	
9320		Final report received	/ /	/ /	
9330		Final report reviewed	/ /	/ /	
9340		Final report approved	/ /	/ /	
9350		NFA (No Further Action) letter sent	/ /	/ /	

LUST Trust Fund Cleanups

9400		LTF RP search completed	/ /	/ /	
9410		LTF emergency water supply installed	/ /	/ /	
9420		LTF emergency ventilation installed	/ /	/ /	
9430		LTF emergency action taken (other)	/ /	/ /	
9440		LTF contractor selected for site	/ /	/ /	
9450		LTF (LUST Trust Fund) workplan drafted	/ /	/ /	
9460		LTF workplan reviewed	/ /	/ /	
9470		LTF sampling started	/ /	/ /	
9480		LTF cleanup work started	/ /	/ /	
9490		LTF progress report received	/ /	/ /	
9500		LTF progress report reviewed	/ /	/ /	
9510		LTF final report received	/ /	/ /	
9520		LTF final report reviewed	/ /	/ /	
9530		LTF cleanup work completed	/ /	/ /	

Comments:



Automotive

Bendix Chassis & Brake
Components Division
South Bend Plant
401 N. Bendix Drive
P.O. Box 4001
South Bend, IN 46634-4001
Telephone (219) 237-2100

MAY 8 9 36 AM '86
MAY 8 9 36 AM '86
DIVISION OF LAND
POLLUTION CONTROL
POLLUTION CONTROL
BOARD OF HEALTH
BOARD OF HEALTH

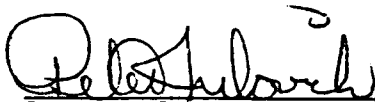
May 5, 1986

Mr. Michael Scanton
Division of Land Pollution Control
UST Program
Indiana State Board of Health
P. O. Box 7015
Indianapolis, IN 46207

Dear Mr. Scanton:

The notification for underground storage tanks at the Allied Corporation facilities located in South Bend and New Carlisle, Indiana is attached. The information supplied is based on reasonably available records and it is submitted in accordance with the requirements of Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.

Questions or additional information requests should be directed to Mr. Gerry Budzin at (219)-237-5993 or Mr. Peter Julovich at (219)-237-2272.

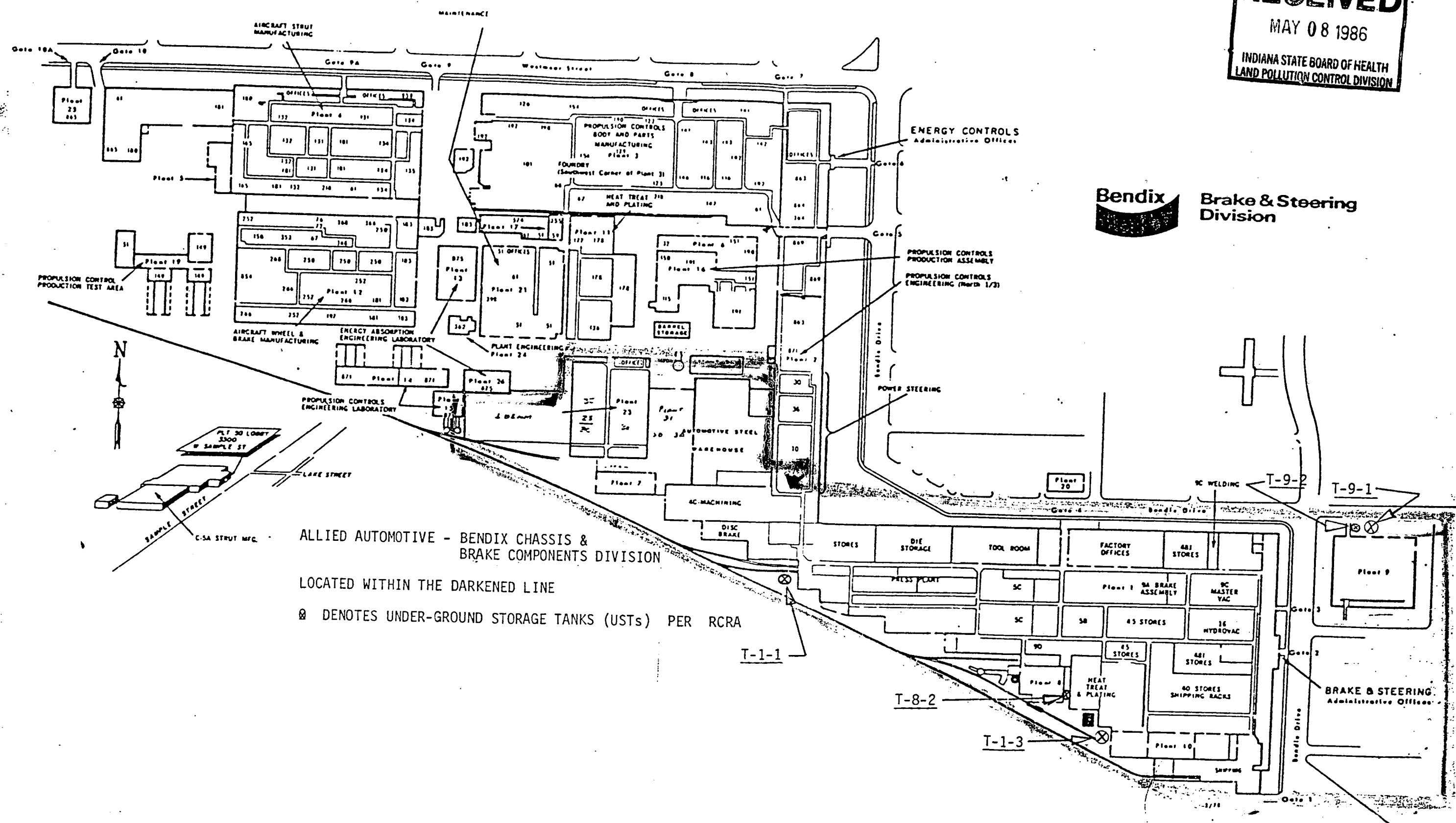

Peter Julovich, BCBCD
Automotive Division

PJ:et

att.

0085P

RECEIVED
MAY 08 1986
INDIANA STATE BOARD OF HEALTH
LAND POLLUTION CONTROL DIVISION



Bendix Brake & Steering Division

ALLIED AUTOMOTIVE - BENDIX CHASSIS & BRAKE COMPONENTS DIVISION

LOCATED WITHIN THE DARKENED LINE

⊗ DENOTES UNDER-GROUND STORAGE TANKS (USTs) PER RCRA