Please print or type in the unshaded areas o
(fill-in areas are spaced for elite type, i.e., 1 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F IND044587848

LABEL ITEMS

EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP BENDIX CORP FRANKLIN FACILITY ECD

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 WILSON KERMIT MGR PLANT ENGRG	607 563 5551

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 980 HURRICANE ROAD

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 FRANKLIN	IN	46131

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 980 HURRICANE ROAD

B. COUNTY NAME

JOHNSON

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 FRANKLIN	IN	46131	

EPA Region 5 Records Ctr.

287276

NTINUED FROM THE FRONT

. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3678 (specify) ELECTRONIC CONNECTORS	C 7 3357 (specify) COAXIAL CABLE
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

. OPERATOR INFORMATION

A. NAME: BENDIX CORP FRANKLIN FACILITY ECD

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): C A 317 736 6136

E. STREET OR P.O. BOX: BO HURRICANE ROAD

F. CITY OR TOWN: FRANKLIN

G. STATE: IN

H. ZIP CODE: 46131

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☒ NO

XISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

D. PSD (Air Emissions from Proposed Sources): C 9 T P

E. OTHER (specify) (specify)

E. OTHER (specify) (specify)

MAP

ach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste atment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface er bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

THE BENDIX CORPORATION IN FRANKLIN, INDIANA PRODUCES ELECTRICAL CONNECTORS. THEY ARE ALSO ENGAGED IN THE ASSEMBLY OF ELECTRICAL CONNECTORS AND COAXIAL CABLES.

CERTIFICATION (see instructions)

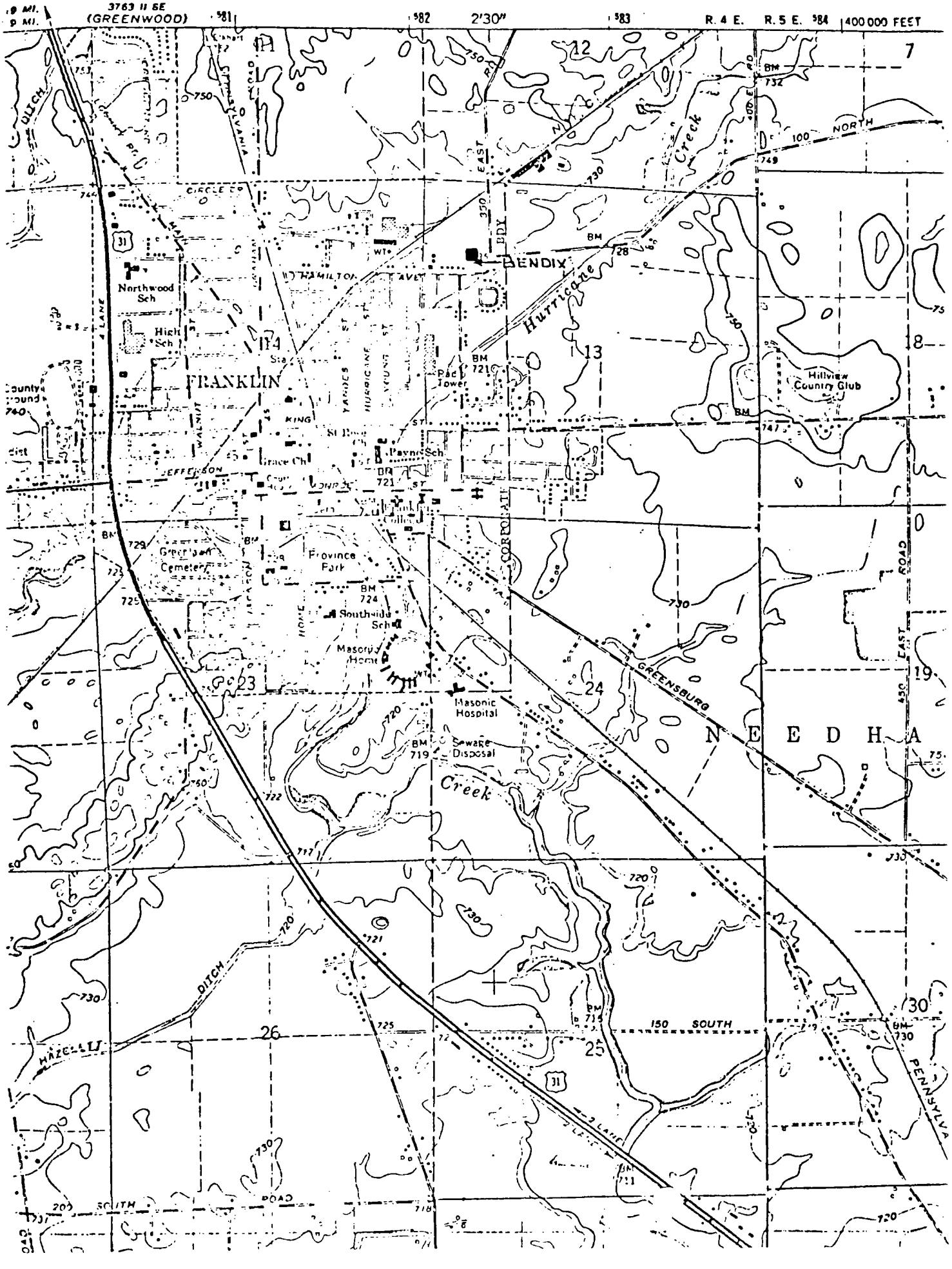
ertify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all achments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the lication, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
.W. SCHAEFFER ICE PRESIDENT & GENERAL MGR.		11/17/80

MENTS FOR OFFICIAL USE ONLY

FRANKLIN, INDIANA

IN
7.5 MINU



U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: IND044587848

COMMENTS

APPLICATION

Check box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's

(Place an "X" below and provide the appropriate date)

1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

(Place an "X" below and complete Item I above)

INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

PROCESSES AND DESIGN CAPACITIES

Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering these codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process and its design capacity *(Item III-C)* in the space provided on the form *(Item III-C)*.

PROCESS CAPACITY – For each code entered in column A enter the capacity of the process.

Amount.

For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure. The units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
TANK	S01	GALLONS OR LITERS
	S02	GALLONS OR LITERS
	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:		
	D79	GALLONS OR LITERS
	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
	D81	ACRES OR HECTARES
	D82	GALLONS PER DAY OR LITERS PER DAY
	D83	GALLONS OR LITERS

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
	G	LITERS PER DAY	V	ACRE-FEET	A
	L	TONS PER HOUR	D	HECTARE-METER	F
	Y	METRIC TONS PER HOUR	W	ACRES	B
	C	GALLONS PER HOUR	E	HECTARES	Q
	U	LITERS PER HOUR	H		

EXAMPLE FOR ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other tank can hold 1,000 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS DESIGN CAPACITY: 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY: 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
	G		5				
	E		6				
11,000	G		7				
1,000	G		8				
			9				
			10				

CONTINUE ON REVERSE

Form Approved

NUMBER (enter from page 1): 044587848 — 1

FOR OFFICIAL USE ONLY: W DUP 2 DUP

ACTION OF HAZARDOUS WASTES (continued)

	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
01	594	P	S01				
F 05	358	P	S01				
F 07	46	T	S01	S02			
F 08							INCLUDED WITH ABOVE
F 09							INCLUDED WITH ABOVE
06	9,000	P	S01				PROPOSED QUANTITY FROM FUTURE TREATMENT

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)