UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

JUN 23 1982

US EPA RECORDS CENTER REGION 5
1007437

Mr. Kermit Wilson
Bendix Corp., Microwave Service Plant
980 Hurricane Road
Franklin, Indiana 46131

RE: Interim Status Acknowledgement USEPA ID No. IND044587848
FACILITY NAME: Bendix Corp., Microwave Service Plant

Dear Mr. Wilson:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

6/22/82
GES

Enclosure

cc: R. W. Schaffer, Vice President & Gen. Mgr. - Bendix Corp., Franklin Fac. ECD

A

EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → IND044587848 REACKNOWLEDGEMENT

BENDIX CORP MICROWAVE SERVICE PLNT
980 HURRICANE RD
FRANKLIN IN 46131

INSTALLATION ADDRESS → 980 HURRICANE RD
FRANKLIN IN 46131

EPA Form 8700-12B (4-80) 09/28/81

Please print or type with ELITE type (...acters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER: S F — T/A C 1

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

BENDIX CORPORATION FRANKLIN FACILITY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 980 HURRICANE ROAD

CITY OR TOWN: 4 FRANKLIN — ST. IN — ZIP CODE 46131

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 980 HURRICANE ROAD

CITY OR TOWN: 6 FRANKLIN — ST. IN — ZIP CODE 46131

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 WILSON KERMIT MGR PLANT ENGRG

PHONE NO. (area code & no.): 607.563.5551

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 BENDIX CORPORATION FRANKLIN FACILITY ECD

DETACH

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. 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 I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: IND044587848

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

NOV 18 1980

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S													T/A	C
W														1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F005	F006				
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 industrial 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
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. 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	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	R. W. SCHAEFFER VICEPRESIDENT & GENERAL MGR.	11/17/80

DETACH

DETACH

EPA Form 8700-12 (6-80) REVERSE

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

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	Microwave Devices Plant
II. INSTALLATION MAILING ADDRESS	Bendix Corporation Hurricane Road Franklin, Indiana 46131
III. LOCATION OF INSTALLATION	Hurricane Road Franklin, Indiana 46131

000179 AUG 15 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S F IND044587848 T C 1 — APPROVED: A — DATE RECEIVED (yr., mo., & day): 800818

I. NAME OF INSTALLATION

BENDIX CORP MICROWAVE DEVICES PLANT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 HURRICANE ROAD

CITY OR TOWN: 4 FRANKLIN — ST.: IN — ZIP CODE: 46131

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 HURRICANE ROAD

CITY OR TOWN: 6 FRANKLIN — ST.: IN — ZIP CODE: 46131

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 WILSON K MGR PLANT ENGRG

PHONE NO. *(area code & no.)*: 607-563-5551

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 BENDIX CORP SOUTHFIELD MICHIGAN

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. 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 I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: IND044587848

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 14 1980

CONTINUE ON REVERSE

FOR OFFICIAL USE ONLY

S		T/A	C
W	7 0 D 0 4 4 1 5 8 7 8 4 8 2		1
1	2 - 13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F007	F008	F009		
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 industrial 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
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☒ 4. TOXIC (D000)

X. 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	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	R. W. Schaeffer Vice-President & General Manager	8-12-80

A-23

Remy

Remy Inc.
2902 Enterprise Drive • Anderson, Indiana 46013 USA
765-778-6867
Fax 765-221-6367

February 5, 2007

Via Certified US Mail # 7003 0500 0001 3674 7283

Mr. Juan Thomas
Franklin Powers, Inc. / Amphenol Project Coordinator
USEPA Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

Re: Transfer of Ownership Notification
Administrative Order on Consent for Corrective Measures Implementation
Franklin Power Products / Amphenol
980 Hurricane Road, Franklin, Indiana ("the Property")
IND 044 587 848

Dear Mr. Thomas:

Per our discussion on February 2, 2007, this letter serves as transfer of ownership notification for the Property. Transfer of ownership notification is required in Section IV.D of the Administrative Order of Consent ("Order") entered into by Franklin Power Products, Inc. ("FPP") and Amphenol Corporation ("Amphenol") in November 1998. Transfer of ownership has occurred within the last 30 days for both the Property referenced above and the FPP business unit.

In regards to the above-referenced physical Property, FPP agreed to the sale of the Property on January 3, 2007. The buyer of the Property split the purchase into three tracts and assigned each to a separate limited liability corporation (LLC). The LLCs are not affiliated with Remy International Inc. (Remy) or FPP. The purchasing LLCs include Lancer Leasing, LLC (Tract A); Lancer Park, LLC (Tract B); and Hamilton Avenue, LLC (Tract C). The single point of contact for all purchasing entities is David Dowden (317.201.3301). As part of the Purchase Agreement, the new owner received environmental indemnification for all pre-existing conditions, including impacts associated with the Order.

In regards to the FPP business unit, Remy (formerly Delco Remy) purchased the FPP business in 1996. Remy has owned and operated FPP as a subsidiary since 1996. On January 31, 2007, Remy announced the signing of an agreement for the sale of FPP to Caterpillar, Inc. (Caterpillar). Under the terms of the Asset Purchase Agreement (APA), the environmental liability associated with the above-referenced Property remains with Remy.

Remy Inc.
2902 Enterprise Drive • Anderson, Indiana 46013 USA
765-778-6867
Fax 765-221-6367

In summary, Remy (in addition to Amphenol) will be the responsible party for the impacts addressed by the Order. All future correspondence associated with this matter should be directed to me at the following contact information:

Jeff Nee, EHS&S Director
Remy International, Inc.
2902 Enterprise Drive
Anderson, Indiana 46013
Phone: 765-778-6867
Fax: 765-221-6367
e-mail: nee.jeff@remyinc.com

If you have any questions or require any further documentation, please do not hesitate to contact me at (765-778-6867).

Sincerely,

Jeffrey Nee, P.E.
Global EHS&S Director

cc: Sam Waldo, Amphenol Corporation (via e-mail)
Kevin Poad, Franklin Power Products (via e-mail)
Sheila Cannon, Remy International, Inc. (via e-mail)

334

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F IND044587848 3 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

Bendix Corp. Microwave Devices plnt.

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)	16	X 17	18
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)	22	X 23	24
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X 28	29	X 30
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)	34	X 35	36
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)	40	X 41	42

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
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)	19	X 20	21
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)	25	X 26	27
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)	31	X 32	33
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)	37	X 38	39
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)	43	X 44	45

III. NAME OF FACILITY

C 1 SKIP BENDIX CORP ~~FRANKLIN FACILITY ECD~~

IV. FACILITY CONTACT

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

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: C 3 980 HURRICANE ROAD

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

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: C 5 980 HURRICANE ROAD

B. COUNTY NAME: JOHNSON

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 FRANKLIN	IN	46131	081

NOV 18 1980

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

VIII. OPERATOR INFORMATION

A. NAME: C 8 BENDIX CORP FRANKLIN FACILITY ECD

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO (66)

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 (56) (specify)

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

E. STREET OR P.O. BOX: 980 HURRICANE ROAD

F. CITY OR TOWN: C B FRANKLIN

G. STATE: IN

H. ZIP CODE: 46131

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO (52)

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): C 9 T N I	D. PSD (Air Emissions from Proposed Sources): C 9 T P I
B. UIC (Underground Injection of Fluids): C 9 T U I	E. OTHER (specify): C 9 T I (specify)
C. RCRA (Hazardous Wastes): C 9 T R I	E. OTHER (specify): C 9 T I (specify)

XI. MAP

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

F9A/50

XII. 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.

F9A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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.

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

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

334

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

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

I. EPA I.D. NUMBER

S F I N D 0 4 4 5 8 7 8 4 8 T/A 3 C 1

1 2 - 13 14 15

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate 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 revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

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

C 8 15 — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
6 3 (73 74)	0 9 (75 76)	0 1 (77 78)

71 [ ] 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
73 74	75 76	77 78

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

72 [ ] 1. FACILITY HAS INTERIM STATUS

72 [ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – 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 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 *(including its design capacity)* in the space provided on the form *(Item III-C).*

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

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – 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 used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
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

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

EXAMPLE FOR COMPLETING 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 can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C DUP T/A 3 C 1

1 2 - 13 14 15

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. 1. AMOUNT	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 - 32
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	11,000,000	G		7				
2	S02	1,000,000	G		8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

334

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
S W I N D 0 4 4 5 8 7 8 4 8 T/A 3 C 1	S W DUP T/A 3 C 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	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))
	23 - 26	27 - 35	36	27 - 29	27 - 29	27 - 29	27 - 29	
1	F001	594000	P	S01				
2	F005	358000	P	S01				
003	F007	46000	T	S01	S02			
003	F008							INCLUDED WITH ABOVE
003	F009							INCLUDED WITH ABOVE
6	F006	9,000000	P	S01				PROPOSED QUANTITY FROM FUTURE TREATMENT
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
	23 - 26	27 - 35	36	27 - 29	27 - 29	27 - 29	27 - 29	

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAST[illegible]ntinued)

E. USE THIS SPACE TO LIST ADDITIONA[illegible]CESS CODES FROM ITEM D(1) ON PAGE[illegible]

EPA I.D. NO. *(enter from page 1)*

S		T/A	C
F	IND044587848	3	6

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).* F6A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).* F6B/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
39 29 25Ø	Ø86 Ø2 30Ø

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E BENDIX CORPORATION FRANKLIN FACILITY ECD	317-736-6136

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 98Ø HURRICANE ROAD	G FRANKLIN	IN	46131

IX. OWNER 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.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR 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.

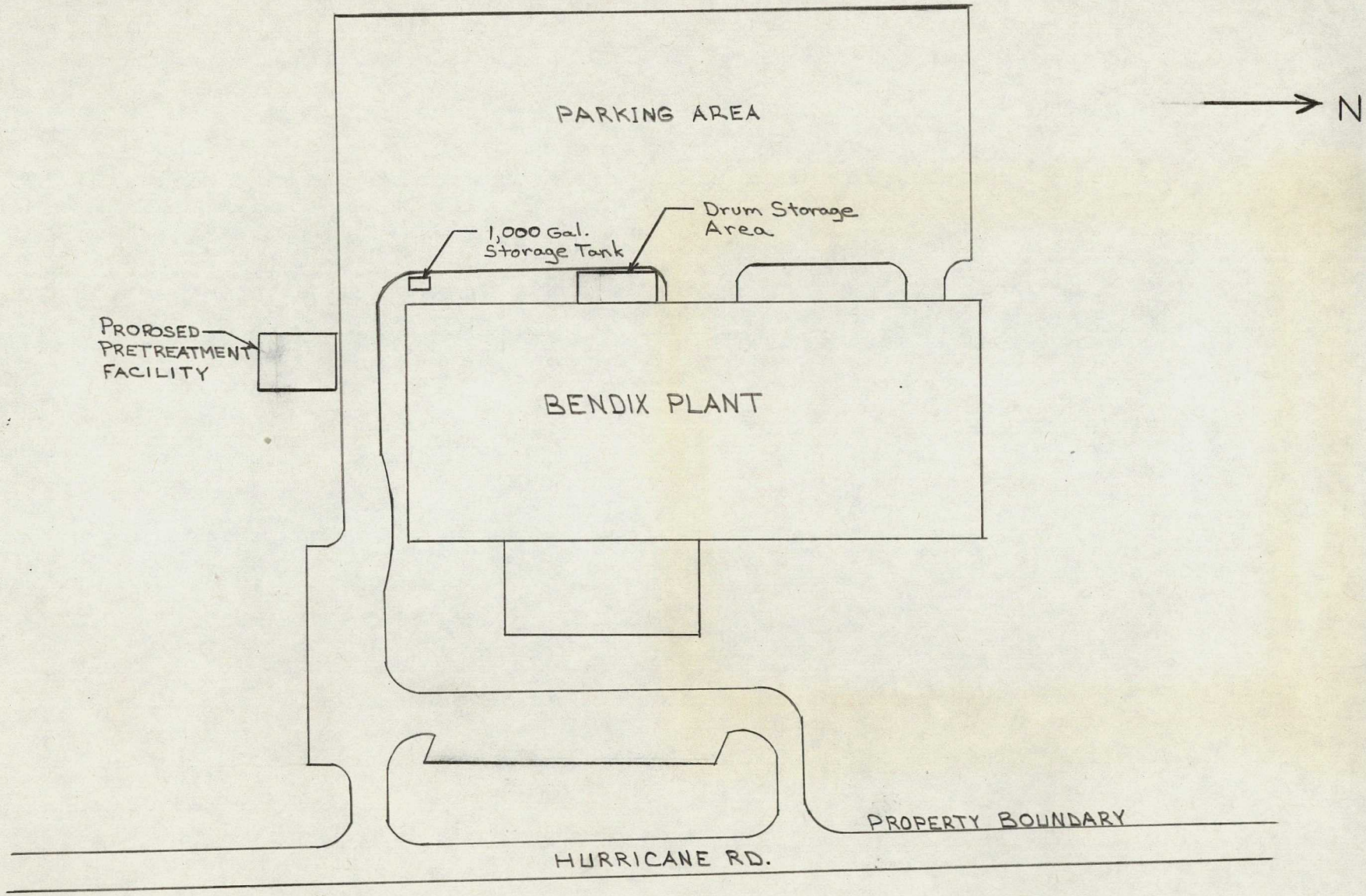
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
R.W. SCHAEFFER VICE PRESIDENT & GENERAL MGR.	[signature]	11/17/80

CONTINUE ON PAGE 5

Continued from page 4.

V. FACILITY DRAWING (see page 4)

BENDIX FRANKLIN FACILITY



SCALE: 1" = 80'
10/30/80 (DZ)

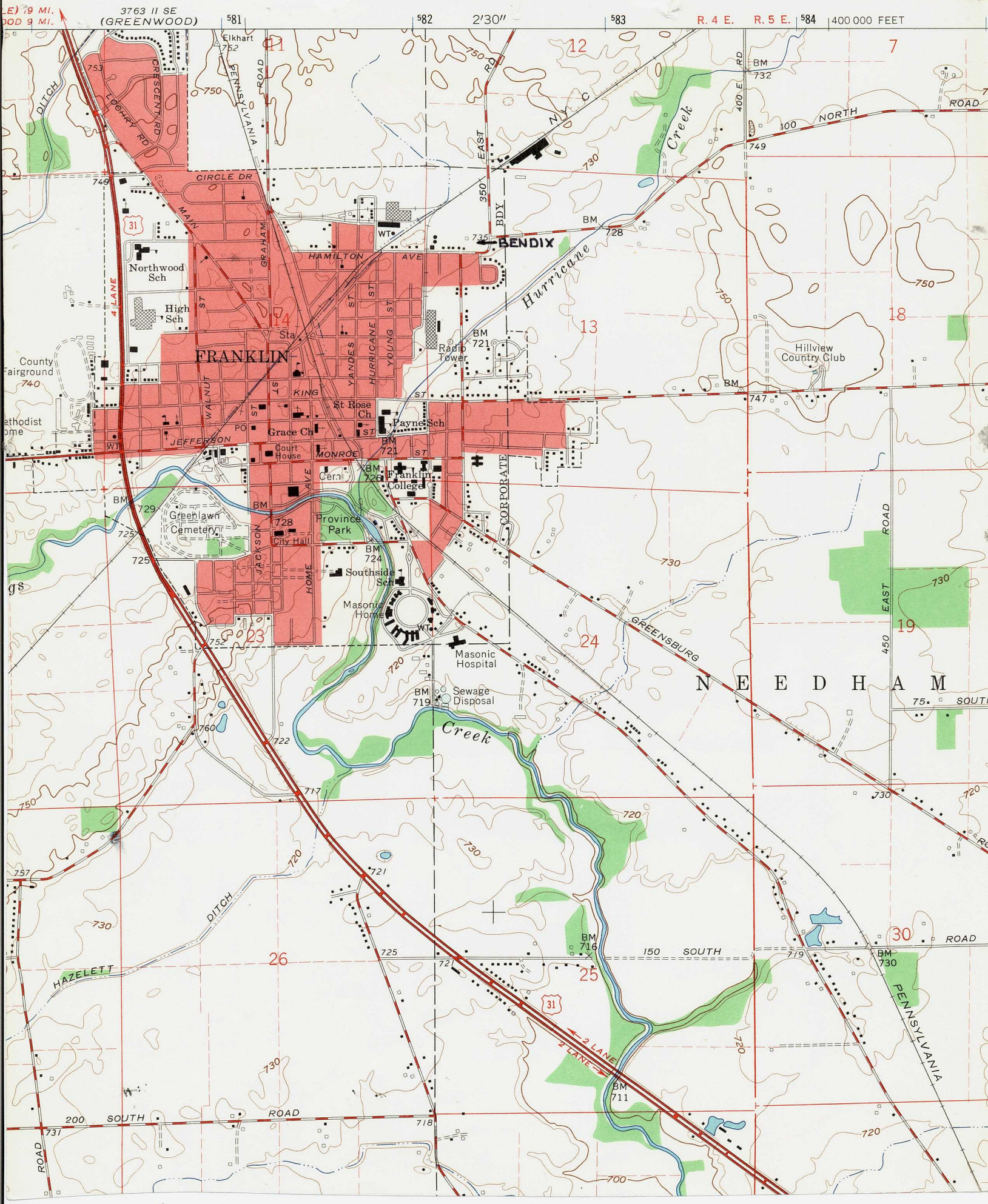
Form Approved OMB No. 158-S80004

334

FRANKLIN, INDIANA

334

INDIANA-
7.5 MINUTE SE
NE/4 FRANK



DRUM STORAGE AREA
(10/22/80)

D. ZURAKOWSKI
11/4/80 (FR.)

PART A AMENDMENTS

Fac. Name BENDIX CORP MICROWAVE SERVICE PLT I.D. # IND044587848

Application

Date Received	Date of ADP Input	Filed (check)
11/18/80		✓

Amendments

Date Received	Date of Tech Staff Approval (if necessary)	Date of ADP Input	Filed (check)

R

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

5HS-JCK-13

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

U.S. EPA ID #: IND044587848

BENDIX CORP MICROWAVE SERVICE PLNT
980 HURRICANE RD
FRANKLIN IN 46131

RE: Hazardous Waste Permit Application

Dear Permit Applicant:

As you know, you have previously submitted Part A of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility. Timely submission of "the Part A" has allowed most hazardous waste management facilities to continue to operate under RCRA "interim status"(or the State program equivalent), while complying with applicable technical and record-keeping standards.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the 1984 Amendments) were enacted to modify RCRA. Under the 1984 Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or hazardous waste constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. In addition, all interim status facilities are subject to corrective action requirements, regardless of whether they have 1) submitted a Part B application, 2) submitted a closure plan, 3) reverted to generator status only, 4) actually closed, or 5) none of these. Unless our Agency has formally terminated the facility's interim status, the corrective action requirements apply. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2 (or the State regulation equivalent).

We must determine whether releases of hazardous waste or hazardous waste constituents have ever occurred at the facility site. If they have, we must ensure that corrective actions either have been taken or will be taken to eliminate threats to public health or the environment. An important element in our decision process is the information that you provide on the enclosed certification statement. Please read it carefully and either sign it and return it, or return it unsigned with a cover letter of explanation, within 45 days of the date of this letter. At some point in time, public input will be sought to either confirm or deny information you provide, or information we gather on our own, concerning releases and corrective actions.

Please mail your response to the following:

RCRA Activities
Region V
P. O. Box A3587
Attention: ATKJG
Chicago, Illinois 60690

Sincerely yours,

David A. Stringham
Chief, Solid Waste Branch

Enclosure

CERTIFICATION REGARDING POTENTIAL RELEASES FROM
SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: _____

EPA I.D. NUMBER: _____

LOCATION CITY: _____

STATE: _____

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

	YES	NO
° Landfill	____	____
° Surface Impoundment	____	____
° Land Farm	____	____
° Waste Pile	____	____
° Incinerator	____	____
° Storage Tank (Above Ground)	____	____
° Storage Tank (Underground)	____	____
° Container Storage Area	____	____
° Injection Wells	____	____
° Wastewater Treatment Units	____	____
° Transfer Stations	____	____
° Waste Recycling Operations	____	____
° Waste Treatment, Detoxification	____	____
° Other _____	____	____

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.

_____

_____

_____

_____

_____

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.

3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

   Please provide the following information

   a. Date of release
   b. Type of waste released
   c. Quantity or volume of waste released
   d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

   _____

   _____

   _____

   _____

4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

   _____

   _____

   _____

   _____

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 submittal 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. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

_____
Typed Name and Title

_____ _____
Signature Date

CONTINUING RELEASES AT PERMITTED FACILITIES

SEC. 206. Section 3004 of the Solid Waste Disposal Act is amended by adding the following new subsection after subsection (t) thereof:

"(u) CONTINUING RELEASES AT PERMITTED FACILITIES.—Standards promulgated under this section shall require, and a permit issued after the date of enactment of the Hazardous and Solid Waste Amendments of 1984 by the Administrator or a State shall require, corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a treatment, storage, or disposal facility seeking a permit under this subtitle, regardless of the time at which waste was placed in such unit. Permits issued under section 3005 shall contain schedules of compliance for such corrective action (where such corrective action cannot be completed prior to issuance of the permit) and assurances of financial responsibility for completing such corrective action.".

RCRA ACTIVITIES
REGION V
P.O. BOX A3587
ATTENTION: ATKJG
CHICAGO IL 60690

U.S. EPA ID #: IND044587848

BENDIX CORP MICROWAVE SERVICE PLNT
980 HURRICANE RD
FRANKLIN IN 46131

Fold at line over top of envelope to the right of the return address.

CERTIFIED

P 235 952 025

MAIL