U.S. EPA REGION IV

SDMS

POOR LEGIBILITY

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TO MAKE THE DOCUMENT READABLE, TRY ONE OR MORE OF THE FOLLOWING:

From the Displays Settings in Windows Control Panel:

1. Set the Color Quality to the highest available: 24 bit or 36 bit.
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From the Monitor/Display Controls:

1. For dark image page, increase the brightness and decrease the contrast.
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** PLEASE CONTACT THE APPROPRIATE RECORDS CENTER TO VIEW THE MATERIAL**

V. 2-040506

RCRA STATUS SHEET
CARRIER AIR CONDITIONING COMPANY
TND 044062222

In November of 1980, Carrier Air Conditioning Company notified under RCRA as a generator and a treatment, storage, and disposal facility by way of a Part A interim status permit application [EPA form 3510-1(6-80)]. On January 4, 1982, by way of a letter from Clifton Ritter, Carrier requested withdrawal of TSD status indicating they were a protective filer. At the present time, Carrier has generator only status.

MJH/ib

RCRA has no authority for SMVS at generator only facilities. Has to have been a "TSD" actually needing a permit.

10626576

MAY 17 1982

JANUARY 4, 1982

Filed because they thought they might need status ie. for "protection"

Carrier

After one year as a Treatment Storage Disposal Facility (TSDF), we at Carrier have decided to withdraw our TSDF Permit and simply apply as a Generator of Hazardous Waste. Carrier first applied as a TSDF Facility in November, 1980, because we thought our bulk storage of hazardous waste (F002) could exceed the allowed 90 day limit for a gererator, consequently a TSD Facility has an allowable 1 year storage allotment.

Please advise me on how to properly change Carrier's categorization from TSD Facility to simply a Generator of Hazardous Waste.

Sincerely,

Clifton Ritter
CARRIER AIR CONDITIONING

CR:db

cc: Tennessee Department of Public Health
Division of Solid Waste Management
150 9th Ave.
Nashville, TN 37203

United States Environmental Protection Agency
Region IV
345 Courtland Street
Atlanta, Georgia 30308

Implies they never needed permit status and were therefore never a TSD facility

Form Approved OMB No. 158-R0

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

EPA

I. EPA I.D. NUMBER: TND044052222

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.

LABEL ITEMS

I. EPA I.D. NUMBER: TND044052222

III. FACILITY NAME: CARRIER CORP

V. FACILITY MAILING ADDRESS: DRAWER F
COLLIERVILLE TN 38017

VI. FACILITY LOCATION: 97 S BYHALIA RD
COLLIERVILLE TN 38017

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 those 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. 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	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		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	
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	

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
C. 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	
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	
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	
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	
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)			

III. NAME OF FACILITY

1 SKIP

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 RITTER, CLIFTON ENGR.	901 853 9751

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4		

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5

B. COUNTY NAME

SHELBY

C. CITY OR TOWN	D. STATE	E. ZIP CODE
6		

CONTINUE ON REVE

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

A. FIRST	B. SECOND
3499 (specify) FABRICATED METAL PRODUCTS	3585 (specify) Refrigeration and Heating Eq
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: CARRIER CORPORATION

B. Is the name listed in Item VIII-A also the owner? [X] 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)
Answer: P (specify)

D. PHONE (area code & no.): A 901 853 9761

E. STREET OR P.O. BOX: 97 S BYHALIA ROAD

F. CITY OR TOWN: B COLLIERVILLE

G. STATE: TN

H. ZIP CODE: 38017

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	8 P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	9 APC PERMITS (specify) SEE ATTACHED SHEET

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
R	9 I (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. 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.

XII. NATURE OF BUSINESS (provide a brief description)

The Collierville plant of Carrier Corporation, manufactures residential air conditioning units in 2 through 5 ton sizes, including heat pumps, remote and split air conditioners, and package equipment. The plant does sheet metal and coil fabrication, assembles and processes the units, and crates them for final shipment. Processes include degreasing operations for coil fabrications, painting, and large appliance finishing operations.

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
ROGER LEWANDOWSKI PRESIDENT CONSUMER PRODUCTS DIVISION	Roger Lewandowski	11/18/80

COMMENTS FOR OFFICIAL USE ONLY

C:

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: T N D 0 4 4 0 6 2 2 2 5

OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

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)*

[X] 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)*: C 8 — YR. 6 7 — MO. 1 1 — DA. 0 7

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

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

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

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 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	O
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.

C — DUP — 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S02	4,000	G		7				
2	S01	30,000	G		8				
3	T01	50,000	G		9				
4					10				

PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (ITEM D) FOR EACH PROCESS

V. DESCRIPTION OF HAZARDOUS WASTES

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 these hazardous wastes.

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.

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.

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 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 process is not listed for a process that will be used, describe the process in the space provided on the form.

ITEM D. 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 on 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 sludge from electroplating 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 [illegible] pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. EPA HAZARDOUS WASTE NUMBER	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))
X-1	[illegible]	[illegible]	P	T 0 3 D 8 0	
X-2	[illegible]	[illegible]	P	T 0 3 D 8 0	
X-3	[illegible]	[illegible]	P	T 0 3 D 8 0	
X-4	[illegible]				included with above

CONTINUE ON PAGE 3

Form Approved OMB No. 158-[illegible]

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WI	DUP	2	DUP

HAZARDOUS WASTES (continued)

	A. HAZARDOUS 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))
1.	F001	3.3	T	S01	
2.	F002	85.3	T	S02	
3.	F003	14.7	T	S01	
4.	F005	3.9	T	S01	
5.	F017	3.0	T	S01	
6.	F018	120.	T	T01 S01	
7.	D002				included with above
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					

EPA Form 3510-3 (6-80) CONTINUE ON REVERSE

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

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D.1 ON PAGE 3

EXISTING

EPA I.D. NO. (enter from page 1)
T N D 0 4 4 0 6 2 2 2 3

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)*.

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)*.

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
8 9 4 1 3 3 -	3 5 - 0 2 3 0 -

III. 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.)
CARRIER CORPORATION	3 1 5 - 4 2 4 - 4 7 1 1

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
P.O. BOX 4800	G SYRACUSE	N Y	1 3 2 2 1

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
ROGER LEWANDOWSKI PRESIDENT, CONSUMER PRODUCTS DIVISION		11/15/90

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

CONTINUE ON PAGE 5

CARRIER AIR CONDITIONING

STATE OF TENNESSEE
AIR POLLUTION CONTROL
PERMIT STATUS

FILE NO.	DESCRIPTION	A.P.C. PERMIT NO.	EXP. DATE
D-1	Aluminum Coil Degreaser	012734P	11/1/81
D-2	Copper Parts Degreaser-Elec.	012735P	11/1/81
D-3	Sheet Metal Parts Degreaser	012736P	11/1/81
D-4	Misc. Copper Parts Degreaser	012737P	11/1/81
D-5	Copper Coil Degreaser	012738P	11/1/81
SB-1	Paint Line #1 - Hand Spray Booth	012739P C.S.	11/1/81
SB-2	Paint Line #1 - Ransburg Booth	012740P C.S.	11/1/81
SB-3	Paint Line #1 - Ransburg Booth	012741P C.S.	11/1/81
SB-4	Paint Line #2 - Hand Spray Booth	REMOVED	N.R.
SB-5	Paint Line #2 - Ransburg Booth	REMOVED	N.R.
SB-6	Aluminum Coil Line #1 - Spray Booth	012744P C.S.	11/1/81
SB-7	Aluminum Coil Line #2 - Spray Booth	012745P C.S.	11/1/81
SB-8	Copper Coil - Spray Booth	012746P C.S.	11/1/81
SB-9	Adhesive Booth - Assembly Line #1	NOT REQUIRED	
SB-10	Adhesive Booth - Assembly Line #2	NOT REQUIRED	
SB-11	Adhesive Booth - Assembly Line #2	NOT REQUIRED	

NOTE: C.S. - Reference Compliance Schedule

CARRIER AIR CONDITIONING COMPANY

COLLIERVILLE, SHELBY COUNTY, TENNESSEE

TND 044062222

The Carrier Air Conditioning Company of United Technologies is a manufacturing facility located on approximately 145 acres in Collierville in Shelby County, Tennessee. Since the facility opened in 1967 there have been three documented releases of trichloroethylene (TCE) to the environment.

In 1978 a filter cover failed on a vapor degreaser unit resulting in the spill of 2,000 - 5,000 gallons of TCE. According to Carrier officials this material was washed into Nonconnah Creek by the local fire department. Soil samples collected by the State in April, 1986, showed residuals of TCE present at the spill site. Prior to the implementation of RCRA Carrier operated an unlined lagoon, approximately 214 cu. ft. in volume, for the storage of TCE contaminated paint sludges. Wastes and soil were removed from this lagoon and it was closed just prior to the implementation of RCRA. The exact location of this impoundment has not yet been ascertained. In January, 1985, following a period of heavy rainfall, a TCE leak from underground pipes was discovered. A clean-up effort was initiated by the company resulting in the recovery of 542 gallons of TCE from the unknown volume that had leaked. As a result of this spill, monitoring wells were installed at the facility and TCE contamination in the Memphis sands aquifer was detected in several of these wells in January, 1986.

The Carrier facility is located within 2000 feet of the water plant #2 wells of the City of Collierville. On July 13, 1986, the west well for water plant #2 was sampled and found to be contaminated by low levels of TCE. Subsequent to this, both wells at water plant #2,

both wells at water plant #1 (located approximately 1½ miles east of the Carrier facility), and the treated water from each water plant were sampled. Analytical data showed low level contamination with TCE at both of the wells at water plant #2, but none at the wells of water plant #1 or in the treated water from either plant. The Collierville water system and representative private wells in the vicinity are presently being monitored. The population estimated to be using groundwater from wells in the Memphis Sands Aquifer within three miles of the facility is 12,780.

Clean-up activities initiated by the Carrier Company have included the closure of the lagoon prior to RCRA implementation, repair of the leaking underground pipes in 1985, and removal of soil contaminated as the result of the leaking pipes in 1985. No enforcement actions have been initiated to date.

MH/lag SF #2