✓ closure / post closure

RCRA RECORDS CENTER
FACILITY Pratt & Whitney
I.D. NO. CTD990672081
FILE LOC. P.1B
OTHER RDMS # 2306

FACILITY CHECKLIST

Facility Name: Pratt & Whitney Aircraft Group Reviewed by: gw

U.S. EPA ID #: CTD990672081 Date: 7/26/85

Facility address: 400 Main St. E. Hartford CT

Owner Name: J Winchurie Plant Eng.

Owner address: same

Estimated closure cost: $ 348,469 Date of estimate: / /

Estimated post-closure cost: $ Date of estimate: / /

Latest annual adjustment factor: 1.04

Total estimated closure and post-closure costs: $ 348469 Last adjusted 5/19/84

Financial Assurance Mechanisms

Date Received: 3/25/85

Mechanism	Guarantor Name & Address	Effective Date	Amount of Coverage	Validation Date	Initials
FT	United Technologies	3/13/85	$ 348,469	/ /	
		/ /		/ /	
		/ /		/ /	
		/ /		/ /	
		/ /		/ /	
		/ /		/ /	

Total Coverage $ 348,469

Liability Coverage Mechanisms

Date Received: 7/11/84

Mechanism	Guarantor Name	Effective Date	Amount of Coverage	Validation Date	Initials
Endorsement	Liberty Mutual Ins Co	10/11/81	$ 1MM/2MM	/ /	
		/ /		/ /	
		/ /		/ /	
		/ /		/ /	
		/ /		/ /	
		/ /		/ /	

Total Coverage $ 1MM/2MM

FOLLOW-UP ACTIONS REQUIRED	DATE REQUIRED
Review cost estimates (90 days after anniversary date)	/ /
	/ /
	/ /

Comments: See checklists

Attachments:

GUARANTOR CHECKLIST/FINANCIAL TEST

Guarantor company: United Technologies Corp. Reviewed by: gw

Address: Hartford CT Date: 7/26/85

Chief Financial Officer: (✓) Annual Report ( ) Form 10-K (✓) Letter wording & signatures (1)

Certified Public Accountant: (✓) AICPA ( ) State CPA Society ( ) Other: _____

Accountant's Opinion: Date 1/23/85 ( ) Unqualified ( ) Qualified ( ) Adverse ( ) Disclaimer

Accountant's Special Report: Date 3/14/85 (✓) Latest Fiscal Year (✓) Confirms CFO

Owner or operator: Pratt & Whitney main st. E. Hartford

Affiliation: (✓) Same Company ( ) Subsidiary, over 50% owned ( ) Other: _____

Corporate Guarantee: Date: ___/___/___ ( ) Wording ( ) Signatures (✓) Not required

FACILITIES COVERED BY FINANCIAL TEST

Facility EPA ID #	Current Cost Estimates: Closure	Current Cost Estimates: Post-Closure	Total Cost
CTD000844399	$ 120,162	$ Na	$ 120,162
This facility → CTD 940672081	348,469	↓	348,469
CTD 000845131	3,605	↓	3,605
CTD 000844324	5,407	↓	5,407
CTD 003935905	977,080	684,921	977,080
CTD 001449511	584,982	Na	584,982
CTD 000844407	11,400	↓	11,400
CTD 001149277	72,097	↓	72,097
TOTAL	$ continued	$ on following page	

Financial test: Fiscal year 12/84 (m/y) ( ) Alternative I (Ratio Test) ( ) Alternative II (Bond-rating)

FOLLOW-UP ACTIONS REQUIRED	DATE REQUIRED
Annual review (90 days after end of fiscal year)	___/___/___
	___/___/___
	___/___/___

Comments: written using EPA, not DEP! several facilities whose costs were included in the Dec. 84 filing were not included in the March 85 filing. They were Sumner Corp in CA, IL, MI, NC, OH and Automotive Products Div. in OH - this should be explained.

Attachments:
( ) Letter From Chief Financial Officer
( ) Corporate Guarantee
( ) Accountant's Opinion
( ) Accountant's Special Report
( ) Other

Closure costs updated to 1984 not 1985

UTC (CONT.)

GUARANTOR CHECKLIST/FINANCIAL TEST

Guarantor company: United Technologies (CONT.) Reviewed by: _____

Address: _____ Date: ___/___/___

Chief Financial Officer: ( ) Annual Report ( ) Form 10-K ( ) Letter wording & signatures

Certified Public Accountant: ( ) AICPA ( ) State CPA Society ( ) Other: _____

Accountant's Opinion: Date ___/___/___ ( ) Unqualified ( ) Qualified ( ) Adverse ( ) Disclaimer

Accountant's Special Report: Date ___/___/___ ( ) Latest Fiscal Year ( ) Confirms CFO

Owner or operator: _____

Affiliation: ( ) Same Company ( ) Subsidiary, over 50% owned ( ) Other: _____

Corporate Guarantee: Date: ___/___/___ ( ) Wording ( ) Signatures ( ) Not required

FACILITIES COVERED BY FINANCIAL TEST

Facility EPA ID #	Current Cost Estimates: Closure	Current Cost Estimates: Post-Closure	Total Cost
CTD008004392	$ 138,186	$ N/a	$ 138,186
CTD010166791	7,751		7,751
CTD001145341	696,937		696,937
CTD059623318	14,720		14,720
CTD001449735	20,428		20,428
CTD001449764	174,234		174,234
CTD095532131	12,016	V	12,016
subtotal CT	3,187,472	684,921	3,872,395
all other facilities	1,474,363	12	1,474,363
TOTAL	$ 4,661,837	$ 684,921	$ 5,346,758

Financial test: Fiscal year ___/___ (a y) ( ) Alternative I (Ratio Test) ( ) Alternative II (Bond-rating)

FOLLOW-UP ACTIONS REQUIRED	DATE REQUIRED
Annual review (90 days after end of fiscal year)	___/___/___
	___/___/___
	___/___/___

Comments: _____

Attachments:
( ) Letter From Chief Financial Officer
( ) Corporate Guarantee
( ) Accountant's Opinion
( ) Accountant's Special Report
( ) Other

LIABILITY CHECKLIST/INSURANCE

Insurer: Liberty Mutual Ins. Co. Reviewed By: gw

Address: Berkeley St. Boston MA Date: 7/26/85

Insurer qualifications: (✓) Best's ( ) Other:

Documentation: (1) ( ) Liability endorsement (✓) Certificate of insurance (✓) Valid wording & Signatures for both

Policy number: RG1-612-004136-24 Dated 2/1/82 Effective date: 10/1/81

Insured owner or operator: P & W Main St. E. Hartford

FACILITIES COVERED BY LIABILITY INSURANCE

Facility EPA ID#	Coverage Per Occurrence		Coverage Per Year		Coverage required	
	Sudden	Nonsudden	Sudden	Nonsudden	Sudden	Nonsudden
CTD000844399	$ 1MM	$ 3MM	$ 2MM	$ 6MM	$1MM/6MM	$3MM/6MM
This facility CTD990672081		n/a		n/a		n/a
CTD 000845131		n/a		n/a		n/a
CTD 010166791		n/a		n/a		n/a
CTD 003935965		3MM		6MM		3MM/6MM
CTD 001449511		3MM		6MM		3MM/6MM
CTD 000844467		n/a		n/a		n/a
CTD 001449277		3MM		6MM		3MM/6MM
CTD 000844332		3MM		6MM		3MM/6MM
CTD 001453341		3MM		6MM		3MM/6MM
CTD 001449735		n/a		n/a		n/a
CTD 001449784		3MM		6MM	✓	3MM/6MM
CTD 095532131	✓	n/a	✓	n/a		n/a

Coverage required by other instruments: Sudden $ _____ (Maximum $2,000,000)
Nonsudden _____ (Maximum $6,000,000)
Total $ _____

Sources of additional coverage, including self-insurance: _____

FOLLOW-UP ACTIONS REQUIRED	DATE REQUIRED
Annual review	/ /
	/ /
	/ /

Comments: (1) both a certificate & endorsement are provided for non sudden & sudden coverage - same policy number - a second certif. of ins. was found for non sudden by Liberty Mutual, effective 4-1-82, issued on 12-30-82 policy # LW1-612-004136-453, it should be determined which policy is in effect

Attachments: ( ) Hazardous Waste Facility Liability Endorsement
( ) Hazardous Waste Facility Certificate of Liability Insurance
( ) Other _____

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Pratt & Whitney
Main St
E. Hartford

CLOSURE/POST-CLOSURE PLANS AND COST ESTIMATE CHECKLIST

CLOSURE/POST-CLOSURE PLANS

COST ESTIMATES
If there is a figure given for the associated activity, state figure. If there is no associated cost, note the omission.

A. Closure Plan	Yes	No	N/A	Cost estimates (barrel / tank / incinerator)
1a. Is there an estimate of the maximum inventory of wastes? (If yes, give total figure.) Amount barrel 55,000 gal; tank 35,000 gal; incinerator 900 gal	✓			(cost of inventory removal)
b. What is the maximum capacity as listed in the Part A data? Amount _____				
c. Is 1a greater than 1b? If yes, make note in comments and on the summary chart.				200,000 / 70,000 / 20,000
2. Is there a description of the steps needed to decontaminate the facility and any equipment?	✓			(cost of decontamination)
3. For a facility at which wastes will remain after closure (e.g. surface impoundment, landfills, land treatment), is the containment of wastes addressed (e.g. final cover, vegetation, erosion control)?			✓	n/a (cost of waste containment)
4. Is there an estimate of the expected year of closure and a schedule for final closure?	✓ schedule	✓ yes		
5. Is certification of closure by both the o/o and an independent registered P.E. addressed?	✓			not specified (cost of P.E. certification)

TOTAL = $290,000 (1980)
(total closure cost estimate)
$ 338,227 (1982)

COMMENTS:

B. Post-Closure Plan

	Yes	No	N/A	
(For surface impoundments, landfills, and land treatment facilities only)				
1. Is there a description of the planned activities and frequencies for groundwater monitoring and maintenance activities?	___	___	___	_____ (total post-closure cost estimate)
2. Does the post-closure plan cover a 30-year period?	___	___	___	
3. Is the submission of a notice to the local land authority within 90 days after closure addressed?	___	___	___	
4. Is the submission of a notice in the deed to the property addressed?	___	___	___	
5. Does the post-closure plan identify the name, address, and phone number of the post-closure period contact?	___	___	___	

COMMENTS: