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 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION	
				01 STATE	02 SITE NUMBER
				IND	044587848
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site)			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER		
Amphenol Products Co. Plant			980 Hurricane Rd.		
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY		07 COUNTY CODE
Franklin	IN	46131	Johnson		81
08 COORDINATES LATITUDE		LONGITUDE		FRANKLIN QUADRANGLE	
39° 29' 33" N		86° 02' 47" W		Franklin Quadrangle	
10 DIRECTIONS TO SITE (Starting from nearest public road)					
US 31S to Franklin, exit on Hurricane Rd. and drive east to the Conrail railroad tracks. The facility is located southeast of the railroad tracks.					
III. RESPONSIBLE PARTIES					
01 OWNER (if known)			02 STREET (Business, mailing, residential)		
Bendix Corporation			980 Hurricane Rd.		
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER		
Southfield	MI	48009	(607) 563-5551		
07 OPERATOR (if known and different from owner)			08 STREET (Business, mailing, residential)		
			980 Hurricane Rd.		
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER		
Franklin	IN	46131	()		
13 TYPE OF OWNERSHIP (Check one)					
<input checked="" type="checkbox"/> A PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input type="checkbox"/> A RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION			BY (Check all that apply)		
<input type="checkbox"/> YES DATE: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO			<input type="checkbox"/> A EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C STATE <input type="checkbox"/> D OTHER CONTRACTOR <input type="checkbox"/> E LOCAL HEALTH OFFICIAL <input type="checkbox"/> F OTHER: _____ (Specify)		
02 SITE STATUS (Check one)			03 YEARS OF OPERATION		
<input type="checkbox"/> A ACTIVE <input checked="" type="checkbox"/> B INACTIVE <input type="checkbox"/> C UNKNOWN			BEGINNING YEAR: _____ ENDING YEAR: _____ <input checked="" type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED					
Substances possibly present are sludges (toxic, persistent), heavy metals (toxic, persistent), and other organics (volatile).					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION					
Potential hazard to environment and population through groundwater and surface water.					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)					
<input type="checkbox"/> A HIGH (inspector required promptly) <input checked="" type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C LOW (inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT		02 OF (Agency/Organization)		03 TELEPHONE NUMBER	
Harry Atkinson <i>HA</i>		Indiana State Board of Health		(317) 243-5132	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
Dana Reed		ISBH	LPC	(317) 243-5058	9, 9 85 MONTH DAY YEAR

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POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IND 044587848

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)	02 WASTE QUANTITY AT SITE <i>(Measures of waste quantities must be independent)</i>	03 WASTE CHARACTERISTICS (Check all that apply)
<input checked="" type="checkbox"/> A SOLID <input type="checkbox"/> E SLURRY <input type="checkbox"/> B POWDER, FINES <input type="checkbox"/> F LIQUID <input checked="" type="checkbox"/> C SLUDGE <input type="checkbox"/> G GAS <input type="checkbox"/> D OTHER _____ <i>(Specify)</i>	TONS _____ CUBIC YARDS _____ NO OF DRUMS _____	<input checked="" type="checkbox"/> A TOXIC <input type="checkbox"/> E SOLUBLE <input checked="" type="checkbox"/> I HIGHLY VOLATILE <input type="checkbox"/> B CORROSIVE <input type="checkbox"/> F INFECTIOUS <input type="checkbox"/> J EXPLOSIVE <input type="checkbox"/> C RADIOACTIVE <input type="checkbox"/> G FLAMMABLE <input type="checkbox"/> K REACTIVE <input checked="" type="checkbox"/> D PERSISTENT <input type="checkbox"/> H IGNITABLE <input type="checkbox"/> L INCOMPATIBLE <input type="checkbox"/> M NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	unk	drums	Metal hydroxide sludge landfilled at Four County Landfill - earliest request for disposal shown in file is July 1982 at a rate of 4 drums/wk.
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			Contaminated soil from beneath the plating floor of the facility from pipe leakage or spillage was disposed at the Adams Center Landfill.
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES *(See Appendix for most frequently cited CAS Numbers)*

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

V. FEEDSTOCKS *(See Appendix for CAS Numbers)*

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION *(See specific references e.g. state files, sample analysis reports)*

ISBH Land and Water Pollution files.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
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II. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED 14,000 04 NARRATIVE DESCRIPTION
During a phone interview with Jim Morris from the Indiana Cities Water Corporation, at one time detectable amounts of cyanide were found in the wells, but not to the degree once indicated in the file. Morris said their wells are monitored at least once a week. A chemical plume had been identified in the groundwater near the facility.

01 B. SURFACE WATER CONTAMINATION 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 C. CONTAMINATION OF AIR 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 D. FIRE EXPLOSIVE CONDITIONS 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 E. DIRECT CONTACT 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 F. CONTAMINATION OF SOIL 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 AREA POTENTIALLY AFFECTED >1 04 NARRATIVE DESCRIPTION
The soil in the area is well drained, formed in loamy outwash over stratified gravelly sand. Chemical migration through the soil is highly possible.

01 G. DRINKING WATER CONTAMINATION 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED 14,000 04 NARRATIVE DESCRIPTION
All residents in Franklin receive their water from Indiana Cities Water Corporation. Possibility of contamination as stated in groundwater contamination.

01 H. WORKER EXPOSURE/INJURY 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 WORKERS POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 I. POPULATION EXPOSURE/INJURY 02 OBSERVED (DATE _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED 14,000 04 NARRATIVE DESCRIPTION
Population potentially affected through drinking water.



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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
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II. HAZARDOUS CONDITIONS AND INCIDENTS *(Continued)*

01 <input type="checkbox"/> J. DAMAGE TO FLORA 04 NARRATIVE DESCRIPTION	02 <input type="checkbox"/> OBSERVED (DATE _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
01 <input type="checkbox"/> K. DAMAGE TO FAUNA 04 NARRATIVE DESCRIPTION <i>(include name(s) of species)</i>	02 <input type="checkbox"/> OBSERVED (DATE _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
01 <input type="checkbox"/> L. CONTAMINATION OF FOOD CHAIN 04 NARRATIVE DESCRIPTION	02 <input type="checkbox"/> OBSERVED (DATE _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
01 <input checked="" type="checkbox"/> M. UNSTABLE CONTAINMENT OF WASTES <i>(Spills, runoff, standing liquids, leaking drums)</i> 03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION	02 <input checked="" type="checkbox"/> OBSERVED (DATE <u>11-11-82</u>)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
01 <input type="checkbox"/> N. DAMAGE TO OFFSITE PROPERTY 04 NARRATIVE DESCRIPTION	02 <input type="checkbox"/> OBSERVED (DATE _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
01 <input type="checkbox"/> O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 04 NARRATIVE DESCRIPTION	02 <input type="checkbox"/> OBSERVED (DATE _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
01 <input type="checkbox"/> P. ILLEGAL UNAUTHORIZED DUMPING 04 NARRATIVE DESCRIPTION	02 <input type="checkbox"/> OBSERVED (DATE _____)	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS			

III. TOTAL POPULATION POTENTIALLY AFFECTED: 14,000

IV. COMMENTS
At one time, the groundwater was thought to be highly contaminated with cyanide. Lab error was discovered and some wells were found to be drilled through highly contaminated soil, thus the tests were found invalid. Indiana Cities Water Corporation monitors their wells at least once a week. The plating facility is no longer in operation.

V. SOURCES OF INFORMATION *(Use specific references e.g. state files, sample analysis report)*
ISBH Land and Water Pollution files.
Data on Indiana Water Supplies.
Phone interviews with Bob Carter on 9-6-85 and Jim Morris, Indiana Cities Water Corp. on 9-6-85. Also Randy Tressler, Johnson Co. Health Dept. on 9-9-85.