PERMIT RENEWAL APPLICATION FOR HAZARDOUS WASTE FACILITY PERMIT NUMBER HW-056(D)

Trane Technologies-Sylvania Remediation Sylvania Georgia

Trane Technologies Company LLC—Operator

Koyo Bearings North America—Owner

Volume I General

AEM Project No. 1162-1802

April 25, 2019

Prepared For:

Trane Technologies Company LLC 800-E Beaty Street Davidson, North Carolina 28036

Prepared By:



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LIST OF ACRONYMS

ACL Alternate Concentration Limit

AEM Atlanta Environmental Management, Inc.

AMSL Above Mean Sea Level
ANOVA Analysis of Variance

B-K Brainard-Kilman

BTOC Below Top of Casing

CAP Corrective Action Plan

CCSI Concentrated Cyanide Surface Impoundment

cm/sec Centimeters per Second

CSI Cyanide Surface Impoundments (includes both the CCSI and DCSI)

CSRA Central Savannah River Area

1,1-DCA1,1-Dichloroethane1,1-DCE1,1-Dichloroethene

DCSI Dilute Cyanide Surface Impoundment

DSI Drillers Services, Inc.

DVE Dual-Phase Vacuum Extraction

E&R Emergency and Retention

EPA U.S. Environmental Protection Agency

EPD Environmental Protection Division

ft bls Feet Below Land Surface

FEMA Federal Emergency Management Agency

GGS Georgia Geologic Survey

gpm Gallons per Minute

GPS Groundwater Protection Standard

HWMF Hazardous Waste Management Facility

i Hydraulic Gradient

Ingersoll Rand Company

Koyo Koyo Bearings North America

MDL Method Detection Limit
mg/L Milligrams per Liter

MSL Mean Sea Level

OSHA Occupational Safety and Health Act



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PDB Passive Diffusion Bag
POC Point of Compliance

POTW Publicly Owned Treatment Works

ppm Parts per MillionPVC Polyvinyl Chloride

QA/QC Quality Assurance/Quality Control

RCRA Resource Conservation and Recovery Act

RFA RCRA Facility Assessment
RFI RCRA Facility Investigation

SGP Sylvania Georgia Plant

SOPQAM U.S. EPA Environmental Investigations Standard Operating Procedures

and Quality Assurance Manual (1988, revised 1996 and November 2001)

SVOC Semi-Volatile Organic Compound
SWMU Solid Waste Management Unit

1,1,1-TCA 1,1,1-Trichloroethane

TCE Trichloroethene

TCFM Trichlorofluoromethane
Timken US Corporation
Torrington The Torrington Company

TSDF Treatment, Storage, and Disposal Facility

TTO Total Toxic Organicμg/L Micrograms per LiterUSGS U.S. Geological Survey

UST Underground Storage TankVOC Volatile Organic Compound

Vs Seepage Velocity

WWTS Wastewater Treatment System



PART A APPLICATION





Richard E. Dunn, Director

Land Protection Branch 2 Martin Luther King, Jr. Drive Suite 1054, East Tower Atlanta, Georgia 30334 404-656-7802

HAZARDOUS WASTE PERMIT PART A FORM

EPA ID Number G A D 0 6 5 3 4 4 3 0 1 Revision Number 1					er 1			
. Facility Name								
	Trane Technologies	Compa	ny LLC					
2. Reaso	n for Submittal		3. Fac	cility Existence Date (mm/dd/yyyy)			
, [First-Time Applicant			9 / 1 5	/ 1 9 7	4		
	Modification (Check one) ☐ Class 1 not requiring a ☐ Class 1 requiring appr ☐ Class 2 ☐ Class 3	4. Facility Status (Check all that apply) ☐ Operating TSD ☐ Post-Closure						
	Renewal]	HSWA Corrective	Action			
5. Facilit	y Location Address							
	Street Address 400 Friend	Iship Roa	d					
	City, Town, or Village Sylva	ania			County Sc	creven		
	State Georgia	Country	United S	tates	Zip Code 3	0467		
	Latitude 324529			Longitude 0813	703			
5. Facilit	y Mailing Address				\checkmark	Same as Location	n Address	
	Street Address							
	City, Town, or Village							
	State	Country			Zip Code			
7. Facilit	Facility Land Type							
	Private N	1 unicipal	O Cor	unty O	State O	Federal O	Other	
3. Facili	. Facility Permit Contact							
	First Name Michael		МІ		Last Name G	oldstein		
	Title Global Remediatio	n and Tra	ansaction I	Manager				
	Phone (704) 990-3250		Fax		Email Michael.G	oldstein@tranetechr	ologies.com	

9. Facili	9. Facility Permit Contact Mailing Address Same as Location Addres								
	Street Address 800-E Beaty Street								
	City, Town, or Village David	son							
	State North Carolina Country United States Zip Code 28036								
10. Lega	0. Legal Owner and Operator of the Facility (Please use comment section if more than one owner/operator)								
A. Nam	e of Facility's Legal Owner					Same as Location Address			
	Koyo Bearings North America					me Owner (mm/dd/yyyy) 3 1 / 2 0 0 9			
	Are there any previous owners	of this Faci	lity? If yes, pl	ease list in an attachi	ment.	Yes			
	Owner Type Private O Municipal O County O State O Federal O Other								
	Street Address 29570 Cler	mons Ro	ad						
	City, Town, or Village West	Lake							
	State Ohio		Country U	Inited States	Zip Code 4	4145			
	Phone (864)770-2320		Fax		Email				
	Comments	111							
B. Name	e of Facility's Legal Operator				Sa	me as Facility's Legal Owner			
	Full Name Trane Tec	chnolo	gies Co	ompany LLC	Date Beca	me Operator (mm/dd/yyyy)			
	Are there any previous operate	ors of this F	acility? If yes,	please list in an attac	chment. (Yes No			
	Operator Type Private M	unicipal	Cou	unty O S	tate 🔘	Federal Other			
	Street Address 800-E Beaty	/ Street							
	City, Town, or Village David								
	State North Carolina		Country	Inited States	Zip Code 2	8036			
	Phone (704) 990-3250		Fax		Email michae	el.goldstein@tranetechnologies.com			
	Comments				,				
11. Nort	th American Industry Classification	on System (NAICS) Code(s) for the Facility (at I	east 5-digit co	des)			
	A. (Primary) 332991			C.					
	В.			D.					

12. Nature of Business

Manufacture of drawn-cup needle bearings, precision pins, rolls, and shafts for the automotive							
and industrial markets.							

13. Other Environmental Permits

A. Permit Type		B. Permit Number									r				C. Description	
S	3	5	6	2	2	5	1	0	0	0	4	S	0	3	0	Air Quality Permit
S	G	A	Р	0	5	0	3	2	2							Wastewater POTW Permit
S	G	A	R	0	5	0	0	0								Storm Water Permit
S	0	6	3													Underground Injection Control Permit
										-						

14. Process Information

Lii	ne	A. Process Code			B. Process De	esign Capacity	C. Process Total		
N	0.		(1) Amount	(2) Unit of Measure	Number of Units	D. Unit Name			
	1	D	8	3	0.75	Α	1	Closed Surface Impoundment(Retention Basin)	
	2	D	8	3	0.75	Α	1	Closed Surface Impoundment (Emergency Basin)	
	3	D	8	3	0.75	А	1	Closed Surface Impoundment (Concentrated Cyanide Impoundment)	
	4	D	8	3	0.75	А	1	Closed Surface Impoundment (Concentrated Cyanide Impoundment)	

15. Description of Hazardous Wastes

		A.	EPA F	lazard	ous	B. Estimated C. Unit		f D. Processes								
Line	No.		Wast	e Code		Annual Qty of Waste	Measure			(1	L) Pro	ocess	Code	s		(2) Process Description (if code is not entered in 15.D1)
	1	F	0	0	6	Unknown	А	D	8	3						
	2	F	0	0	6	Unknown	Α	D	8	3						

16. Closed Hazardous Waste Management Units (Do not include current Post-Closure Units)

Unit Name	Dates o	of Ope	ration	Date of Clean Closure Certification	Date of Clean Closure Equivalency Demonstration
		to			

17. Map

Attach to this application a topographical map, or other equivalent 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 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 this map area. Include drinking water wells listed in public records or otherwise known to the applicant within ¼ mile of the facility property boundary. USGS 7.5-minute series topographic or orthophotographic maps are available for all areas of the state.

18. Facility Drawing

All existing facilities must include a scale drawing of the facility showing the location of all past, present, and proposed treatment, storage, and disposal areas, including but not limited to solid waste management units and areas of concern.

19. Photographs

All existing facilities must include dated 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. Use the process codes listed in item 14 to indicate the location of all storage, treatment, and disposal areas.

20. List of Affected Governments

Full Name Screven Count	y Commission	Title							
Street Address 216 Mims Road, #100									
City, Town, or Village Sylva	nia								
County Screven	State Georgia		Zip Code 30467						
Full Name City of Sylvania	a	Title	Title						
Street Address 104 South Main Street									
City, Town, or Village Sylvania									
County Screven	State Georgia		Zip Code 30467						
Full Name Sylvania Fire D	epartment	Title							
Street Address 216 Mims Road									
City, Town, or Village Sylvania									
County Screven	State Georgia		Zip Code 30467						

21. Comments (include item number for each comment)

Section 10, A Attachment A-1 lists the previous owners of the facility.
Section 15, B The total amount of contaminated soil being closed in place cannot be
estimated for either RCRA unit. Thus, the amount is designated as unknown. Both units
were non-clean closed surface impoundments closed as landfills.
Section 17 Figure A-1 shows the site and an area extending one-mile beyond the property
boundaries of the facility. Attachment A-2 presents the updated well survey from April 2017.
Section 18 Figure A-2 shows a scaled drawing of the facility.
Section 19 Figure A-3 shows an aerial photo of the facility.
Section 20 Additional Government Agency
Screven County Fire Department
618 Frontage Road West
Sylvania, Georgia
30467

22. Certification 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 information submitted 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 fines and imprisonment for knowing violations. Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40CFR 270.10(b) and 270.11).

Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)					
Printed Name (First, Middle Initial, Last)	Title					
Email						
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy) 08/06/2020					
Printed Name (First, Middle Initial, Last) Michael Goldstein	Title Global Remediation and Transaction Manager					
Michael.Goldstein@tranetechnologies.com						

21. Comments (include item number for each comment)

Section 10, A Attachment A-1 lists the previous owners of the facility.
Section 15, B The total amount of contaminated soil being closed in place cannot be
estimated for either RCRA unit. Thus, the amount is designated as unknown. Both units
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Section 18 Figure A-2 shows a scaled drawing of the facility.
Section 19 Figure A-3 shows an aerial photo of the facility.
Section 20 Additional Government Agency
Screven County Fire Department
618 Frontage Road West
Sylvania, Georgia 30467
The Part A Form was prepared by Ingersoll Rand as the operator of the remediation. Koyo
is signing the Part A Form as the owner, but did not prepare the Part A Form.

22. Certification 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 information submitted 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 fines and imprisonment for knowing violations. Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40CFR 270.10(b) and 270.11).

Signature of legal owner, operator or authorized representative You head The Head Printed Name (First, Middle Initial, Last) Michael H. Hobbs	Date (mm/dd/yyyy) 4 22 20 19 Title General Manager-Mainelnance, Environmental, Safety, & Health							
mike.hobbs@jtekt.com								
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)							
Printed Name (First, Middle Initial, Last) Michael Goldstein	Title Global Remediation and Transaction Manager							
michael.goldstein@irco.com								