



Joseph E. Kernan
Governor

Lori F. Kaplan
Commissioner

August 13, 2004

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

TO: Interested Parties / Applicant
RE: MTI-DynAmerica / 035-19734-00042
FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision – Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office of Environmental Adjudication, 100 North Senate Avenue, Government Center North, Room 1049, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures
FNPER-AM.dot 9/16/03

August 13, 2004

Mr. Scott A. Melton
MTI-DynAmerica
401 South Blaine Street
Muncie, Indiana 47302

Re: 035-19734-00042
First Administrative Amendment to
FESOP F035-12644-00042

Dear Mr. Melton:

MTI-DynAmerica was issued a FESOP permit on February 27, 2001 for a stationary metal seat belt manufacturing and coating source.. A letter requesting a change in Authorized Individual and a change in the source address was received on July 20, 2004. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

A.1 General Information [326 IAC 2-8-3(b)]

The Permittee owns and operates a stationary metal seat belt manufacturing and coating source.

Authorized individual:	Dennis Oakes Scott A. Melton
Source Address:	1210 East Seymour Street, Muncie, Indiana 47307 401 South Blaine Street, Muncie, Indiana 47302
Mailing Address:	401 South Blaine Street, Muncie, Indiana 47302
SIC Code:	3479
Source Location:	Delaware
County Status:	Attainment for all criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD Rules; Minor Source, Section 112 of the Clean Air Act

Mr.Scott Melton replaces Mr Dennis Oakes as the Authorized Individual. Mr. Melton is the Finishing Operations Manager and meets the requirements of 326 IAC 2-1.1-1(1) as an Authorized Individual.

The source address was changed due to location of the main office. This did not constitute a relocation since it is still in the same building only facing a different street. The building is in an "L" shape. No changes were made to the actual operation of the source.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

MTI-DynAmerica
Muncie, Indiana

Page 2 of 2
035-19734-00042

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension (3-5334), or dial (317) 233-5334.

Sincerely,
Original signed by

Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Updated Pages
PD/gkf

cc: File -Delaware County
Delaware County Health Department
Air Compliance Section Inspector - Marc Goldman
Compliance Data Section
Billing, Licensing and Training Section - Chet Bohannon
Permit Review Section 1 - Gary Freeman

**FEDERALLY ENFORCEABLE STATE
OPERATING PERMIT (FESOP)
OFFICE OF AIR QUALITY**

**MTI-DynAmerica
401 South Blaine Street
Muncie, Indiana 47302**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F 035-12644-00042	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: February 27, 2001 Expiration Date: February 27, 2006

First Administrative Amendment:035-19734-00042 Pages Affected: 4, 26, 27, 28, 29, 30, 31 and 32	
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: August 13, 2004

SECTION A

SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ). The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

A.1 General Information [326 IAC 2-8-3(b)]

The Permittee owns and operates a stationary metal seat belt manufacturing and coating source.

Authorized individual:	Scott A. Melton
Source Address:	401 South Blaine Street, Muncie, Indiana 47302
Mailing Address:	401 South Blaine Street, Muncie, Indiana 47302
SIC Code:	3479
Source Location:	Delaware
County Status:	Attainment for all criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP)
Minor Source, under PSD Rules;	
Minor Source, Section 112 of the Clean Air Act	

A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-8-3(c)(3)]

This stationary source consists of the following emission units and pollution control devices:

- (a) One (1) dip coating line, identified as Coating Line #1, exhausting to Stack S-1, capacity: 66,720 pieces of various metal parts per hour and 21.3 pounds of various coatings per hour.
- (b) One (1) dip coating line, identified as Coating Line #2, exhausting to Stack S-4, capacity: 66,720 pieces of various metal parts per hour and 21.3 pounds of various coatings per hour.

A.3 Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-8-3(c)(3)(I)]

This stationary source also includes the following insignificant activities, as defined in 326 IAC 2-7-1(21):

Natural gas-fired combustion sources with heat input equal to or less than ten (10) million Btu per hour:

- (a) One (1) curing oven, identified as Oven #1, firing natural gas, exhausting to Stacks S-2 and S-3, capacity: 1.2 million British thermal units per hour.
- (b) One (1) curing oven, identified as Oven #2, firing natural gas, exhausting to Stacks S-5 and S-6, capacity: 1.2 million British thermal units per hour.

A.4 FESOP Applicability [326 IAC 2-8-2]

This stationary source, otherwise required to have a Part 70 permit as described in 326 IAC 2-7-2(a), has applied to the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ) for a Federally Enforceable State Operating Permit (FESOP).

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: MTI-DynAmerica
Source Address: 401 South Blaine Street, Muncie, Indiana 47302
Mailing Address: 401 South Blaine Street, Muncie, Indiana 47302
FESOP No.: F 035-12644-00042

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- Annual Compliance Certification Letter
- Test Result (specify) _____
- Report (specify) _____
- Notification (specify) _____
- Affidavit (specify) _____
- Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY OCCURRENCE REPORT**

Source Name: MTI-DynAmerica
Source Address: 401 South Blaine Street, Muncie, Indiana 47302
Mailing Address: 401 South Blaine Street, Muncie, Indiana 47302
FESOP No.: F 035-12644-00042

This form consists of 2 pages

Page 1 of 2

☛ This is an emergency as defined in 326 IAC 2-7-1(12)
☐The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
☐The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: MTI-DynAmerica
Source Address: 401 South Blaine Street, Muncie, Indiana 47302
Mailing Address: 401 South Blaine Street, Muncie, Indiana 47302
FESOP No.: F 035-12644-00042
Facility: The two (2) dip coating lines, identified as Coating Lines #1 and #2
Parameter: VOC delivered to the dip tanks, including coatings, dilution solvents, and cleaning solvents
Limit: Less than 99.9 tons per twelve (12) consecutive month period, total

YEAR: _____

Month	VOC (tons)	VOC (tons)	VOC (tons)
	This Month	Previous 11 Months	12 Month Total

- 9 No deviation occurred in this quarter.
- 9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Submitted by: _____

Title / Position: _____

Signature: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: MTI-DynAmerica
Source Address: 401 South Blaine Street, Muncie, Indiana 47302
Mailing Address: 401 South Blaine Street, Muncie, Indiana 47302
FESOP No.: F 035-12644-00042
Facility: The two (2) dip coating lines, identified as Coating Lines #1 and #2
Parameter: Single and combination of HAPs delivered to the dip tanks, including coatings, dilution solvents, and cleaning solvents
Limit: Single HAP less than 9.98 and combination of HAPs less than 24.9 tons per twelve (12) consecutive month period, total

YEAR: _____

Month	Single HAP (tons)	Combination of HAPs (tons)	Single HAP (tons)	Combination of HAPs (tons)	Single HAP (tons)	Combination of HAPs (tons)
	This Month	This Month	Previous 11 Months	Previous 11 Months	12 Month Total	12 Month Total

- 9 No deviation occurred in this quarter.
- 9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.

**OFFICE OF AIR QUALITY
 COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
 QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: MTI-DynAmerica
 Source Address: 401 South Blaine Street, Muncie, Indiana 47302
 Mailing Address: 401 South Blaine Street, Muncie, Indiana 47302
 FESOP No.: F 035-12644-00042

Months: _____ to _____ Year: _____

<p>This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".</p>	
<p><input type="radio"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input type="radio"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p>Permit Requirement (specify permit condition #)</p>	
<p>Date of Deviation:</p>	<p>Duration of Deviation:</p>
<p>Number of Deviations:</p>	
<p>Probable Cause of Deviation:</p>	
<p>Response Steps Taken:</p>	
<p>Permit Requirement (specify permit condition #)</p>	
<p>Date of Deviation:</p>	<p>Duration of Deviation:</p>
<p>Number of Deviations:</p>	
<p>Probable Cause of Deviation:</p>	
<p>Response Steps Taken:</p>	

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

- 9 No deviation occurred in this quarter.
- 9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.