



OAG files Cass Co. KJR/JAC file
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

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

61-50smg/ksl

March 15, 2002

VIA CERTIFIED MAIL 7000 0600 0026 8596-7206

Mr. Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
P.O. Box 7008
Logansport, IN. 46947-7008

RE: Referral to Office of Enforcement
Permit No. F017-7074-00022
Quarterly Reporting

Dear Mr. Ken Schnettler:

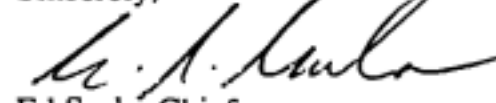
A review of quarterly report submittals was completed by the Office of Air Quality. This review showed that Matthew-Warren Inc. had submitted late quarterly reports for the 1st, 2nd & 3rd quarters of 2001, which are violations of your permit condition D.1.7.

These reports were due before the last day of the month following the end of each quarter. You were previously issued warning letters for the violations by certified mail on May 22, 2001 and Sept. 10, 2001.

This is to inform you that I have requested the Office of Enforcement to pursue legal action for the above mentioned violations. If legal action is initiated, a formal Notice of Violation will be issued informing you on how to proceed in resolving this matter.

If you have any questions regarding this matter, please contact Ms. Shiela Gonzales at the above address or by phone at 317-232-0674 or Marc Goldman at 317-233-6869.

Sincerely,


Ed Surla, Chief
Compliance Data Section
Office of Air Quality

ESS:smg

Cc: David McIver – Office of Enforcement
Marc Goldman – Air Compliance Section I
Cass County Health Department
Cass County General File

**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY**

OFFICE MEMORANDUM

TO: Jay Patterson

DATE: 03/01/02

FROM: E. Surla *ES*

THRU: P. Perry *PPS*

SUBJ: Matthew-Warren Inc., Logansport
F017-7074-00022
Late Quarterly Reports

We plan to initiate enforcement action against the subject source for violations of 326 IAC 2-8-4(3)(C), specifically involving the permit quarterly reporting requirement.

Violation letters have been issued on 5/22/01 for the late 4Q00 report and 9/10/01 for the late 2Q01 report. The 4Q00 report has not been received to date and the 2Q01 report was finally received on 11/30/01 which was well beyond the 10/10/01 deadline stated on the second violation letter (VL2).

In accordance with the June 2001 Compliance Referral Guideline's procedure no. 3, "an enforcement referral will be requested for non-responders to the VL2 or for a report received beyond the VL2 deadline".

Let me know if you or your staff have any recommendations or find any problems regarding this referral.

NOTE: Please reply on this form and return to E. Surla.

Recommendations:

I have no objection

By: *Mark Golden*

Date: *3-6-02* *HC 3/6*

1. 1000 - 1000

1. 1000 - 1000

1. 1000 - 1000



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Sept. 10, 2001

61-50smg
Cert. No. 7000 0600 0026 8598 9994
Mr. Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

Re: 1st Violation Letter
Source ID No. 017 F7074 00022
Quarterly Reports for 2nd Qtr of 2001

Dear Mr. Schnettler:

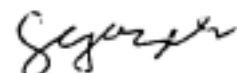
The Office of Air Quality has recently completed a review of the 2001 Quarterly Report database. This review determined the quarterly reports that have not been submitted for the 2nd qtr of 2001. Our records indicate that your company has not submitted the above mentioned reports.

As stated in Section C, General Reporting Requirements, this report shall be submitted within thirty (30) days after the end of the reporting period. Please submit these reports within thirty (30) days from the date of this letter. Failure to submit these reports will result in a referral to the Office of the Enforcement. Reports should be sent to the following address:

Indiana Department of Environmental Management
Compliance Data Section, Office of Air Quality
100 North Senate Avenue, P.O.Box 6015
Indianapolis, IN. 46206-6015

If you believe that this letter has been sent in error and have records which show these reports were submitted on or before the due date, please send a copy of the mail receipt with the copy of the reports to the attention of Shiela Gonzales. Should you have any questions regarding this letter, please contact me at 317-232-0674. Thank you for your prompt attention to this matter.

Sincerely,


Shiela M. Gonzales
Compliance Data Section

CC: Marc Goldman
Cass County General File
Cass County Board of Health

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

61-50 smg 9994
Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

4a. Article Number

9994-0000-0000-8888-9994

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

DEC 15 1994

5. Received By: (Print Name)

[Signature]

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 8598 9994

Box 6015
Indpls, IN
46206-6015

Postage	\$ 34
Certified Fee	210
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	394

Postmark
Here

Tot 61-50 smg 9994

Recd Ken Schnettler
Street Matthew-Warren Inc.
500 E. Ottawa Street
City Logansport, IN 46947

PS Form 3800, February 2000 See Reverse for Instructions



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61-50smg
Cert. No. 7000 0600 0026 8289 7438
Mr. Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

02 July 2001

Re: Violation letter
Source ID No. 017-F7074-00022
Quarterly Reports for 1st Qtr of 2001

Dear Mr. Schnettler:

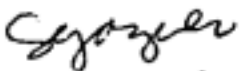
The Office of Air Quality has recently completed a review of the 2001 Quarterly Report database. This review determined the quarterly reports that have not been submitted for the 1st qtr of 2001. Our records indicate that your company has not submitted the above mentioned reports.

As stated in Section C, General Reporting Requirements, this report shall be submitted within thirty (30) days after the end of the reporting period. Please submit these reports within thirty (30) days from the date of this letter. Failure to submit these reports will result in a referral to the Office of the Enforcement. Reports should be sent to the following address:

Indiana Department of Environmental Management
Compliance Data Section, Office of Air Quality
100 North Senate Avenue, P.O.Box 6015
Indianapolis, IN 46206-6015

If you believe that this letter has been sent in error and have records which show these reports were submitted on or before the due date, please send a copy of the mail receipt with the copy of the reports to the attention of Shiela Gonzales. Should you have any questions regarding this letter, please contact me at 317/232-0674. Thank you for your prompt attention to this matter.

Sincerely,


Shiela M. Gonzales
Compliance Data Section

CC: Ryan Hillman
Cass County General File
Cass County Board of Health

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

61-50 smg
Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

7438

4a. Article Number

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

7-9-01

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

x *Ken Schnettler*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7438 6289 0026 0000 0600 0000

Indpls, IN
46206-6015

Postage	\$.34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total	3.94

Postmark
Here

61-50 smg
Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

PS Form

Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

61-50 smg
Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

7438

4a. Article Number

4b. Service Type

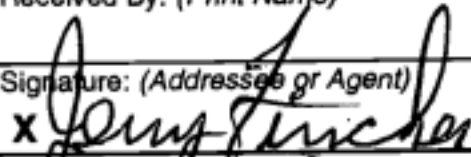
- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

7-9-01

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-8-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.



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61-50smg
Cert. No. 7000 0600 0026 8289 6332
Mr. Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

22 May 2001

Re: Violation Letter
Source ID No. 017-F7074-00022
Quarterly Reports for 4th Qtr of 2000

Dear Mr. Schnettler:

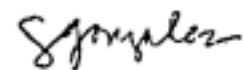
The Office of Air Quality has recently completed a review of the 2000 Quarterly Report database. This review determined the quarterly reports that have not been submitted for the 4th qtr of 2000. Our records indicate that your company has not submitted the above mentioned reports.

As stated in Section C, General Reporting Requirements, this report shall be submitted within thirty (30) days after the end of the reporting period. Please submit these reports within thirty (30) days from the date of this letter. Failure to submit these reports will result in a referral to the office of Enforcement. Reports should be sent to the following address:

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Indianapolis, In 46206-6015

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Sincerely,


Shiela M. Gonzales
Compliance Data Section

CC: Ryan Hillman
Cass County General File
Cass County Board of Health

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

61-50 igb
Ken Schnettler
Matthew-Warren Inc.
500 E. Ottawa Street
Logansport, IN 46947

6332

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

46206-6015

Postage	\$ 34
Certified Fee	140
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	374
Total	

Postmark
Here

Rec'd 61-50 igb 6332
Snee Ken Schnettler
City Matthew-Warren Inc.
500 E. Ottawa Street
PS Form 3811, July 1999 Logansport, IN 46947

Instruc

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

61-53 ksl/MDG 7000 0600 0026 8596 7206
MR. KEN SCHNETTLER
MATTHEW-WARREN, INC.
500 E. OTTAWA STREET
P.O. BOX 7008
LOGANSPOUT, IN 46947-7008

4a. Article Number

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

3-18-02

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.

Return Receipt