



Matthew-Warren Spring Division

500 E. Ottawa Street
P.O. Box 7008
Logansport, IN 46947
Tel: 574.722.8200
Fax: 574.722.8241

January 11, 2015

Indiana Department of Environmental Management
Office of Air Management
Compliance Data Section
100 N. Senate Ave.
Indianapolis, In. 42606-6015



To Whom It May Concern:

Enclosed, please find the Quarterly Compliance Monitoring Report for Matthew - Warren Inc., Operation Permit Number F017-26357-00022.

Please note, I have substituted the signature page with a different sheet. The original signature page was lost in December of 2011 and I have no copies. If this is not acceptable, please send me a new signature page for my permit.

If you have any questions or if I can be of any further assistance, please call at 574-722-8232.

Yours truly,

A handwritten signature in black ink, appearing to read "Kenneth J. Schnettler". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kenneth J. Schnettler
Manufacturing Engineering Manager



Matthew-Warren Spring Division

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January 11, 2016

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 fine and imprisonment for knowing violations.

Scot Schafer
Plant Manager

A handwritten signature in black ink, appearing to read "Scot Schafer", written in a cursive style.

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

FESOP Quarterly Report

Source Name: Matthew-Warren, Inc.
 Source Address: Plant #1 and Plant #3 - 500 E. Ottawa St., Logansport, Indiana 46947
 Plant #2 - 300 E. Miami Ave., Logansport, Indiana 46947
 Plant #5 - 801 Bates St., Logansport, IN 46947
 Plant #6 - 131 Godfrey St., Logansport, IN 46947
 Mailing Address: P.O. Box 7008, Logansport, IN 46947
 FESOP Permit No.: F 017-26357-00022
 Facility: Surface coating operations (identified as SCP101, SCP102, SCP103, SCP201, and SCP301)
 Parameter: Single and Combined Hazardous Air Pollutants (HAPs)
 Limit: The total input usage of any single HAP, and total HAPs delivered to the applicators in the surface coating operations (identified as SCP101, SCP102, SCP103, SCP201, and SCP301) and during clean-up shall be limited to less than 9.7 and 24.7 tons per twelve (12) consecutive month period with compliance determined at the end of each month, respectively.

YEAR: 2015

Month	Total Usage This Month (tons)		Total Usage Previous 11 Months (tons)		Total Usage 12 Months (tons)	
	Single HAP	Combined HAPs	Single HAP	Combined HAPs	Single HAP	Combined HAPs
Month 1 <i>OCT</i>	<i>.001</i>	<i>.001</i>	<i>.009</i>	<i>.009</i>	<i>.01</i>	<i>.01</i>
Month 2 <i>NOV</i>	<i>.0005</i>	<i>.0005</i>	<i>.009</i>	<i>.009</i>	<i>.0095</i>	<i>.0095</i>
Month 3 <i>DEC</i>	<i>.001</i>	<i>.001</i>	<i>.0085</i>	<i>.0085</i>	<i>.0095</i>	<i>.0095</i>

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: *Kenneth J. Schmettler*
 Title / Position: *MFG. ENG*
 Signature: *[Signature]*
 Date: *11/11/15*
 Phone: *574-722-8232*

Attach a signed certification to complete this report.

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

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

Source Name: Matthew-Warren Incorporated
Source Address: 500 E. Ottawa Street, Logansport, Indiana 46974
Mailing Address: P. O. Box 7008, Logansport, Indiana 46974
FESOP No.: F017-16766-00022

Months: Oct to Dec Year: 2015

Page 1 of 2

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".	
<input checked="" type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.	
<input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD	
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:	
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:	

Form Completed By: Kenneth J. Schnettler
Title/Position: MFG. ENG.
Date: 1/11/16
Phone: 574-722-8232

Attach a signed certification to complete this report.



Matthew-Warren Spring Division

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Logansport, IN 46947

INDIANAPOLIS
IN 460
15 JAN '16
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