

From: [Amanda Dant](#)
To: [IDEM OAQ Annual Compliance Certifications](#)
Cc: [Goode, Nathan \(AUM\)](#)
Subject: Aisin USA Manufacturing Inc: RY2023 Annual Compliance Certification
Date: Friday, June 7, 2024 2:07:11 PM
Attachments: [Aisin USA Manufacturing Annual Compliance Certification RY2023.pdf](#)

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Good Afternoon,

On behalf of Aisin USA Manufacturing, Inc. (071-00017), Cornerstone respectfully submits the RY 2023 Annual Compliance Certification.

If you have questions or comments concerning this submittal, please contact myself or Nathan Goode, copied on this submittal.

Thank You,
Amanda Dant
Environmental Specialist
(812) 569-3123
adant@corner-enviro.com

Cornerstone Environmental, Health and Safety
cornerstone-ehs.com

CONFIDENTIALITY NOTICE: This email is confidential and may be protected by legal privilege. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of this email is prohibited. If you have received this email in error, please notify us immediately and delete any and all copies. Thank you.



June 7, 2024

Indiana Department of Environmental Management
Compliance and Enforcement Branch
Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, IN 46204-2251

Re: **Annual Compliance Certification RY 2023**
Aisin U.S.A. Manufacturing, Inc.
1700 East 4th Street
Seymour, IN 47274

Dear Sir/Madam:

Cornerstone Environmental, Health and Safety, Inc. is contracted to assist Aisin U.S.A. Manufacturing, Inc. in the reporting requirements contained in their Title V Operating Permit (TVOP) #46083. Enclosed, please find the Annual Compliance Certification for RY 2023.

If you have questions or comments, please do not hesitate to contact me directly at (812) 569-3123 or adant@corner-enviro.com.

Best regards,

A handwritten signature in black ink that reads "Amanda Dant". The signature is written in a cursive, flowing style.

Amanda Dant
Environmental Specialist

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH**

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

Source Name: AISIN U.S.A. Manufacturing, Inc.
Source Address: 1700 E 4th Street, Seymour, Indiana 47274
FESOP Permit No.: F071-43144-00017

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: Nathan Goode

Title/Position: Unit Manager- Safety and Environmental

Date: 6/7/24

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR QUALITY
 COMPLIANCE BRANCH
 100 North Senate Avenue
 MC 61-53 IGCN 1003
 Indianapolis, IN 46204-2251

SAMPLE

PART 70 / FESOP PERMIT- ANNUAL COMPLIANCE CERTIFICATION

This form can be used to satisfy the annual compliance certification requirements for Part 70 sources under 326 IAC 2-7-5, 326 IAC 2-7-6(5)(C) and FESOP sources under 326 IAC 2-8-5(a)(1)(C).

SOURCE INFORMATION				
(1) Source name:	Aisin U.S.A. Manufacturing, Inc.			
(2) Source address:	1700 East 4th Street			
(3) City:	Seymour	(4) State:	IN	(5) Zip code: 47274
(6) Mailing address: (if different from above)				
(7) Mailing City:		(8) Mailing State:		(9) Mailing Zip code:
(10) Permit numbers:	071-43144-00017, 071-46083-00017	(11) Reporting Period:	January 1, 2023- December 21, 2023	
(12) Contact person:	Nathan Goode	(13) Email Address:	n-goode@aisinusa.com	
(14) Phone number:	(812) 523-1969 x11007	(15) Fax number:		
(16) Comments:				

SOURCE COMPLIANCE INFORMATION	
(17) CHECK THE BOX NEXT TO EITHER (A) OR (B) BELOW. (The terms "continuous compliance" and "intermittent compliance" are defined on the Definitions page).	
(A) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit.	X
(B) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit, except for the terms and conditions listed in the following table for which the source reported intermittent compliance.	
IMPORTANT: If you select option (B), you must complete the following table in which you list any permit terms for which compliance was intermittent during the permit for the reporting period covered by this Compliance Certification.	

Title V / FESOP Annual Compliance Certification Review Sheet

To: IDEM Virtual File Cabinet	Through: Supervisor	Mark A. Amick	ACES ID:	298222
-------------------------------	---------------------	---------------	----------	--------

Source Information			
Source Name:	AISIN U.S.A. Manufacturing, Inc	Plant ID:	071-00017
Permit Number(s):	43144, 46083	County:	Jackson
Certification Year:	2023	Date ACC postmarked:	6/7/2024
Reviewer:	Hunt, Jeremiah V	Date compliance review started:	6/18/2024

Compliance Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was the ACC submitted late?
		If submitted late, what action will be taken? <input type="checkbox"/> Violation Letter <input type="checkbox"/> Enforcement Action Letter <input type="checkbox"/> Other:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any deviations in the ACC?
		If yes, has OAQ already addressed the identified deviations? If so, what actions were taken, including the date the action was taken (e.g., VL; EAL, other)?
		If no action was previously taken by OAQ, what action will be taken to follow-up (e.g., VL; EAL, other)?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did you identify any violations not reported in the ACC?
		If yes, describe the violation(s):
		What action has been/will be taken to address the violation(s) (e.g., VL; EAL, other)?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was a revised ACC required to be submitted?
		Date(s) the source submitted the revised ACC:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any emergencies in the ACC?
		If yes, does the reported emergency qualify as an emergency under 326 IAC 2-7-1(12)? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If the reported emergency does not qualify as an emergency under 326 IAC 2-7-1(12), or relevant federal regulation, what action has been/will be taken?
6/19/2024		Date compliance review completed
		Additional comments: