



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.state.in.us/idem

61-50tsd

Certified No. Z 376 768 631

November 12, 1999

Robert Elliott

Arvin Exhaust, OEM, a division of Arvin industries, Incorporated
1001 Hurricane Street
Franklin, Indiana 46131

Re: Warning Letter

Source ID No. 081-00020-7483

081-00020

Quarterly deviation Report

Any deviations

Dear Mr. Elliott:

Compliance Data Section recently completed review of the 1999 quarterly report database. This review showed that your companies 2nd Quarter, quarterly reports were postmarked after the due date of July 30th.

Please note that these reports are due before the last day of the month following the end of each period which begins with January and ends with December. Your company has violated IC 13-30-4-1 for failure to submit these reports by the deadline. Failure to submit these reports on time, may result in a referral to the Office of Enforcement. Reports should be sent to the following address:

Compliance Data Section
Office of Air Management
Indiana Department of Environmental Management
100 North Senate Avenue, Post Office Box 6015
Indianapolis, Indiana 46206-6015

If you believe this letter has been sent in error and have records which show these reports were submitted before deadline, please send a copy of the mail receipt to the attention of Ms. Teresa Dickey. This letter will then be removed from your file. Should you have any questions regarding this letter, please contact her at the above address or by phone at 317/232-0674. Thank you for your prompt attention to this matter.

Sincerely,

Dave Cline
Senior Environmental Manager
Compliance Data Section

cc: MDG
Johnson County General File
Johnson Board of Health
wl_99.wpd

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:

61-50tsd 081-00020
Mr. Elliott 631
Arvin Exhaust, OEM
1001 Hurricane Street
Franklin, IN 46131

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

11-17-99

5. Received By: (Print Name)

BARBIE BURDINE

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

Return Receipt

Thank you for using Return Receipt Service.

Fold at line over top of envelope to the right of the return address