



ARVIN
ARVIN INDUSTRIES, INC.

EXHAUST SYSTEMS ORIGINAL EQUIPMENT

Franklin Plant: 1001 Hurricane Ave., Franklin, Indiana 46131 (317) 736-7111

AT 081-11156-00020

Indiana Department of Environmental Management
Permits Branch, Office of Air Management
% Lori Kaplan, State Commissioner
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

July 9, 1999

RECEIVED

JUL 14 1999

Dear Lori Kaplan;

State of Indiana
Dept. of Environmental Management
Office of Air Management

Permit # T081-7483-00020

With your permission the Arvin Exhaust, Franklin Plant, would like to request that the name that was submitted on our Title V Permit as the most senior Management person that would be responsible to sign all Attainment Notifications be changed from, Jim Stegemiller, Vice President, GM Business Unit, to Robert Elliott, Facility & Environmental Manager for Arvin Exhaust, Franklin Plant.

Mr. Jim Stegemiller is no longer affiliated with this Facility due to a change in position and therefore would not be able to sign off as needed on these reporting documents.

I, Dave Galle, Vice President, Arvin Exhaust, DaimlerChrysler Business Group, do hereby give Mr. Robert Elliott, the authorization as the most senior responsible person the responsibilities to issue his signature on any document pertaining to our Permit # T081-7483-00020 that would require a Senior Management Signature for the Franklin Plant.

Dave Galle

Dave Galle
Arvin Exhaust
Franklin Plant
1001 North Hurricane St.
Franklin, Indiana 46131

Cc: Steve Scgalski,
Director of Manufacturing DaimlerChrysler Business Group

TKH

3764

CHECK LIST FOR THE
ADMINISTRATIVE ADJUDICATION ACT (AAA)

Company Armer Exhaust OEM ID # ATT 081-11156-00020

County Johnson City Franklin

Draft Public Notice

☐ Permanent County & Company AAA List checked
☐ No list ☐ Date ☐
☐ List attached

1265 Exemption Qualifications, Registrations, SSOA, Interim and Final Permits

☐ Permanent County & Company AAA List checked
☐ No list ☐ Date ☐
☐ List attached

Relocations, Name Change & Transfers, and PART 70, FESOP, SSOA and NSR Amendments

☒ Permanent County & Company AAA List checked
☒ No list ☐ Date ☐
☐ List attached

The following are concerned citizens. All correspondence needs to be sent Via Federal Express/Certified Mail.

7/23/98 jam

BILLING AND REFUND WORKSHEET

Permit Reviewer: RLA

Date: 8/25/99

Filing Fee Bill

Permit Fee Bill

Refund

Tracking and Plant Id Number: AT081-11156-00020

Date Application Received: 7/14/99

Company Name: Arvin Exhaust, Franklin Plant

Responsible Official: Robert Elliott

Mailing Address: 1001 Hurrican Avenue
Franklin, IN 46131

Facility Description:

Credit for filing fee:	Date rec'd: -	receipt #-	\$-	<u>0</u>
Credit for addnl. fees:	Date rec'd: ___/___/___	receipt #	\$	_____
Credit for addnl. fees:	Date rec'd: ___/___/___	receipt #	\$	_____
Total Credit:			\$	<u>0</u>

Permit Reviewer: Please check off applicable fees and total to the right.

approval fees

___ \$ 100 for exemption review or relocation	\$	_____
___ \$ 600 for registration review	\$	_____
___ \$ 500 for Part 70 minor source modification or FESOP minor permit revision	\$	_____
___ \$ 600 for MSOP minor permit revision	\$	_____
___ \$ 3,500 for construction permit review	\$	_____
___ \$ 3,500 for significant source modification or significant permit revision	\$	_____
___ \$ 6,000 for PSD or emissions offset permit review	\$	_____
___ \$ 500 for interim construction permit	\$	_____
___ \$ 3,000 for FESOP Permit Fee	\$	_____
___ \$ 500 for SSOA Permit Fee or General Permit	\$	_____

air quality impact study review

___ \$ 3,500 if applicant does analysis, or	\$	_____
___ times \$6,000 per pollutant if OAM does analysis equals	\$	_____

PSD BACT or LAER review

___ \$ 3,000 for 2 to 5 review analyses, or	\$	_____
___ \$ 6,000 for 6 to 10 review analyses, or	\$	_____
___ \$ 10,000 for 11 or more review analyses	\$	_____

additional fees

___ times \$500 for each NSPS review equals	\$	_____
___ times \$500 for each NESHAP review equals	\$	_____
___ times \$600 for each 326 IAC 8-1-6 BACT review equals	\$	_____
___ \$ 500 for a public hearing	\$	_____

Total Permitting and Filing Fees Applicable \$ 0

Total Permitting and Filing Fees Applicable \$ 0

Total Credit \$ 0

Total Due \$ 0

Total Refund Due: \$ _____

Reason for Refund: _____

Refund to person, company, address: _____

Permit Reviewer _____ Date ___/___/___ Supervisor _____ Date ___/___/___