

INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R8 / 1-22)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management Office of Program Support

MC 64-00, Room IGCN 1316 100 North Senate Avenue Indianapolis, IN 46204-2251 Telephone: (800) 988-7901 FAX: (317) 233-5627

E-mail: esp@idem.IN.gov

Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by **April 1**st of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Membership terms are renewed every four (4) years through submitting your APR. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at esp@idem.IN.gov. Please do not include any confidential business information in your annual performance report. **Public access laws require IDEM to make the APR publicly available**, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at esp@idem.IN.gov or (800) 988-7901.

This form will also be used for ESP members who are also members of the Indiana Partners for Pollution Prevention Program to recertify their membership and reaffirm their commitment to the Partners Pledge.

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SECTION A	FACILITY I	NFORMATION	
Name of facility Uniseal, Inc.			
Name of parent company (if applicable) LG Chem			
Street address (number and street) 1014 Uhlhorn St.	,		
City / State / ZIP code Evansville, IN 47710			
County Vanderburgh			
Website of facility / company			
How many employees (full time equivalents	c) currently work at your facility?		
	CONTACT	INFORMATION	A CONTRACTOR OF THE STATE OF TH
Name of Primary Contact (Mr. / Mrs. / Ms. / Derrick Stratton		Title S/E Director	
Telephone number (812) 425-1361	Mobile phone number (270) 8475542	E-mail address dstratton@lgchem.com	
Mailing address (if different from facility add	lress)		
City / State / ZIP Code			
Name of Secondary Contact (Mr. / Mrs. / Ms Corina Zielinski	s. / Dr.)	Title Environmental Specialist	
Telephone number (812) 425-1361	Mobile phone number (502) 220-9278	E-mail address czielinski@lgchem.com	
Mailing address (if different from facility add	ress)		
City / State / ZIP Code			
	PEPOPTI	ING PERIOD	
Reporting period dates from prior calendar y		ING I ENIOD	
	anno Donort of vour mouth author	10	
1a. Is this the fourth ESP Annual Performa ☐ Yes—If yes, answer question 1b. ☐ No—If no, skip to question 2a.	ance Report of your membership t	term?	
Do you wish to renew your Indiana En Yes—If yes, please answer question No—If no, please answer question	on 2a and complete all sections of	f this annual report.	
2a. Are you a member of the Indiana Parti ■ Yes—If yes, answer question 2b. □ No—If no, skip to the "Change in Ir		tners) Program?	

REPORTING PERIOD (CONTINUED)
2b. Do you wish to recertify your Partners for Pollution Prevention (Partners) Pledge? Yes—If yes, please complete all sections of this annual report.
□ No—If no, please complete all sections of this annual report except for Section F.
CHANGE IN INFORMATION
In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?
☐ Yes—If yes, please describe them:
■ No
SECTION B PUBLIC OUTREACH AND PERFORMANCE REPORTING
Why do we need this information? IDEM needs to know how environmental information was shared with the public. What do you need to d Describe how the facility has shared a plans to share environmental information
Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to
report publicly on its environmental performance. IDEM Website, Customer Surveys/Requests
Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.
☐ Web site (http://www
SECTION C ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT
Why do we need this information? Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001 EMS Lead Auditor at least every What do you need to do Answer the following question
thirty-six (36) months to assess the EMS.
What is the most recent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? 3/7/22-3/9/22
 Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: Kevin Collins, Lead Auditor, ASR
3. Is the date of the most recent EMS assessment performed by an ISO 14001 EMS Lead Auditor within the past thirty-six (36) months?
Yes—If yes, skip to Question 4.
No—If no, please have your ISO 14001 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership:
Yes No Evidence of senior management support, commitment, and approval.
Yes No A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.
Yes No Identification of the environmental aspects at the entity.
Yes No Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.
Yes No Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.
Yes No An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.
Yes No Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.
Yes No Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.
Yes No Documentation of the implementation procedures and the results of implementation.
Yes No Appropriate written EMS procedures.
Yes No An annual evaluation of the EMS with written results provided to senior management and affected employees.
Signature of ISO 14001 EMS Lead Auditor Date (month, day, year)

S	ECTION C ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT CONTINUED
4.	Were any deficiencies found during the most recent EMS assessment?
	Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency:
	■ No
5.	What type of protocol was used to perform the independent EMS assessment? ISO 14001:2015 Certified audit ESP Independent Assessment Protocol Other (please specify):
6.	Is the EMS certified to a recognized standard? Yes—If yes, what standard does the EMS follow (please provide a copy of the most recent certificate)? ISO 14001:2015 Responsible Care EMS Responsible Care 14001
7.	When was the last Senior Management review of your EMS completed?
	Month / Year: 3/24/22 Who headed the review (name and title)? Stephani Catt, President
8.	When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations. All (hazwaste, universal waste, swp3, spcc, etc.) Scope of the compliance audit:
	Month(s) / Year(s): December 2022 Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Facility Staff
9. N/A,	Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans? modified plans to be more comprehensive and align with corporate requests.
10.	Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?
	☐ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s). ☐ No—If no, please explain your plans to correct these instances. ☐ No such instances identified.
Wh !	ADDITIONAL INFORMATION y do we need this information? information will help IDEM to effectively manage the ironmental Stewardship Program. ADDITIONAL INFORMATION What do you need to do? Answer the questions as completely as possible.
1. P2	In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve (12) months.
2. N/A	Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.

3. N/A	lf your facili has ESP be	ty was not registeen instrumental	tered to the ISO 14001 standard print in achieving registration?	rior to becoming an ESP membe	er, has ESP helped you to pursue registration? If so, how
4. Meeting	Are the ESF	P and/or Partner es hard to get to with t	s group meeting your expectations ravel and budget constraints. The virtual option	? Please provide feedback or sugar makes it very easy to be involved without	Uggestions. It getting permission for travel, expenses, etc.
SECT	TION D		ADDI	ITIONAL INFORMATION (CON	TINUED)
5. If	you are a mommitment t	nember of Partne to pollution preve	ers, please reaffirm your facility's o ention (P2).	r organization's pledge to the Pa	artners and provide additional information regarding
Yes	No				
		Ensure e in the fac	mployees are aware of the facility's ility.	s commitment to P2 and unders	tand their role in implementing P2 objectives and goals
		2. Your faci	lity has incorporated P2 planning ir	n the development of new produ	cts, processes, and/or services.
		3. Your faci	lity established a mechanism to mo	onitor waste generation and ider	ntify realistic P2 goals.
		4. Your faci	lity has established a process to lis	sten and respond to stakeholder	concerns.
		5. Your facil Partners,	lity makes available your general w if requested?	vaste reduction and P2 informati	on to members of our community, IDEM, and the
		6. Your facil	ity has participated in or conducted	d outreach activities that include	details of your P2 efforts; please specify:
		7. Your facil	ity has participated in two or more	Partners meetings in the last ye	ar.
			ity supported the annual Pollution		de Show.
		Please check	all that apply:		endees from your facility
Why Facilit initiati	ties need to ive that was	I this information share the result pursued during program reduct	on? s of the environmental improveme the reporting period. IDEM needs	to complete this the initiativ	What do you need to do? erence Section F for "Category" and "Indicator" options to section. Summarize your facility's progress on achieving to you identified in the application or last year's APR. For
Initiat	ive #1			assistance	e, please call (800) 988-7901 or email <u>esp@idem.IN.gov</u> .
Categ	ory 1: Land a	nd Habitat Conservat	ion Baseline	Current	
Indica	tor 1:		(indicate measurement unit)	(indicate measurement unit)	Cost Savings
Calen	dar year		2020	2021	
Actua	quantity (p	er year)	11899 sq ft	8 miles of trails/parks	
Produ	ction unit <i>(s</i>	elect one)	Earned Labor Hours Length Other specify (e.g. G		Production lbs.
Produ	ction Quant	ity			NA
Norma	alization fac	tor (Current year	production ÷ Baseline year produ	ction)	100
			nt year quantity - Actual baseline q		
Briefly Uniseal p	describe he	ow you achieved	improvements for environmental i	initiative #1 or, if relevant, any ci	rcumstances that delayed progress. For that event we had a total of four people and 8 hours. For the other had 11 participants for a total of 22 hours.
Initiati	ive #2				
	ory 2: Hazard	ous Waste	Baseline	Current	
_	tor 2: _{Genera}		(indicate measurement unit)	(indicate measurement unit)	Cost Savings
Calend	dar year		2020	2021	

358

1794

Actual quantity (per year)

Production unit (select one)	Earned Labor Hours Other specify (e.g. Gall		uction lbs.
Production Quantity	42,564,565	46,358,296	NA
Normalization factor (Current year	r production ÷ Baseline year prod	uction) 1.09	
Normalized quantity (Actual curre			563.99
	d improvements for environmental	2	rcumstances that delayed progress.
Initiative #3			
Category 3: Energy Use	Baseline	Current	
Indicator 3: Electricity	(indicate measurement unit)	(indicate measurement unit)	Cost Savings
Calendar year	2020	2021	
Actual quantity (per year)	4307709	4682379	
Production unit (select one)	Earned Labor Hours Other specify (e.g. Gallo		uction lbs.
Production Quantity	42564565	46358296	NA
Normalization factor (Current year	production ÷ Baseline year produ	iction) Internal Figures	
Normalized quantity (Actual currer	nt year quantity - Actual baseline o	quantity) x Normalization factor Inte	ernal Figures
were repaired. We also completed three other	energy efficiency projects that resulted in an ENVIRONMENTAL vastes eliminated resulting from the	total of 69 leaks. Upon repair we are expect additional 59791 kwh. LIMPROVEMENT INITIATIVE R CONTINUED ne environmental initiative(s). If m	ultiple initiatives, please indicate which specifically.
2. Are there other best manageme. Compressed Air is a good place to focus energy	nt practices (BMPs) you can share	e correlating to your initiative(s)?	
3. If the objectives and targets asso environmental initiative(s). If multip ^{Met}	ociated with the environmental imple initiatives, please indicate which	provement initiative(s) were not a h specifically.	ttained, please verify continued progress toward the
4. Please provide a narrative summ In 2021, we decided to different types of commu	nary of progress made toward <i>qua</i> unity projects as opposed to the previous 202	nlitative, significant EMS objective 0 project.	s and targets, if any.
5. Please list any state, U.S. EPA, of award application). N/A, working with DOE on ISO 50001 ready pro			e.g., Energy Star, DOE Energy Performance, state
Would your facility be willing to s and/or a Partners for Pollution Prev	hare the environmental improvem ention quarterly meeting or confe	ent initiative(s) and its best mana rence? Yes No	gement practices (BMPs) at the ESP Annual Meeting

SECTION F

FUTURE YEAR ENVIRONMENTAL IMPROVEMENT INITIATIVE

Why do we need this information?
Facilities need to show they are committed to improving their environmental performance.

What do you need to do? Refer to the Environmental Performance Table and answer the following questions.

Select the appropriate boxes in the following table to indicate the category and indicator(s) that represents the future environmental improvement initiative selected by your facility. For the category and indicator selected, list the baseline year (e.g., 2022) and the future year (e.g., 2023). Next, list the baseline annual quantity (e.g., 5 tons) and future annual quantity (e.g., 2 tons) you are committing to achieve by the end of the future year.

Category	Indicator	Baseline Year 2021	Future Year 20_22	Unit
☐ Material Procurement	☐ Recycled content			☐ Pounds, ☐ tons☐ gallons
	☐ Hazardous/toxic components			☐ Pounds, ☐ tons ☐ gallons
☐ Suppliers' Environmental Performance	☐ Specify indicator:			As specified for the particular indicator
	☐ Materials used			☐ Pounds, ☐ tons ☐ gallons
☐ Material Use	☐ Hazardous materials used	1		☐ Pounds, ☐ tons☐ gallons
	Ozone depleting substances used			CFC-11 equivalent pounds
	☐ Total packaging materials used			☐ Pounds, ☐ tons
☐ Water Use	☐ Total water used			Gallons
	Electricity	4682379	4635555	■ kWh, □ MWh
	☐ Steam			☐ kWh, ☐ MWh, ☐ gallons, ☐ ft³
	☐ Natural gas	r.		☐ Btu, ☐ MMBtu
	☐ Diesel			Gallons
■ Epormy Hop	☐ Propane / LPG			☐ Btu, ☐ MMBtu, ☐ gallons
Energy Use	Gasoline			Gallons
	☐ Solar			☐ kWh, ☐ MWh
	☐ Wind			☐ kWh, ☐ MWh
	☐ Landfill gas			☐ Btu, ☐ MMBtu
	☐ Combined heat and power			☐ kWh, ☐ MWh, ☐ Btu, ☐ MMBtu
	Other:			
☐ Land and Habitat	Land and habitat conservation	See Section F	See Section F	☐ Square feet, ☐ acres
Land and Habitat	☐ Community land revitalization			☐ Square feet, ☐ acres
	☐ Total□GHGs			MTCO2E
	□VOCs			☐ Pounds, ☐ tons
	□ NOx, SOx, PM _{2.5} , PM ₁₀ , or CO			☐ Pounds, ☐ tons
☐ Air Emissions	☐ Air toxics			☐ Pounds, ☐ tons
	Odor			European Odour Units
	Radiation			☐ Curies, ☐ Becquerels
	☐ Dust			☐ Pounds, ☐ tons
7	☐ COD or BOD			☐ Pounds, ☐ tons
	Toxics			□Pounds, □ tons
	☐ Total suspended solids			□Pounds, □ tons
☐ Discharges to Water	Nutrients			□ Pounds, □ tons of □ N or □ P
	☐ Sediment from runoff			□Pounds, □ tons
	☐ Pathogens			☐MPN/ml, ☐ CFU/ml
				(3/11), 0/ 0/11)

Category	Indicator	Baseline Year 20 21	Future Year 20_22	Unit
	Landfill	1,566,100	1,554,100	■Pounds, □ tons
_	☐ Incineration			□Pounds, □ tons
■ Non-hazardous Waste □ Hazardous Waste	☐ Reused/recycled off-site			□Pounds, □ tons, □gallons
	Other:			☐Pounds, ☐ tons,☐gallons
□ Noise	□ Noise			dBA
☐ Vibration	□ Vibration			Inches per second
	☐ Expected lifetime energy use			kWh, MWh, Btu, MMBtu,
	☐ Expected lifetime water use			Gallons
Products	☐ Expected lifetime waste to air, water, or land from product use			☐ Pounds, ☐ tons
	☐ Waste to air, water, or land from disposal or recovery			☐ Pounds, ☐ tons
particular process line, emp	changes do you plan to undertake at you			
Yes	ddress a significant aspect in your EMS? explain why you believe this indicator sh		ronmental improvement i	nitiative:
	CERTIFICA	ATION AND BLEDGE		
		ATION AND PLEDGE		the way the few of the sales and the
certify that the information contact of the best of my knowledge and	ained in this Annual Performance Report based on reasonable inquiry, currently is action program in place to attain compl	in compliance with all applica	e to the best of my knowl	edge and that this facility is, cal environmental
J.S. EPA, state, or local jurisdicti acilities. We understand that we nembership (for a total of four (4 eapply to the Indiana Environme	Environmental Stewardship Program stations. We agree to promote the Indiana Is must meet the requirement of impleme) initiatives), that the Annual Performano ental Stewardship Program every four (4)	Environmental Stewardship F nting one (1) new, independe ce Report must be submitted) years.	Ill compliance with all reg Program and to share out ent environmental improv to IDEM by April 1st of ea	ulations promulgated by the success stories with other ement initiative each year of ach year, and that we must
erformance Report.	provided in this Annual Performance Re execute this statement on behalf of the	eport will be public record. I a corporation or other legal en	am the senior facility mar tity whose facility is subm	ager or authorized facility aitting this Annual
Signature	Sala			Date (month, day, year)
Printed signature Derrick Stratton	/ V U		Title S/E Director	

	Date of	Utility Cost	Utility Rebate	Utility Cost Utility Rebate Energy Reduction		
Project	Completion Savings	Savings	(asn)	per year	Project Costs (USD) Notes	Notes
Outside Bollard Lights	3/4/2021 215.00	215.00	320.00	3578 kWh	183.00	Complete
Smart Thermostat	5/13/2021 61.00	61.00	100.00	1014 kWh, 9	1,350.00	Complete
Air Displacement Pump						
Replacement	10/22/21 8,850.00	8,850.00	5,520.00	55199 kWh	32,526.00	Complete
Compressed Air Leak Study	8/23/21	26,142.00 3,320.00	3,320.00	300058 kWh	4,450.00	Complete
				359849 kWh, 9		-
TOTAL		35,268.00 5,940.00		Therms	34,059.00	