



# INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R5 / 2-17)  
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](mailto: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<sup>st</sup> 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](mailto: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](mailto:esp@idem.IN.gov) or (800) 988-7901.

SECTION A		FACILITY INFORMATION	
Name of facility <b>MasterGuard Corp.</b>			
Name of parent company (if applicable) <b>Flex-N-Gate</b>			
Street address (number and street) <b>1200 East 8th St</b>			
City / State / ZIP code <b>Veedersburg In 47987</b>			
Website of facility / company <b>www.flex-n-gate.com</b>			
CONTACT INFORMATION			
Name of Contact (Mr. / Mrs. / Ms. / Dr.) <b>Mr. Ricky L Rahm Jr</b>		Title <b>Environmental Manager</b>	
Telephone number <b>(765) 294-3337</b>	FAX number <b>(765) 294-3345</b>	E-mail address <b>ricky.rahm@flex-n-gate.com</b>	
Mailing address (if different from facility address)			
City / State / ZIP Code			
REPORTING PERIOD			
Reporting period dates (mm/dd/yyyy – mm/dd/yyyy) <b>1/01/2018 - 12/31/2018</b>			
1a. Is this the fourth Annual Performance Report of your membership term? <input type="checkbox"/> Yes—If yes, answer question 1b. <input checked="" type="checkbox"/> No—If no, skip to the "Change in Information" section of this report.			
1b. Do you wish to renew your Indiana Environmental Stewardship Program membership? <input type="checkbox"/> Yes—If yes, please complete all sections of this annual report. <input type="checkbox"/> 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?  <input checked="" type="checkbox"/> Yes—If yes, please describe them: _____ We have recently expanded to the facility on the south end to put in 2 additional auto polishers and a dust collection system for the polishing part of the process. <input type="checkbox"/> 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 do? Describe how the facility has shared and 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. <b>Member of local LEPC, Required Reporting, EMS Certifications</b>			
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. <input type="checkbox"/> Web site ( <a href="http://www.">http://www.</a> ) <input type="checkbox"/> Open house <input checked="" type="checkbox"/> Meetings <input type="checkbox"/> Press releases <input checked="" type="checkbox"/> Other <b>Post on MGTV</b>			

## 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 thirty-six (36) months to assess the EMS.

## What do you need to do?

Answer the following questions about your EMS.

1. What is the most recent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? 10/2nd-4th/2018

2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: \_\_\_\_\_

**Joe Caparossi SRI Systems**

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:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Evidence of senior management support, commitment, and approval.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Identification of the environmental aspects at the entity.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Documentation of the implementation procedures and the results of implementation.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Appropriate written EMS procedures.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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)

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  
☐ ISO 14001:2004 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  
☐ ISO 14001:2004  
☐ Responsible Care EMS  
☐ Responsible Care 14001

☐ No

SECTION C	ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT CONTINUED
7. When was the last Senior Management review of your EMS completed? Month / Year: <u>1/2019</u> Who headed the review (name and title)? <u>David Moody</u>	
8. When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations. Scope of the compliance audit: <u>Legal requirements and Permits</u> Month(s) / Year(s): <u>12/17</u> Who conducted the audit(s) (e.g., facility staff, corporate, third party)? <u>Scott Quartier</u>	
9. 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? <b>FIRE AND SEVERE WHEATHER : WAS EFFECTIVE</b> <b>OFI IDENTIFIED WERE COMMUNICATION IMPROVED BY PURCHASING NEW RADIOS AND REMOVAL OF ONE EXISTING SHELTER</b>	
10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).  <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> </div> <div style="width: 45%;"> <input type="checkbox"/> No—If no, please explain your plans to correct these instances.  <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> </div> <div style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> No such instances identified. </div> </div>	

SECTION D	ADDITIONAL INFORMATION
<b>Why do we need this information?</b> This information will help IDEM to effectively manage the Environmental Stewardship Program.	<b>What do you need to do?</b> Answer the questions as completely as possible.
1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve (12) months. <u>LEPC, Partners for P2</u>	
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider. <u>Annual Conference, Networking</u>	
3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration? <u>N/A</u>	

SECTION E	ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS
<b>Why do we need this information?</b> Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period. IDEM needs to report cumulative program reduction results.	<b>What do you need to do?</b> Reference Section F for "Category" and "Indicator" options to complete this section. Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR. For assistance, please call (800) 988-7901 or email <a href="mailto:esp@idem.IN.gov">esp@idem.IN.gov</a> .
<b>Initiative #1</b>	
Category 1: <u>Hazardous waste</u> Other: _____ Indicator 1: <u>shipment of waste disposal</u>	
	Baseline (indicate measurement unit)
	Current (indicate measurement unit)
	Cost Savings
Calendar year	2018
Actual quantity (per year)	168000
Production unit (select one)	2019
	32000
	NA
Production Quantity	3789519
	617479
	NA
Normalization factor (Current year production ÷ Baseline year production) <u>0.16</u>	
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor <u>-22160.37</u>	
Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. <u>Worked with one of our chemical suppliers to come up with a batch treatment process in house so it could be treated through the wastewater pretreatment process. This not only reduced the amount of waste we shipped out but also the cost to treat the waste.</u>	

SECTION E ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS CONTINUED			
<b>Initiative #2</b>			
Category 2: _____ Indicator 2: _____	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year			
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours      Production units      Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor			
Briefly describe <i>how</i> you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.			
<b>Initiative #3</b>			
Category 3: _____ Indicator 3: _____	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year			
Actual quantity (per year)			
Production unit (select one)	Earned Labor Hours      Production units      Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA
Normalization factor (Current year production ÷ Baseline year production)			
Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor			
Briefly describe <i>how</i> you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.			
1. Briefly describe the <i>impacts or wastes</i> eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically. Over the road shipments of classified hazardous waste to environmental waste management facility.			
2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)? Not at this time			
3. If the objectives and targets associated with the environmental improvement initiative(s) were not attained, please verify continued progress toward the environmental initiative(s). If multiple initiatives, please indicate which specifically. N/A			
4. Please provide a narrative summary of progress made toward <i>qualitative, significant</i> EMS objectives and targets, if any. We were able to keep from shipping out 112000 gallons of alkali cleaner off-site for treatment			
5. Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL). None			
6. Is your entity willing to share the environmental improvement initiative(s) and its best management practices (BMPs) at the ESP Annual Meeting and/or a Partners for Pollution Prevention quarterly meeting or conference? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## SECTION F

## 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.

1. Select the appropriate boxes in the following table to indicate the **category** and **indicator(s)** that represents the environmental improvement initiative selected by your facility. For the category and indicator selected, list the **baseline year** (e.g., 2015) and the **future year** (e.g., 2016). 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 20 18	Future Year 20 19	Unit
<input checked="" type="checkbox"/> Material Procurement	<input checked="" type="checkbox"/> Recycled content	174280 pounds/87.14 tons	200000 pounds/100 tons	Pounds, tons
	<input type="checkbox"/> Hazardous/toxic components			Pounds, tons
<input type="checkbox"/> Suppliers' Environmental Performance	<input type="checkbox"/> Specify indicator: _____			As specified for the particular indicator
<input type="checkbox"/> Material Use	<input type="checkbox"/> Materials used			Pounds, tons
	<input type="checkbox"/> Hazardous materials used			Pounds, tons
	<input type="checkbox"/> Ozone depleting substances used			CFC-11 equivalent pounds
	<input type="checkbox"/> Total packaging materials used			Pounds, tons
<input type="checkbox"/> Water Use	<input type="checkbox"/> Total water used			Gallons
<input type="checkbox"/> Energy Use	<input type="checkbox"/> Electricity			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft <sup>3</sup>
	<input type="checkbox"/> Natural gas			Btu / MMBtu
	<input type="checkbox"/> Diesel			Gallons
	<input type="checkbox"/> Propane / LPG			Btu / MMBtu, gallons
	<input type="checkbox"/> Gasoline			Gallons
	<input type="checkbox"/> Solar			kWh / MWh
	<input type="checkbox"/> Wind			kWh / MWh
	<input type="checkbox"/> Landfill gas			Btu / MMBtu
	<input type="checkbox"/> Combined heat and power			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Other: _____			_____
<input type="checkbox"/> Land and Habitat	<input type="checkbox"/> Land and habitat conservation			Square feet, acres
	<input type="checkbox"/> Community land revitalization			Square feet, acres
<input type="checkbox"/> Air Emissions	<input type="checkbox"/> Total GHGs			MTCO <sub>2</sub> E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>2.5</sub> , PM <sub>10</sub> , or CO			Pounds, tons
	<input type="checkbox"/> Air toxics			Pounds, tons
	<input type="checkbox"/> Odor			European Odour Units
	<input type="checkbox"/> Radiation			Curies, Becquerels
	<input type="checkbox"/> Dust			Pounds, tons
<input type="checkbox"/> Discharges to Water	<input type="checkbox"/> COD or BOD			Pounds, tons
	<input type="checkbox"/> Toxics			Pounds, tons
	<input type="checkbox"/> Total suspended solids			Pounds, tons
	<input type="checkbox"/> Nutrients			Pounds, tons of N or P
	<input type="checkbox"/> Sediment from runoff			Pounds, tons
	<input type="checkbox"/> Pathogens			MPN/ml, CFU/ml
<input type="checkbox"/> Non-hazardous Waste	<input type="checkbox"/> Landfill			Pounds, tons
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Incineration			Pounds, tons
	<input type="checkbox"/> Reused/recycled off-site			Pounds, tons, gallons
	<input type="checkbox"/> Other: _____			Pounds, tons, gallons
<input type="checkbox"/> Noise	<input type="checkbox"/> Noise			dBA
<input type="checkbox"/> Vibration	<input type="checkbox"/> Vibration			Inches per second
<input type="checkbox"/> Products	<input type="checkbox"/> Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Expected lifetime water use			Gallons
	<input type="checkbox"/> Expected lifetime waste to air, water, or land from product use			Pounds, tons
	<input type="checkbox"/> Waste to air, water, or land from disposal or recovery			Pounds, tons

If you need assistance filling out the form, please contact the ESP program manager at either [esp@idem.in.gov](mailto:esp@idem.in.gov) or 1-(800) 988-7901.

## SECTION F

## FUTURE YEAR ENVIRONMENTAL IMPROVEMENT INITIATIVE

## CONTINUED

2. If the environmental improvement initiative(s) will be *qualitative* in nature, please describe: \_\_\_\_\_  
The initiative will be measured by the load weights of the compactor that the cardboard is collected in and taken to the recycle center
3. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? \_\_\_\_\_  
Employee awareness training of recyclable goods
4. Does this initiative address a significant aspect in your EMS?  
☐ Yes  
☒ No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative: \_\_\_\_\_  
 This will reduce the amount of recyclable material that we send to the landfill.


## CERTIFICATION AND PLEDGE

On behalf of (name of facility) MasterGuard Corp.

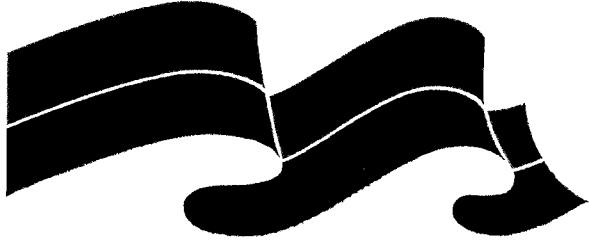
I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, MasterGuard, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that we must meet the requirement of implementing one (1) new, independent environmental improvement initiative each year of membership (for a total of four (4) initiatives), that the Annual Performance Report must be submitted to IDEM by April 1<sup>st</sup> of each year, and that we must reapply to the Indiana Environmental Stewardship Program every four (4) years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature 	Date (month, day, year) 3/27/19
Printed signature <u>Ricky L. Rahm Jr.</u>	Title <u>Environmental Manager</u>

# CERTIFICATE OF REGISTRATION



**SRI**<sup>®</sup>

**Quality  
System  
Registrar**



Having been audited in accordance with requirements of

**ISO 14001:2015**

SRI Quality System Registrar, 300 Northpointe Circle, Seven Fields, Pennsylvania, 16046, USA, hereby grants to:

*Millersville University*

Registration of the management system at its location:

*1400 Northpointe Circle  
Seven Fields, PA 16046  
Registration in Accordance with ISO 14001:2015*

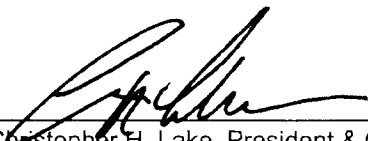
The conditions for maintaining this certificate of registration are set forth in the SRI registration agreements R20.3 and R20.4.

**Scope of ISO 14001:2015 registration:** "The environmental activities related to the design and manufacture of rear step bumpers, front bumpers, running boards, receiver hitches, bed rails and general stampings."

**Initial SRI registration date:** December 13, 2001

**Current registration period:** December 10, 2016 through December 9, 2019

Signed for SRI:

  
Christopher H. Lake, President & COO

Release Date: November 15, 2017  
Certificate Number: 017726  
Registration Number: 0993-01





# INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM CHECKLIST FOR POTENTIAL REGULATORY INCENTIVES

State Form 53706 (R2 / 9-09)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management  
Office of Pollution Prevention and Technical Assistance  
100 North Senate Avenue, Mail Code 64-00  
Indianapolis, IN 46204-2251  
Telephone: (800) 988-7901  
Fax: (317) 233-5627  
E-mail: [esp@idem.in.gov](mailto:esp@idem.in.gov)

**INSTRUCTIONS:** As a member of the Indiana Department of Environmental Management's Environmental Stewardship Program (IDEM ESP), your facility is eligible to receive extended regulatory incentives. Completing this checklist does not commit your facility to receiving such benefits nor does it limit the ability to receive unchecked incentives in the future. IDEM will use this checklist to facilitate internal discussions with the appropriate IDEM staff. Please use the following checklist to indicate which regulatory incentive(s) your facility is interested in receiving and provide the requested information. IDEM will evaluate your request and will provide you with an e-mail summarizing your approved incentive(s) and any further action that is needed.

If you have questions, please contact IDEM at [esp@idem.in.gov](mailto:esp@idem.in.gov) or 800-988-7901.

APPLICANT INFORMATION	
Name of facility	MasterGuard Corp.
Facility location, street address	1200 E 8th St
Facility location, city / State / ZIP code	Veedersburg/IN/47987
Contact name	Ricky Rahm Jr
Telephone number	765-294-3337
E-mail	<a href="mailto:ricky.rahm@flex-n-gate.com">ricky.rahm@flex-n-gate.com</a>
OFFICE OF LAND QUALITY INCENTIVES	
<input checked="" type="checkbox"/>	Advanced announcement of routine large quantity generator; small quantity generator; and treatment, storage, and disposal inspections
<input checked="" type="checkbox"/>	Assign the same Office of Land inspector for all inspections at this source <ul style="list-style-type: none"><li>Name of inspector - Kim Whittington</li></ul>
<input type="checkbox"/>	Assign the same Office of Land permit writer for all new and modified land permits at this source <ul style="list-style-type: none"><li>Name of permit writer</li></ul>
<input checked="" type="checkbox"/>	Low priority for routine large quantity generator inspections
OFFICE OF AIR QUALITY INCENTIVES	
Do you currently have a pending permit, permit modification, or renewal application with IDEM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, who is the IDEM permit writer?	
<input checked="" type="checkbox"/>	Advanced announcement of routine inspections
<input type="checkbox"/>	Alternative compliance or monitoring strategies <ul style="list-style-type: none"><li>Permit number</li><li>Possible alternative strategies</li></ul>
<input type="checkbox"/>	Alternative due date for certain quarterly or semi-annual reports <ul style="list-style-type: none"><li>Permit number</li><li>Type of report and alternative due date</li></ul>
<input checked="" type="checkbox"/>	Assign the same inspector for all air inspections at this source <ul style="list-style-type: none"><li>Name of inspector-Rebecca Hayes</li></ul>
<input checked="" type="checkbox"/>	Assign the same permit writer for all new and modified air permits at this source <ul style="list-style-type: none"><li>Name of permit writer- Jean Fix and this person would assist with amendments</li></ul>
<input type="checkbox"/>	Expedited permits including on-site pre-permit application meetings with the permit writer and compliance inspector, and post-application meetings with members if requested or necessary (must notify Office of Air Quality in advance to make use of this incentive)
<input type="checkbox"/>	Extend federally enforceable state operating permit (FESOP) renewal term to up to ten (10) years <ul style="list-style-type: none"><li>Permit number</li></ul>
<input type="checkbox"/>	Extended minor source operating permit (MSOP) renewal term to up to ten (10) years <ul style="list-style-type: none"><li>Permit number</li></ul>
<input type="checkbox"/>	Flexible permit language <ul style="list-style-type: none"><li>Permit number</li><li>Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit</li></ul>
<input checked="" type="checkbox"/>	Low routine inspection priority
<input checked="" type="checkbox"/>	Reduce reporting frequency from quarterly to semi-annual <ul style="list-style-type: none"><li>Permit number-045-31546-00011</li></ul>
<input checked="" type="checkbox"/>	Streamline permit renewal application process for FESOP or Title V permit renewals
OFFICE OF WATER QUALITY INCENTIVES	
Do you currently have a pending permit, permit modification, or renewal application with IDEM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, who is the IDEM permit writer?	
<input checked="" type="checkbox"/>	Ability to submit discharge monitoring reports (DMRs) annually <ul style="list-style-type: none"><li>Permit number-INP000188</li></ul>
<input checked="" type="checkbox"/>	Advanced announcement of routine inspections
<input type="checkbox"/>	Assign the same drinking water inspector for all future drinking water inspections at this source <ul style="list-style-type: none"><li>Name of inspector</li></ul>
<input type="checkbox"/>	Assign the same drinking water permit reviewer for all future permits and modifications



<input checked="" type="checkbox"/> Assign the same national pollutant discharge elimination system (NPDES) inspector for all future NPDES inspections at this source
<ul style="list-style-type: none"> <li>Name of inspector-Holly Zurcher</li> </ul>
<input type="checkbox"/> Assign the same NPDES permit writer for all future NPDES permits and modifications
<ul style="list-style-type: none"> <li>Name of permit writer</li> </ul>
<input checked="" type="checkbox"/> Exemption from submitting monthly monitoring reports (MMR)
<ul style="list-style-type: none"> <li>Permit number-INP000188</li> </ul>
<input type="checkbox"/> Exemption from submitting monthly reports of operation (MRO)
<ul style="list-style-type: none"> <li>Permit number</li> </ul>
<input type="checkbox"/> Expedite drinking water permitting and well site selection approval for a permit submitted on (date) _____ or for a planned permit submission on (date) _____
<input type="checkbox"/> Flexible permit language
<ul style="list-style-type: none"> <li>Permit number</li> <li>Describe the types of operational situations that may benefit from flexible permit language and provide affected section of permit</li> </ul>
<input checked="" type="checkbox"/> Low priority for routine NPDES inspections
<input type="checkbox"/> Reduction in NPDES permit sampling frequency
<ul style="list-style-type: none"> <li>Permit number</li> <li>Provide suggested frequency:</li> <li>Provide basis for proposed sampling frequency</li> </ul>
<input type="checkbox"/> Accelerate renewal of existing land application permit
<ul style="list-style-type: none"> <li>Permit number</li> <li>Renewal date</li> </ul>
<input type="checkbox"/> Reports for the land application program submitted within sixty (60) days of the last day of each calendar month for the term of the permit
<ul style="list-style-type: none"> <li>Permit number</li> </ul>
<input checked="" type="checkbox"/> Streamline and expedite NPDES renewal application process
<ul style="list-style-type: none"> <li>Renewal date 2/28/2022</li> </ul>
<b>PARTICIPATION STATEMENT</b>
On behalf of MasterGuard _____, I certify that:
<ul style="list-style-type: none"> <li>I understand that completing this checklist does not commit my facility to receiving such benefits nor does it limit my ability to take advantage of unchecked incentives in the future;</li> <li>I understand that completing this checklist does not afford my facility such incentives until IDEM provides me with written notice of the approved request(s);</li> <li>I understand that IDEM approved incentives requiring a permit modification or administrative amendment is not put into effect until the modification or amendment is completed;</li> <li>I understand that the incentives provided to ESP members may be revised by IDEM at any time;</li> <li>I have read and agree to the terms and conditions for Application and Participation in ESP, as specified in the Indiana Environmental Stewardship Program Guidelines and Application Instructions;</li> <li>My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;</li> <li>My facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements; and,</li> <li>I agree that IDEM's decision whether to approve my requested incentives is wholly discretionary, and I waive any right that may exist under any law to challenge IDEM's acceptance or denial of my requested incentives. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is a member of ESP.</li> </ul>
Signature / date  3/27/19
Printed name Ricky L Rahm Jr
Title Environmental Manager
Telephone number 465-294-3337
<b>Please provide IDEM with a signed participation statement. Once signed, this statement may be faxed, mailed, or e-mailed to IDEM. See the box in the top right corner of this form for contact information.</b>