



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
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Indianapolis, IN 46204-2251
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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 1st 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.

SECTION A

FACILITY INFORMATION

Name of facility
NTN Driveshaft, Inc.

Name of parent company (if applicable)

Street address (number and street)
8251 S. International Drive

City / State / ZIP code
Columbus, IN 47201

Website of facility / company
ntndriveshaft.com

CONTACT INFORMATION

Name of Contact (Mr. / Mrs. / Ms. / Dr.)
Mr. J.D. Hall

Title

Telephone number
(812) 342-5355

FAX number
(812) 342-1155

E-mail address
JDHall@ntndriveshaft.com

Mailing address (if different from facility address)

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates (mm/dd/yyyy – mm/dd/yyyy)
01/01/2018 - 12/31/2018

1a. Is this the fourth Annual Performance Report of your membership term?

☐ Yes—If yes, answer question 1b.

☒ 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?

☒ 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 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. Adopt-a-Highway Program; Arbor Day Tree Give Away.

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.>) ☐ Open house ☒ Meetings ☐ Press releases ☐ Other _____

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? 03/06/2019
2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: _____
Mr. Tom Trusky, ISO 14001 Lead Auditor, DQS, Inc.; Mr. Chris Emling, ISO 14001 Lead Auditor, NTN Driveshaft, Inc.

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: 02/2019
Who headed the review (name and title)? Mr. Chris Emling, Lead Auditor, ISO 14001; Mr. Barry Parkhurst, VP; Mr. JD Hall, EHS Manager; Mr. Jeff Zike, VP.
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: EMS, SPCC, SWPPP, Wastewater, Slug Discharge, Title V Air Permit, RCRA, Haz-Com
Month(s) / Year(s): October 2018
Who conducted the audit(s) (e.g., facility staff, corporate, third party)? Mr. Chris Emling and team NTN Auditor; Corporate Management and Facility EHS.
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?
In 2018, we experienced no Environmental Emergencies. Our EMS was updated to reflect staff changes and some process changes regarding types of chemical usages and handling instructions.
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.

SECTION D
ADDITIONAL INFORMATION
Why do we need this information?

This information will help IDEM to effectively manage the Environmental Stewardship Program.

What do you need to do?

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.
Adopt-a-highway; Arbor Day.
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
We use the inspection notification incentive.
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?
NTN has been registered in ISO 14001 since 1999.

SECTION E
ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS
Why do we need this information?

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.

What do you need to do?

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 esp@idem.IN.gov.

Initiative #1

Category 1: <u>Energy</u>	Baseline	Current	Cost Savings
Indicator 1: <u>Electrical</u>	(indicate measurement unit)	(indicate measurement unit)	
Calendar year	<u>2013</u>	<u>2018</u>	
Actual quantity (per year)	<u>127,176,592</u>	<u>119,698,615</u>	<u>\$659,783.98</u>
Production unit (select one)	Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	<u>9,490,491</u>	<u>10,208,530</u>	<u>NA</u>

Normalization factor (Current year production ÷ Baseline year production) 1.076

Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor - 8,046,303.2 kWh

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.
Old lighting was replaced with more efficient LED lighting; An air compressor was replaced in 2017; An ongoing effort to target and repair air leaks has been implemented; Some older equipment has been replaced with more efficient equipment.

SECTION E

ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS
CONTINUED

Initiative #2

Category 2: Non-Hazardous Waste Indicator 2: Filter Cake beneficial Re-use	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2016	2018	
Actual quantity (per year)	247.42 Tons	187.79 Tons	\$12,741.38
Production unit (select one)	Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	10,940,496	10,208,530	NA
Normalization factor (Current year production ÷ Baseline year production) 0.93			
Normalized quantity (Actual current year quantity - Actual baseline quantity) × Normalization factor -55.46			

Briefly describe *how* you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. The filter cake wastestream has been approved for beneficial re-use as a cover for landfill. Thus, it is no longer being incinerated, nor is it being shipped as far as it was for incineration. However, we experienced a set-back in 2018, with the landfill refusing the filter cake several times due to being too wet. We still doubled our cost savings over 2017, and anticipate the acceptance of more filter cake being used as beneficial cover in 2019, than 2018.

Initiative #3

Category 3: Non-Hazardous Waste Indicator 3: Graphite De-Watering Program	Baseline (indicate measurement unit)	Current (indicate measurement unit)	Cost Savings
Calendar year	2016	2018	
Actual quantity (per year)	4918 Tons	3191 Tons	\$102,784.00
Production unit (select one)	Earned Labor Hours Production units X Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity	10,940,496	10,208,530	NA
Normalization factor (Current year production ÷ Baseline year production) 0.93			
Normalized quantity (Actual current year quantity - Actual baseline quantity) × Normalization factor - 1,606.11 Tons			

Briefly describe *how* you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress. This program is going well. The water pulled from the graphite was re-used as cooling water in our bonderizer process. This saved over 51,000 gallons of water.

After approving our filter cake for beneficial cover, the landfill decided they didn't like it. So, until we found another home for it, which was further away, we were unable to manage it in this way, and it was incinerated. Now, we have had several consecutive months with no problems or complaints.

1. Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically. The electrical reduction program is freeing up more money to make additional improvements. The beneficial re-use program and graphite de-watering program saves total VOC emissions by eliminating shipments for the water from 3 to 1 per week and reducing travel distance of the filter cake as well as VOC's saved by not incinerating it. The de-watering program also re-used over 51,000 gallons of water and reduced cost by about \$20,000.00.

2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)?
No.

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. The electrical usage target was met. The beneficial re-use program did not meet target because it was initially accepted as it was, and then rejected. However, it has still increased dramatically. The de-watering program barely missed our target due to over-use of graphite and a water leak.

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.

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? ☐ Yes ☒ 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 <u>13 & 16</u>	Future Year 20 <u>19</u>	Unit
<input type="checkbox"/> Material Procurement	<input type="checkbox"/> Recycled content			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 checked="" type="checkbox"/> Energy Use	<input checked="" type="checkbox"/> Electricity	127,176,592	119,198,615	kWh / MWh, Btu / MMBtu
	<input type="checkbox"/> Steam			kWh / MWh, gallons, ft ³
	<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 ₂ E
	<input type="checkbox"/> VOCs			Pounds, tons
	<input type="checkbox"/> NO _x , SO _x , PM _{2.5} , PM ₁₀ , 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 checked="" type="checkbox"/> Non-hazardous Waste	<input type="checkbox"/> Landfill			Pounds, tons
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Incineration			Pounds, tons
	<input checked="" type="checkbox"/> Reused/recycled off-site	Filter cake 247.42 Tons in 2016	124.21 Tons	Pounds, tons, gallons
	<input checked="" type="checkbox"/> Other: <u>Graphite De-Watering</u>	4918 Tons	2901 Tons	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 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. _____
No new initiatives planned at this time.
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)? _____
We will continue to install more efficient lighting, repair air leaks, and install more efficient equipment as needed. We will work to improve the graphite de-watering program, and we will work to improve the dryness of the filter cake for beneficial re-use.
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: _____

CERTIFICATION AND PLEDGE

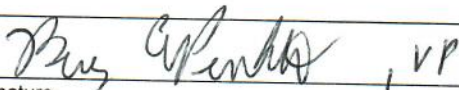
On behalf of (name of facility) NTN Driveshaft, Inc.

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, NTN Driveshaft, Inc., 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 1st 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

 , VPDate (month, day, year)
April 1, 2019

Printed signature

Barry Parkhurst

Title

VP of Administration