



**SMITH CASTINGS, LLC**

Received DEQ/AQD	
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CC: _____	

February 5, 2019  
Violation Issuance Date: October 25, 2019

To: Department of Environmental Quality  
U.P. District Office

Subject: This letter is in response to Violation Notice regarding citing violations for NESHAP.

From: John Ray  
Production Manager  
Smith Castings, LLC

Violation: Failure to submit semiannual compliance reports for 2017 and 2018.

Dates Violations Occurred: 2017 and 2018

Causes: Company changed ownership and management. The responsibility of completing these compliance reports was simply not delegated to anybody during management changes, therefore nobody knew that this task was not being completed.

Proposed Action Moving Forward: I, John Ray, will now accept the responsibility of ensuring the compliance reports are completed and submitted on a semiannual basis.

If there is any other information or documentation you may need, please let me know and I will be glad to provide any such information.

Thank you,

John Ray



**SEMIANNUAL COMPLIANCE REPORT  
NESHAP for Iron and Steel Foundry Area Sources**

40 CFR Part 63, Subpart ZZZZZ (§63.10880 – 63.10906)

Please review the instructions before completing this form. Please print or type all information.

**FACILITY INFORMATION**

**Facility Location Information**

Company Name: Smith Castings LLC  
Street Address: One Old Ford Plant Rd County: Dickinson  
City: Kingsford State: MI Zip: 49802  
State Registration Number (SRN): B1582

**Owner/Operator Information**

Name: TJM Capital Partners LLC  
Mailing Address: 1230 N State Pkwy Telephone Number: \_\_\_\_\_  
City: Chicago State: IL Zip: 60610  
E-mail: \_\_\_\_\_

Please check whether the person listed above is owner or operator of the area source:

Owner  Operator

Identify the beginning and ending dates of the six month reporting period  
(Either January 1 through June 30, or July 1 through December 31.)

Beginning: 1/1/18 Ending: 6/30/18

Please check whether the area source is a new or existing source (see instructions for definitions):

New Source (Date of Startup: \_\_\_\_\_)  
 Existing Source

If an existing source, metal melt production for the previous calendar year: \_\_\_\_\_ (tons)

Check one:  Small Foundry (≤20,000)  Large Foundry (>20,000)

If a New Source, annual metal melt capacity at startup: \_\_\_\_\_ (tons)

Check one:  Small Foundry (≤10,000)  Large Foundry (>10,000)



**PART A – MANAGEMENT PRACTICES FOR METALLIC SCRAP**

1. During the reporting period, were there any periods during which the facility operated out of compliance with the metallic scrap management requirements?  
[§ 63.10885(a)]

- No  
 Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the metallic scrap management requirements and explain what corrective actions were taken.

**PART B - MANAGEMENT PRACTICES FOR MERCURY SCRAP**

1. During the reporting period, were there any periods during which the facility operated out of compliance with the mercury scrap management requirements?  
[§ 63.10885(b)]

- No  
 Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the mercury scrap management requirements and corrective actions taken.

2. Indicate below which mercury management option(s) the facility is using.

- Site-specific plan for mercury switches  
 Approved mercury program  
 Specialty metal scrap  
 Scrap that does not contain motor vehicle scrap

3. During the reporting period did the facility conduct periodic inspections or take other actions of corroboration as required under [§63.10885(b)(1)(ii)(c) or [§63.10885(b)(2)(iv)(C)?

- No  
 Yes. Indicate the dates and times when the facility conducted inspections or other actions of corroboration.  
 NA. Facility does not melt motor vehicle scrap.



4. If using a site-specific plan for mercury switches, please complete the following:
- A) Provide the following information for the reporting period: number of switches removed or the weight of mercury recovered from the switches and properly managed, the estimated number of vehicles processed an estimate of the percent of mercury switches recovered, and identify which mercury management option applies to each scrap provider, contact, or shipment (Attach records as needed).
- B) Were all removed mercury switches recycled at an RCRA permitted facility as required under [§63.10885(b)(1)(iv)]?
- No  
 Yes  
 NA The facility does not operate under a site-specific plan for mercury switches.

#### PART C - MANAGEMENT PRACTICES FOR BINDER FORMULATIONS

1. During the reporting period, were there any periods during which the facility operated out of compliance with the management practices for binder formulations? According to Subpart ZZZZZ, the facility shall not use a binder formulation that contains methanol as a specific ingredient of the catalyst formulation for a furfuryl alcohol warm box mold or core making line. [§63.10886]
- No  
 Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the management practices for binder formulations and corrective actions taken.



**CERTIFICATION**

I certify that the statements and information in this report are true, accurate, and complete.

Tracy Michel	General Manager
Name of "Responsible Official"* (print or type)	Title
	02/05/19
Signature of "Responsible Official"	Date

\*A "Responsible Official" can be:

- The president, vice-president, secretary, or treasurer of the company who owns the facility.
- The owner of the facility.
- The facility engineer or supervisor.
- A government official if the plant is owned by the federal, state city or county government.
- A ranking military officer if the plant is located on a military base.

Please make copies of this completed form and submit the original signed copy by U.S. mail, or by another courier, to the appropriate Michigan Department of Environmental Quality, Air Quality Division Office (see Attachment A of the Instructions). Send the form to the attention of the "AQD District Supervisor." In addition, send a copy to the U.S. EPA Region 5 Office at the following address:

George Czerniak, Chief  
U.S. EPA Region 5,  
Compliance Tracker (AE-17J)  
77 West Jackson Blvd.  
Chicago, IL 60604



**SEMIANNUAL COMPLIANCE REPORT  
NESHAP for Iron and Steel Foundry Area Sources**

40 CFR Part 63, Subpart ZZZZZ (§63.10880 – 63.10906)

Please review the instructions before completing this form. Please print or type all information.

**FACILITY INFORMATION**

**Facility Location Information**

Company Name: Smith Castings LLC  
Street Address: one Old Ford Plant Rd County: DICKINSON  
City: Kingsford State: MI Zip: 49802  
State Registration Number (SRN): B1582

**Owner/Operator Information**

Name: TJM Capital Partners LLC  
Mailing Address: 1230 N state pkwy Telephone Number: \_\_\_\_\_  
City: Chicago State: IL Zip: 60610  
E-mail: \_\_\_\_\_

Please check whether the person listed above is owner or operator of the area source:  
 Owner  Operator

Identify the beginning and ending dates of the six month reporting period  
(Either January 1 through June 30, or July 1 through December 31.)

Beginning: 7/1/18 Ending: 12/31/18

Please check whether the area source is a new or existing source (see instructions for definitions):  
 New Source (Date of Startup: \_\_\_\_\_)  
 Existing Source

If an existing source, metal melt production for the previous calendar year: \_\_\_\_\_ (tons)  
Check one:  Small Foundry (≤20,000)  Large Foundry (>20,000)

If a New Source, annual metal melt capacity at startup: \_\_\_\_\_ (tons)  
Check one:  Small Foundry (≤10,000)  Large Foundry (>10,000)



**PART A – MANAGEMENT PRACTICES FOR METALLIC SCRAP**

1. During the reporting period, were there any periods during which the facility operated out of compliance with the metallic scrap management requirements?  
[§ 63.10885(a)]

- No  
 Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the metallic scrap management requirements and explain what corrective actions were taken.

**PART B - MANAGEMENT PRACTICES FOR MERCURY SCRAP**

1. During the reporting period, were there any periods during which the facility operated out of compliance with the mercury scrap management requirements?  
[§ 63.10885(b)]

- No  
 Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the mercury scrap management requirements and corrective actions taken.

2. Indicate below which mercury management option(s) the facility is using.

- Site-specific plan for mercury switches  
 Approved mercury program  
 Specialty metal scrap  
 Scrap that does not contain motor vehicle scrap

3. During the reporting period did the facility conduct periodic inspections or take other actions of corroboration as required under [§63.10885(b)(1)(ii)(c) or [§63.10885(b)(2)(iv)(C)?

- No  
 Yes. Indicate the dates and times when the facility conducted inspections or other actions of corroboration.

NA. Facility does not melt motor vehicle scrap.



4. If using a site-specific plan for mercury switches, please complete the following:

A) Provide the following information for the reporting period: number of switches removed or the weight of mercury recovered from the switches and properly managed, the estimated number of vehicles processed an estimate of the percent of mercury switches recovered, and identify which mercury management option applies to each scrap provider, contact, or shipment (Attach records as needed).

B) Were all removed mercury switches recycled at an RCRA permitted facility as required under [§63.10885(b)(1)(iv)]?

No

Yes

NA The facility does not operate under a site-specific plan for mercury switches.

#### PART C - MANAGEMENT PRACTICES FOR BINDER FORMULATIONS

1. During the reporting period, were there any periods during which the facility operated out of compliance with the management practices for binder formulations? According to Subpart ZZZZZ, the facility shall not use a binder formulation that contains methanol as a specific ingredient of the catalyst formulation for a furfuryl alcohol warm box mold or core making line. [§63.10886]

No

Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the management practices for binder formulations and corrective actions taken.





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**FACILITY INFORMATION**

**Facility Location Information**

Company Name: Smith Castings LLC

Street Address: One Old Ford Plant Rd. County: Dickinson

City: Kingsford State: MI Zip: 49802

State Registration Number (SRN): B1582

**Owner/Operator Information**

Name: TJM Capital Partners LLC

Mailing Address: 1230 N State Pkwy Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

City: Chicago State: IL Zip: 60610

Please check whether the person listed above is owner or operator of the area source:

Owner  Operator

Identify the beginning and ending dates of the six month reporting period  
(Either January 1 through June 30, or July 1 through December 31.)

Beginning: 1/1/17 Ending: 6/30/17

Please check whether the area source is a new or existing source (see instructions for definitions):

New Source (Date of Startup: \_\_\_\_\_)

Existing Source

If an existing source, metal melt production for the previous calendar year: \_\_\_\_\_ (tons)

Check one:  Small Foundry (≤20,000)  Large Foundry (>20,000)

If a New Source, annual metal melt capacity at startup: \_\_\_\_\_ (tons)

Check one:  Small Foundry (≤10,000)  Large Foundry (>10,000)



### PART A – MANAGEMENT PRACTICES FOR METALLIC SCRAP

1. During the reporting period, were there any periods during which the facility operated out of compliance with the metallic scrap management requirements?  
[§ 63.10885(a)]

- No  
 Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the metallic scrap management requirements and explain what corrective actions were taken.

### PART B - MANAGEMENT PRACTICES FOR MERCURY SCRAP

1. During the reporting period, were there any periods during which the facility operated out of compliance with the mercury scrap management requirements?  
[§ 63.10885(b)]

- No  
 Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the mercury scrap management requirements and corrective actions taken.

2. Indicate below which mercury management option(s) the facility is using.

- Site-specific plan for mercury switches  
 Approved mercury program  
 Specialty metal scrap  
 Scrap that does not contain motor vehicle scrap

3. During the reporting period did the facility conduct periodic inspections or take other actions of corroboration as required under [§63.10885(b)(1)(ii)(c) or [§63.10885(b)(2)(iv)(C)]?

- No  
 Yes. Indicate the dates and times when the facility conducted inspections or other actions of corroboration.  
 NA. Facility does not melt motor vehicle scrap.



4. If using a site-specific plan for mercury switches, please complete the following:
- A) Provide the following information for the reporting period: number of switches removed or the weight of mercury recovered from the switches and properly managed, the estimated number of vehicles processed an estimate of the percent of mercury switches recovered, and identify which mercury management option applies to each scrap provider, contact, or shipment (Attach records as needed).
  - B) Were all removed mercury switches recycled at an RCRA permitted facility as required under [§63.10885(b)(1)(iv)]?
    - No
    - Yes
    - NA The facility does not operate under a site-specific plan for mercury switches.

#### PART C - MANAGEMENT PRACTICES FOR BINDER FORMULATIONS

1. During the reporting period, were there any periods during which the facility operated out of compliance with the management practices for binder formulations? According to Subpart ZZZZZ, the facility shall not use a binder formulation that contains methanol as a specific ingredient of the catalyst formulation for a furfuryl alcohol warm box mold or core making line. [§63.10886]

- No
- Yes. Summarize the deviation(s) and indicate the dates and times when the facility operated out of compliance with the management practices for binder formulations and corrective actions taken.



### CERTIFICATION

I certify that the statements and information in this report are true, accurate, and complete.

<u>Tracy Michel</u>	<u>General Manager</u>
Name of "Responsible Official"* (print or type)	Title
<u>Tracy Michel</u>	<u>02/05/19</u>
Signature of "Responsible Official"	Date

\*A "Responsible Official" can be:

- The president, vice-president, secretary, or treasurer of the company who owns the facility.
- The owner of the facility.
- The facility engineer or supervisor.
- A government official if the plant is owned by the federal, state city or county government.
- A ranking military officer if the plant is located on a military base.

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George Czerniak, Chief  
U.S. EPA Region 5,  
Compliance Tracker (AE-17J)  
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**PART A – MANAGEMENT PRACTICES FOR METALLIC SCRAP**

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[§ 63.10885(a)]

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**PART B - MANAGEMENT PRACTICES FOR MERCURY SCRAP**

1. During the reporting period, were there any periods during which the facility operated out of compliance with the mercury scrap management requirements?  
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- B) Were all removed mercury switches recycled at an RCRA permitted facility as required under [§63.10885(b)(1)(iv)]?
- No  
 Yes  
 NA The facility does not operate under a site-specific plan for mercury switches.

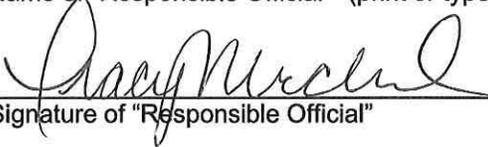
#### PART C - MANAGEMENT PRACTICES FOR BINDER FORMULATIONS

1. During the reporting period, were there any periods during which the facility operated out of compliance with the management practices for binder formulations? According to Subpart ZZZZZ, the facility shall not use a binder formulation that contains methanol as a specific ingredient of the catalyst formulation for a furfuryl alcohol warm box mold or core making line. [§63.10886]
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<u></u>	<u>02/05/19</u>
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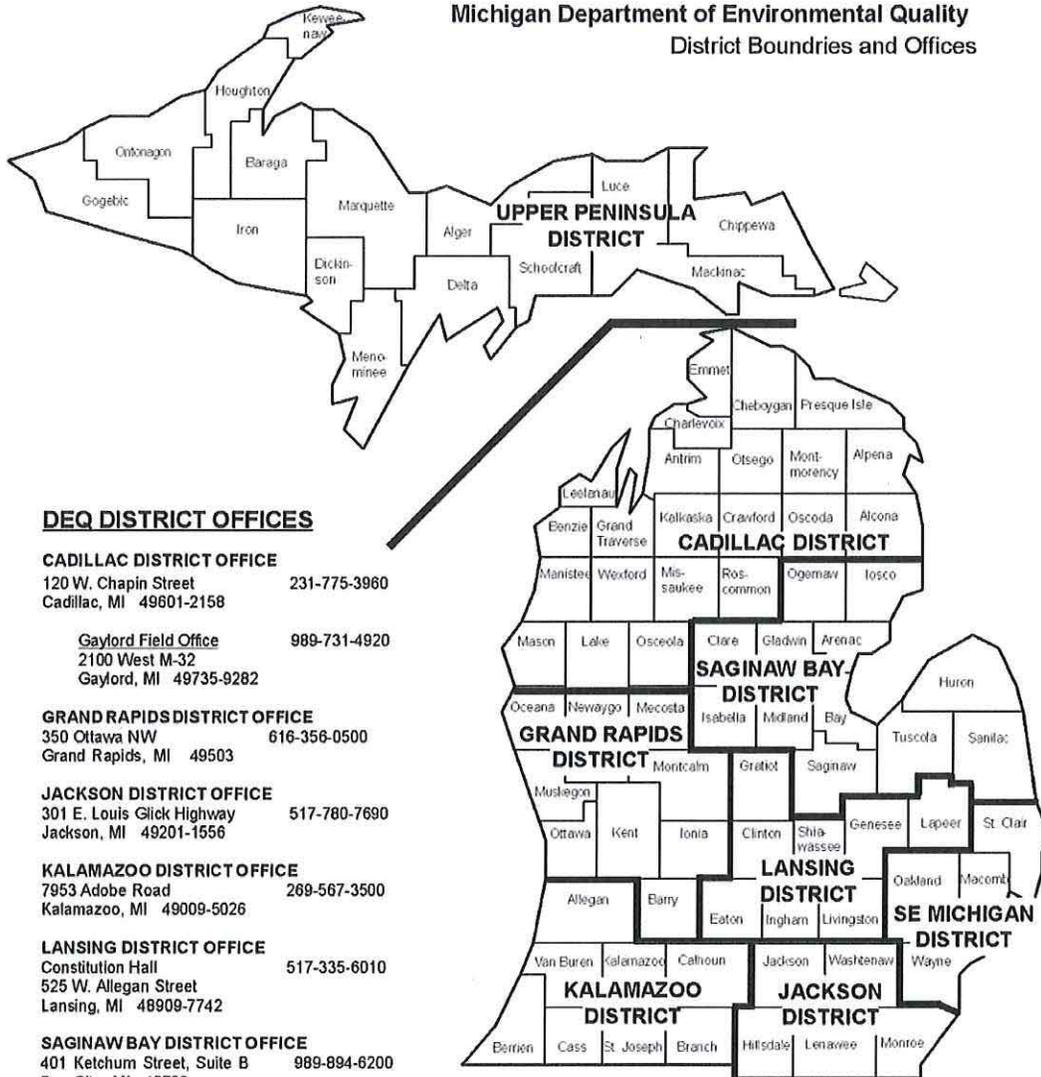
George Czerniak, Chief  
U.S. EPA Region 5,  
Compliance Tracker (AE-17J)  
77 West Jackson Blvd.  
Chicago, IL 60604



ATTACHMENT A

Contact Information

Michigan Department of Environmental Quality  
District Boundries and Offices



**DEQ DISTRICT OFFICES**

**CADILLAC DISTRICT OFFICE**  
120 W. Chapin Street 231-775-3960  
Cadillac, MI 49601-2158

Gaylord Field Office 989-731-4920  
2100 West M-32  
Gaylord, MI 49735-9282

**GRAND RAPIDS DISTRICT OFFICE**  
350 Ottawa NW 616-356-0500  
Grand Rapids, MI 49503

**JACKSON DISTRICT OFFICE**  
301 E. Louis Glick Highway 517-780-7690  
Jackson, MI 49201-1556

**KALAMAZOO DISTRICT OFFICE**  
7953 Adobe Road 269-567-3500  
Kalamazoo, MI 49009-5026

**LANSING DISTRICT OFFICE**  
Constitution Hall 517-335-6010  
525 W. Allegan Street  
Lansing, MI 48909-7742

**SAGINAW BAY DISTRICT OFFICE**  
401 Ketchum Street, Suite B 989-894-6200  
Bay City, MI 48708

**SOUTHEAST MICHIGAN DISTRICT OFFICE**  
2770 Donald Court 586-753-3700  
Warren, MI 48092-2793

Detroit Field Office 313-456-4700  
Cadillac Place  
3058 West Grand Boulevard, Suite 2-300  
Detroit, MI 48202-6058

**UPPER PENINSULA DISTRICT OFFICE**  
420 5th Street 906-346-8300  
Gwinn, MI 49841

**ENVIRONMENTAL ASSISTANCE CENTER**  
(for general information):  
Telephone: 800-662-9278  
Fax: 517-241-0673

**POLLUTION EMERGENCIES**  
Telephone: 800-292-4706

**DEQ WEB PAGE**  
[www.michigan.gov/deq](http://www.michigan.gov/deq)