



Cadillac Plant 603 W. 7th Street Cadillac, MI 49601-1300

Tel: (231) 775-6571 Fax: (231) 775-8731

September 29, 2016

Caryn Owens
Environmental Quality Analyst
MDEQ Air Quality Division
Cadillac District Office
120 W. Chapin Street
Cadillac, MI. 49601-2158

Ms. Owens,

Please find enclosed with this letter, Avon Automotive Cadillac Division's M-001 Change Notification, Amendment & Modification Application and the signed C-001 Certification form for PTI 87-16.

Respectfully Submitted,

Greg Shay

HSE² Engineer

MGI COUTIER- AVON AUTOMOTIVE

603 West 7th st

Cadillac, MI, 49601 USA Office: (+1) 231-876-1496

Cell: (+1) 231-429-9785

www.mgicoutier.com

201600160



Michigan Department of Environmental Quality
Air Quality Division

RENEWABLE OPERATING PERMIT M-001: RULE 215 CHANGE NOTIFICATION RULE 216 AMENDMENT/MODIFICATION APPLICATION

This information is required by Part 55, Air Pollution Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, and the Federal Clean Air Act of 1990. Failure to obtain a permit required by Part 55 may result in penalties and/or imprisonment.

	<u> </u>						
1. SRN A9365	2. ROP Number MI-ROP-A9365-2	2012 3. County Wex	rford				
4. Stationary Source Name Avon Automotive Cadillac Division							
5. Location Address	603 West 7 th Ave.	6. City Cad	lillac				
 7. Submittal Type - The submittal must meet the criteria for the box checked below. Check only one box. Attach a mark-up of the affected ROP pages for applications for Rule 216 changes. Rule 215(1) Notification of change. Complete Items 7 – 10. Rule 215(2) Notification of change. Complete Items 7 – 10. Rule 215(3) Notification of change. Complete Items 7 – 11. Rule 216(1)(a)(i)-(iv) Administrative Amendment. Complete Items 7 – 10. Rule 216(1)(a)(v) Administrative Amendment. Complete Items 7 – 13. Results of testing, monitoring & recordkeeping must be submitted. See detailed instructions. Rule 216(2) Minor Modification. Complete Items 7 – 12. Rule 216(3) Significant Modification. Complete Items 7 – 12 and provide any additional information needed on ROP application forms. See detailed instructions. 							
Effective date of the char See detailed instructions.	y Modification. Complete Items 7 – 12. nge. (MM/DD/YYYY) 07/14/2016	9. Change in emissions	s? ☐ Yes ☒ No				
 Description of Change - Describe any changes or additions to the ROP, including any changes in emissions and/or pollutants that will occur. If additional space is needed, complete an Additional Information form (Al-001). Al-001 Form Attached. 							
11. New Source Review Permit(s) to Install (PTI) associated with this application? ☐ Yes ☐ No							
If Yes, enter the PTI Number(s) 87-16							
12. Compliance Status - A narrative compliance plan, including a schedule for compliance, must be submitted using an AI-001 if any of the following are checked No.							
a. Is the change identifi							
b. Will the change ident requirement(s)?	⊠ Yes □ No						
c. If the change include	s a future applicable requirement(s), will	timely compliance be achieved	d? ⊠ Yes □ No				
13. Operator's Additional Information ID - Create an Additional Information (AI) ID for the associated AI-001 form used to provide supplemental information.							
14. Contact Name	Telephone No.	E-mail Address					
Greg Shay	231-876-1496	gshay@ avonauto.com					
15. This submittal also upd	ates the ROP renewal application submine affected pages of the ROP must be at	tted on//	☐ Yes ☐ N/A				

NOTE: A CERTIFICATION FORM (C-001) SIGNED BY A RESPONSIBLE OFFICIAL MUST ACCOMPANY ALL SUBMITTALS

DEQ Environmental Assistance Center Phone: 800-662-9278 www.michigan.gov/deq





Michigan Department Of Environmental Quality - Air Quality Division

RENEWABLE OPERATING PERMIT APPLICATION AI-001: ADDITIONAL INFORMATION

This information is required by Article II, Chapter 1, part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to obtain a permit required by Part 55 may result in penalties and/or imprisonment. Please type or print clearly. Refer to instructions for additional information to complete this form.

This Information Confid	ential?		☐ Yes	⊠ N
larrative				
Emission Unit ID	Emission Unit Description (Process Equipment & Control Devices)	Installation Date / Modification Date	Flexible Group ID	
EUAUTOCLAVE1	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997	FGAUTOCLAVE	
EUAUTOCLAVE2	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997	FGAUTOCLAVE	
EUAUTOCLAVE3	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997	FGAUTOCLAVE	
EUAUTOCLAVE4	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997 / 2016	FGAUTOCLAVE	
EUAUTOCLAVE5	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997	FGAUTOCLAVE	
EUAUTOCLAVE6	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997 / 2016	FGAUTOCLAVE	_
EUAUTOCLAVE7	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997	FGAUTOCLAVE	
EUAUTOCLAVE8	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997 / 2016	FGAUTOCLAVE	
EUAUTOCLAVE9	Autoclave steam pressure vessel used for the curing of unvulcanized rubber.	5-19-1997	FGAUTOCLAVE	
Changes to the equi	pment described in this table are subject to the req 336.1290.	uirements of R 336.12	201, except as allowe	a
	<u> </u>			

201600160



Michigan Department Of Environmental Quality - Air Quality Division

RENEWABLE OPERATING PERMIT APPLICATION C-001: CERTIFICATION

This information is required by Article II, Chapter 1, part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in civil and/or criminal penalties. Please type or print clearly.

This form is completed and included as part of Renewable Operating Permit (ROP) initial and renewal applications, notifications of change, amendments, modifications, and additional information.

		<u> </u>					
Form Type C-001				SRI	N A9365		
Stationary Source Name							
Avon Automotive Cadillac Division				_			
City				County			
Cadillac				Wexford			
SUBMITTAL CERTIFICATION INFO	ORMATION						
1. Type of Submittal Check only one	box.						
☐ Initial Application (Rule 210)	No	tification / Adminis	strative An	nendment / Mod	ification (Rules 215/216)		
☐ Renewal (Rule 210)	☐ Oth	ner, describe on A	J-001				
2. If this ROP has more than one Sect	ion, list the S	ection(s) that this	Certificati	on applies to			
3. Submittal Media 🔲 E-ma	il	☐ FTP		Disk	☑ Paper		
Operator's Additional Information ID on Al-001 regarding a submittal. Al	- Create an /	Additional Informa	ation (AI) I	D that is used to	provide supplemental information		
			-				
CONTACT INFORMATION			1		· ···		
Contact Name Greg Shay			Title	ngineer			
Phone number		E-mail address		giiicci			
231-876-1496		gshay@avona					
		<u> </u>					
This form must be signed and	dated by a	Responsible	Officia	I.			
Responsible Official Name			Title				
Greg Spencer			Gene	General Manager			
Mailing address 603 West 7 th Ave.							
City	State	ZIP Code	Со	unty	Country		
Cadillac	MI	49601	We	xford	USA		
As a Responsible Official, I continuously, the statements and inf							
				9-	29-16		
	Signature of Responsible Official Date						