



AIR PERMIT APPLICATION COVER SHEET
 State Form 50639 (R4 / 1-10)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM – Office of Air Quality – Permits Branch
 100 N. Senate Avenue, MC 61-53 Room 1003
 Indianapolis, IN 46204-2251
 Telephone: (317) 233-0178 or
 Toll Free: 1-800-451-6027 x30178 (within Indiana)
 Facsimile Number: (317) 232-6749
www.IN.gov/idem

- NOTES:**
- The purpose of this cover sheet is to obtain the core information needed to process the air permit application. This cover sheet is required for all air permit applications submitted to IDEM, OAQ. Place this cover sheet on top of all subsequent forms and attachments that encompass your air permit application packet.
 - Submit the completed air permit application packet, including all forms and attachments, to IDEM Air Permits Administration using the address in the upper right hand corner of this page.
 - IDEM will send a bill to collect the filing fee and any other applicable fees.
 - Detailed instructions for this form are available on the Air Permit Application Forms website.

FOR OFFICE USE ONLY	
PERMIT NUMBER:	
089-48169-00323	AI ID: 11559
DATE APPLICATION WAS RECEIVED:	
Received State of Indiana	
AUG 12 2024 KB-1	
Dept of Environmental Mgmt Office of Air Quality	

1. Tax ID Number:

PART A: Purpose of Application

Part A identifies the purpose of this air permit application. For the purposes of this form, the term "source" refers to the plant site as a whole and NOT to individual emissions units.

2. Source / Company Name: Opta - East Chicago		3. Plant ID: 089 – 00323	
4. Billing Address: 5222 Indianapolis Boulevard			
City: East Chicago	State: IN	ZIP Code: 46312 – 3838	
5. Permit Level: <input type="checkbox"/> Exemption <input type="checkbox"/> Registration <input type="checkbox"/> SSOA <input type="checkbox"/> MSOP <input type="checkbox"/> FESOP <input checked="" type="checkbox"/> TVOP <input type="checkbox"/> PBR			
6. Application Summary: Check all that apply. Multiple permit numbers may be assigned as needed based on the choices selected below.			
<input type="checkbox"/> Initial Permit	<input type="checkbox"/> Renewal of Operating Permit	<input type="checkbox"/> Asphalt General Permit	
<input type="checkbox"/> Review Request	<input type="checkbox"/> Revocation of Operating Permit	<input type="checkbox"/> Alternate Emission Factor Request	
<input type="checkbox"/> Interim Approval	<input type="checkbox"/> Relocation of Portable Source	<input type="checkbox"/> Acid Deposition (Phase II)	
<input type="checkbox"/> Site Closure	<input type="checkbox"/> Emission Reduction Credit Registry		
<input type="checkbox"/> Transition (between permit levels) From:		To:	
<input checked="" type="checkbox"/> Administrative Amendment:	<input checked="" type="checkbox"/> Company Name Change	<input checked="" type="checkbox"/> Change of Responsible Official	
	<input type="checkbox"/> Correction to Non-Technical Information	<input type="checkbox"/> Notice Only Change	
	<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Modification:	<input type="checkbox"/> New Emission Unit or Control Device	<input type="checkbox"/> Modified Emission Unit or Control Device	
	<input type="checkbox"/> New Applicable Permit Requirement	<input type="checkbox"/> Change to Applicability of a Permit Requirement	
	<input type="checkbox"/> Prevention of Significant Deterioration	<input type="checkbox"/> Emission Offset	<input type="checkbox"/> MACT Preconstruction Review
	<input type="checkbox"/> Minor Source Modification	<input type="checkbox"/> Significant Source Modification	
	<input type="checkbox"/> Minor Permit Modification	<input type="checkbox"/> Significant Permit Modification	
	<input type="checkbox"/> Other (specify):		

7. Is this an application for an initial construction and/or operating permit for a "Greenfield" Source? Yes No

8. Is this an application for construction of a new emissions unit at an Existing Source? Yes No

PART B: Pre-Application Meeting

Part B specifies whether a meeting was held or is being requested to discuss the permit application.

9. Was a meeting held between the company and IDEM prior to submitting this application to discuss the details of the project?

No Yes: *Date:*

10. Would you like to schedule a meeting with IDEM management and your permit writer to discuss the details of this project?

No Yes: *Proposed Date for Meeting:*

PART C: Confidential Business Information

Part C identifies permit applications that require special care to ensure that confidential business information is kept separate from the public file.

Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in the Indiana Administrative Code (IAC). To ensure that your information remains confidential, refer to the IDEM, OAQ information regarding submittal of confidential business information. For more information on confidentiality for certain types of business information, please review IDEM's Nonrule Policy Document Air-031-NPD regarding Emission Data.

11. Is any of the information contained within this application being claimed as **Confidential Business Information**?

No Yes

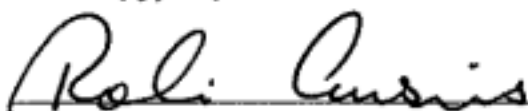
PART D: Certification Of Truth, Accuracy, and Completeness

Part D is the official certification that the information contained within the air permit application packet is truthful, accurate, and complete. Any air permit application packet that we receive without a signed certification will be deemed incomplete and may result in denial of the permit.

For a Part 70 Operating Permit (TVOP) or a Source Specific Operating Agreement (SSOA), a "responsible official" as defined in 326 IAC 2-7-1(34) must certify the air permit application. For all other applicants, this person is an "authorized individual" as defined in 326 IAC 2-1.1-1(1).

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

Robin Cousins
Name (typed)


Signature

Environmental Specialist
Title

8/7/2024
Date



OAQ GENERAL SOURCE DATA APPLICATION

GSD-01: Basic Source Level Information

State Form 50640 (R5 / 1-10)

Received

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM – Office of Air Quality – Permits Branch
100 N. Senate Avenue, MC 61-53 Room 1003
Indianapolis, IN 46204-2251
Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
www.IN.gov/idem

AUG 12 2024 KB-1

Dept of Environmental Mgmt

NOTES:

- The purpose of GSD-01 is to provide essential information about the entire source of air pollutant emissions. GSD-01 is a required form.
- Detailed instructions for this form are available on the Air Permit Application Forms website.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for public inspection.

◀ | ▶ | ↕ | ↻ | 🔍 | 📄

PART A: Source / Company Location Information

1. Source / Company Name: Opta - East Chicago		2. Plant ID: 089 – 00323	
3. Location Address: 5222 Indianapolis Boulevard			
City: East Chicago	State: IN	ZIP Code: 46312 – 3838	
4. County Name: Lake	5. Township Name: North Township		
6. Geographic Coordinates:			
Latitude: 041deg 38' 05"	Longitude: 097deg 27' 45"		
7. Universal Transferal Mercadum Coordinates (if known):			
Zone:	Horizontal:	Vertical:	
8. Adjacent States: Is the source located within 50 miles of an adjacent state?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – Indicate Adjacent State(s): <input checked="" type="checkbox"/> Illinois (IL) <input checked="" type="checkbox"/> Michigan (MI) <input type="checkbox"/> Ohio (OH) <input type="checkbox"/> Kentucky (KY)			
9. Attainment Area Designation: Is the source located within a non-attainment area for any of the criteria air pollutants?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – Indicate Nonattainment Pollutant(s): <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> NO _x <input checked="" type="checkbox"/> O ₃ <input type="checkbox"/> PM <input type="checkbox"/> PM ₁₀ <input type="checkbox"/> PM _{2.5} <input type="checkbox"/> SO ₂			
10. Portable / Stationary: Is this a portable or stationary source? <input type="checkbox"/> Portable <input checked="" type="checkbox"/> Stationary			

PART B: Source Summary

11. Company Internet Address (optional):	
12. Company Name History: Has this source operated under any other name(s)?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Provide information regarding past company names in Part I, Company Name History.	
13. Portable Source Location History: Will the location of the portable source be changing in the near future?	
<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> No <input type="checkbox"/> Yes – Complete Part J, Portable Source Location History, and Part K, Request to Change Location of Portable Source.	
14. Existing Approvals: Have any exemptions, registrations, or permits been issued to this source?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – List these permits and their corresponding emissions units in Part M, Existing Approvals.	
15. Unpermitted Emissions Units: Does this source have any unpermitted emissions units?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – List all unpermitted emissions units in Part N, Unpermitted Emissions Units.	
16. New Source Review: Is this source proposing to construct or modify any emissions units?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – List all proposed new construction in Part O, New or Modified Emissions Units.	
17. Risk Management Plan: Has this source submitted a Risk Management Plan?	
<input checked="" type="checkbox"/> Not Required <input type="checkbox"/> No <input type="checkbox"/> Yes → Date submitted: _____ EPA Facility Identifier: _____	

PART C: Source Contact Information

IDEM will send the original, signed permit decision to the person identified in this section. This person MUST be an employee of the permitted source.

18. Name of Source Contact Person: James Hilton

19. Title (optional): Plant Manager

20. Mailing Address: 5222 Indianapolis Boulevard

City: East Chicago

State: IN

ZIP Code: 46312 – 3838

21. Electronic Mail Address (optional): jhilton@optainc.com

22. Telephone Number: (219) 888 – 0074

23. Facsimile Number (optional): () –

PART D: Authorized Individual/Responsible Official Information

IDEM will send a copy of the permit decision to the person indicated in this section, if the Authorized Individual or Responsible Official is different from the Source Contact specified in Part C.

24. Name of Authorized Individual or Responsible Official: Robin Cousins

25. Title: Environmental Specialist

26. Mailing Address: 843 S. Oakwood Ave.

City: Geneseo

State: IL

ZIP Code: 61254 –

27. Telephone Number: (309) 507 – 8506

28. Facsimile Number (optional): () –

29. Request to Change the Authorized Individual or Responsible Official: Is the source officially requesting to change the person designated as the Authorized Individual or Responsible Official in the official documents issued by IDEM, OAQ? *The permit may list the title of the Authorized Individual or Responsible Official in lieu of a specific name.*

No Yes – **Change Responsible Official to:** Robin Cousins

PART E: Owner Information

30. Company Name of Owner: Opta Inc.

31. Name of Owner Contact Person: James Hilton, Plant Manager

32. Mailing Address: 5222 Indianapolis Boulevard

City: East Chicago

State: IN

ZIP Code: 46312 – 3838

33. Telephone Number: (219) 888 – 0074

34. Facsimile Number (optional): () –

34. Operator: Does the "Owner" company also operate the source to which this application applies?

No – Proceed to Part F below. Yes – Enter "SAME AS OWNER" on line 35 and proceed to Part G below.

PART F: Operator Information

35. Company Name of Operator: SAME AS OWNER

36. Name of Operator Contact Person:

37. Mailing Address:

City:

State:

ZIP Code: –

38. Telephone Number: () –

39. Facsimile Number (optional): () –

PART G: Agent Information

40. Company Name of Agent: Valparaiso Safety & Environmental Consultants, Inc.

41. Type of Agent: Environmental Consultant Attorney Other (specify):

42. Name of Agent Contact Person: Ronald Weszely

43. Mailing Address: 1101 Cumberland Crossing Drive #235

City: Valparaiso	State: IN	ZIP Code: 46383 – 2356
-------------------------	------------------	-------------------------------

44. Electronic Mail Address (optional): rwesceley.vsec@yahoo.com

45. Telephone Number: (219) 465 – 3958

46. Facsimile Number (optional): () –

47. Request for Follow-up: Does the "Agent" wish to receive a copy of the preliminary findings during the public notice period (if applicable) and a copy of the final determination? No Yes

PART H: Local Library Information

48. Date application packet was filed with the local library:

49. Name of Library:

50. Name of Librarian (optional):

51. Mailing Address:

City:	State:	ZIP Code: –
--------------	---------------	--------------------

52. Internet Address (optional):

53. Electronic Mail Address (optional):

54. Telephone Number: () –

55. Facsimile Number (optional): () –

PART I: Company Name History (if applicable)

Complete this section only if the source has previously operated under a legal name that is different from the name listed above in Section A.

56. Legal Name of Company	57. Dates of Use
National Recovery Systems	to
National Briquette Corporation	to
Harsco Corporation	to
Harsco Environmental	1/1/2019 to 12/20/2023
Opta Inc.	12/20/2023 to Present
	to
	to
	to
	to
	to

58. Company Name Change Request: Is the source officially requesting to change the legal name that will be printed on all official documents issued by IDEM, OAQ?
 No Yes – **Change Company Name to:** Opta Inc

PART L: Source Process Description

Complete this section to summarize the main processes at the source.

64. Process Description	65. Products	66. SIC Code	67. NAICS Code
The Permittee owns and operates a stationary briquette manufacturing plant.		3399	

PART M: Existing Approvals (if applicable)

Complete this section to summarize the approvals issued to the source since issuance of the main operating permit.

68. Permit ID	69. Emissions Unit IDs	70. Expiration Date
089-47536-00323	11559	01/24/2028

PART N: Unpermitted Emissions Units (if applicable)

Complete this section only if the source has emission units that are not listed in any permit issued by IDEM, OAQ.

71. Emissions Unit ID	72. Type of Emissions Unit	73. Actual Dates		
		Began Construction	Completed Construction	Began Operation

PART O: New or Modified Emissions Units (if applicable)

Complete this section only if the source is proposing to add new emission units or modify existing emission units.

74. Emissions Unit ID	75. NEW	76. MOD	77. Type of Emissions Unit	78. Estimated Dates		
				Begin Construction	Complete Construction	Begin Operation

--	--	--	--	--	--	--

PRESS FIRMLY TO SEAL
PRIORITY MAIL



PRESS FIRMLY TO SEAL
PRIORITY MAIL

This product is for use with Priority Mail®. Misuse may be a violation of federal law. This label is not for resale.

USPS.COM
UNITED STATES POSTAL SERVICE®

UNITED STATES POSTAL SERVICE
PRIORITY MAIL



U.S. POSTAGE PAID
PM
GENESEO, IL 61254
AUG 08, 2024

\$9.85

RDC 03 0 Lb 2.80 Oz R2304W121500-21

VISIT US AT USPS.COM
Label 106A, Nov 2018

Postal Service®

Label 105A, Nov 2018

PRIORITY MAIL

UNITED STATES POSTAL SERVICE®
VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE

FROM: R. Cousins
843 S. Oakwood Ave.
Geneseo, IL 61254

Received
State of Indiana

AUG 12 2024

Dept of Environmental Mgmt
Office of Air Quality

KB-1

TO:

IDEM - office of Air Quality - Permits
100 N. Senate Ave, MC 61-53 Rm 1003
Indianapolis, IN 46204-2251

FLAT RATE ENVELOPE
ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup, scan the QR code.



USPS.COM/PICKUP

TRACKED ■ INSURED

EXPECTED DELIVERY DAY: 08/10/24

USPS TRACKING® #



9505 5104 0927 4221 7430 37



how2recycle.info

Label 228, March 2016 FOR DOMESTIC AND INTERNATIONAL USE

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail® and Priority Mail International®. Misuse may be a violation of federal law. This package is not for resale. EP14F © U.S. Postal Service; October 2023; All rights reserved.