

777-48242-05544
MAE 130562

Thomas Plastic Machinery, Inc.

445 N. Third Street

Scottsburg, In 47170

Received
State of Indiana

SEP 06 2024

Dept of Environmental Mgmt
Office of Air Quality

HC

This is a revocation request for permit number 777-45516-05544. Permit level MSOP. We have sold this portable equipment located at 903 S. Lake Road S. Scottsburg IN 47170.

Steve Boswell

Thomas Plastic Machinery

445 N. Third Street

Scottsburg In. 47170

812-414-5625 Office

812-595-0249 Mobile

sboswell@thomasplasticmachinery.com

Josh Asdell

Thomas Plastic Machinery

445 N. Third Street

Scottsburg In. 47170

812-414-5622

812-820-1615 Mobile

jasdell@thomasplasticmachinery.com



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: 1-800-451-8027 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:

DATE APPLICATION WAS RECEIVED:

1. Tax ID Number: **53-1025080**

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: Thomas Plastic Machinery

3. Plant ID: 143 —

4. Billing Address: 445 North Street

City: Scottsburg

State: IN

ZIP Code: 47170 —

5. Permit Level: ☐ Exemption ☐ Registration ☐ SSOA ☒ MSOP ☐ FESOP ☐ TVOP ☐ PBR

6. Application Summary: Check all that apply. Multiple permit numbers may be assigned as needed based on the choices selected below.

☐ Initial Permit

☐ Renewal of Operating Permit

☐ Asphalt General Permit

☐ Review Request

☒ Revocation of Operating Permit

☐ Alternate Emission Factor Request

☐ Interim Approval

☐ Relocation of Portable Source

☐ Acid Deposition (Phase II)

☐ Site Closure

☐ Emission Reduction Credit Registry

☐ Transition (between permit levels)

From:

To:

☐ Administrative Amendment:

☐ Company Name Change

☐ Change of Responsible Official

☐ Correction to Non-Technical Information

☐ Notice Only Change

☐ Other (specify):

☐ Modification:

☐ New Emission Unit or Control Device

☐ Modified Emission Unit or Control Device

☐ New Applicable Permit Requirement

☐ Change to Applicability of a Permit Requirement

☐ Prevention of Significant Deterioration

☐ Emission Offset

☐ MACT Preconstruction Review

☐ Minor Source Modification

☐ Significant Source Modification

☐ Minor Permit Modification

☐ Significant Permit Modification

☐ 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.*

Joshua Asdell

Name (typed)

Signature

Safety Director

Title

8/29/2024

Date



OAQ GENERAL SOURCE DATA APPLICATION
GSD-01: Basic Source Level Information

State Form 50640 (R5 / 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 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: Thomas Plastic Machinery		2. Plant ID: 143- —	
3. Location Address: 903 S.Lake S RD.			
City: Scottsburg		State: IN	ZIP Code: 47170 —
4. County Name: Scott		5. Township Name: Vienna	
6. Geographic Coordinates: Latitude: 38.6795023		Longitude: 85.7933428	
7. Universal Transferal Mercatum 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 type="checkbox"/> Illinois (IL) <input type="checkbox"/> Michigan (MI) <input type="checkbox"/> Ohio (OH) <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Indicate Nonattainment Pollutant(s): <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> NO _x <input 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 checked="" type="checkbox"/> Portable <input 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 type="checkbox"/> Not Applicable <input checked="" 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: Joshua Asdell

19. Title (optional): Safety Director

20. Mailing Address: 445 North Third Street

City: Scottsburg

State: IN

ZIP Code: 47170 –

21. Electronic Mail Address (optional): jasdell@thomasplasticmachinery.com

22. Telephone Number: (812) 414 – 5622

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:

25. Title:

26. Mailing Address:

City:

State:

ZIP Code: –

27. Telephone Number: () –

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:

PART E: Owner Information

30. Company Name of Owner: Mark Thomas

31. Name of Owner Contact Person: Joshua Asdell

32. Mailing Address: 445 North Third Street

City: Scottsburg

State: IN

ZIP Code: 47170 –

33. Telephone Number: (812) 414 – 5622

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: N/A

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

42. Name of Agent Contact Person:

43. Mailing Address:

City:

State:

ZIP Code:

–

44. Electronic Mail Address (optional):

45. Telephone Number: () –

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

to

to

to

to

to

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:

Complete this section only if the source is portable and the location has changed since the previous permit was issued. The current location of the source should be listed in Section A.

[illegible]

Complete this section to request a change of location for a portable source.

62. Current Location:		
Address:		
City:	State:	ZIP Code: —
County Name:		
63. New Location:		
Address:		
City:	State:	ZIP Code: —
County Name:		

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
Mineral Crushing	Rock/construction debris	3295	

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
777-45516-05544		4/13/2027

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

THOMAS PLASTIC MACHINERY
445 N. THIRD ST.
SCOTTSBURG IN 47170

Retail



46204

RDC 99

U.S. POSTAGE PAID
FCM LG ENV
SCOTTSBURG, IN 4717
SEP 04, 2024

\$1.77

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INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

OFFICE OF AIR QUALITY, PERMITS ADMINISTRATION

ATTN: IN COMING APPLICATION

100 NORTH SENATE AVENUE IGCN 1003
INDIANA POLIS IN. 46204-2251

