

097-48254-00401

MAI 17770

August 9, 2024

IDEM Air Permits Administration
ATTN: Incoming Application
100 North Senate Avenue
MC61-53, IGCN 1003
Indianapolis, IN 46204-2251

Received
State of Indiana
SEP 12 2024
Dept of Environmental Mgmt
Office of Air Quality

Hc

Subject: Multi Packaging Solutions 2020 Production Drive Indianapolis, IN
Permit Number 097-45395-00401

Dear Sir or Madam:

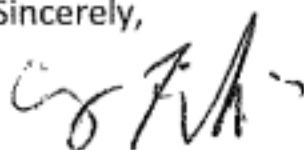
Multi Packaging Solutions (MPS) operates a printed packaging operation in Indianapolis, Indiana which includes offset lithographic printing, die cutting, folding and gluing processes. The operation is permitted under Indiana Department of Environmental Management Permit 097-45395-00401. The gluing portion of the process consists of five (5) gluers which utilize cold-set adhesives to bond cut paperboard into finished folded cartons.

Currently, MPS intends to remove one of the gluers listed in the permit as IN40FGM2 and replace it with another similar unit. The throughput for the replacement gluer is the same as the one being removed. The only change will be a new identification number for the replacement gluer as 13919779. To effectuate this change, please accept the attached IDEM Forms:

- IDEM Form 50639 – Air Permit Application Cover Sheet
- IDEM Form 50640 – GSD-01 – Basic Source Level Information

We trust this provided sufficient information to complete a review and modify the site's air permit as needed. Should you have any questions or require additional information, please contact Rob Bockstruck – Environmental Service Manager at 314-656-5367 or via email at rob.bockstruck@westrock.com

Sincerely,



Casey Filkins
Plant Manger
enclosures

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.

Scott Ward
Name (typed)

General Manager
Title

Signature

Date

9/10/24



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: Multi Packaging Solutions		2. Plant ID: 097 – 00401	
3. Location Address: 2020 Production Drive			
City: Indianapolis		State: IN	ZIP Code: 46241 –
4. County Name: Marion		5. Township Name: Wayne	
6. Geographic Coordinates:			
Latitude: 34:44:19N		Longitude: 86:15:42W	
7. Universal Transferred Mercator Coordinates (if known):			
Zone:	Horizontal:	Vertical:	
8. Adjacent States: Is the source located within 50 miles of an adjacent state?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>Indicate Adjacent State(s):</i> <input type="checkbox"/> Illinois (IL) <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>Indicate Nonattainment Pollutant(s):</i> <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 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 – <i>Provide information regarding past company names in Part I, Company Name History.</i>	
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 – <i>Complete Part J, Portable Source Location History, and Part K, Request to Change Location of Portable Source.</i>	
14. Existing Approvals: Have any exemptions, registrations, or permits been issued to this source?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – <i>List these permits and their corresponding emissions units in Part M, Existing Approvals.</i>	
15. Unpermitted Emissions Units: Does this source have any unpermitted emissions units?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>List all unpermitted emissions units in Part N, Unpermitted Emissions Units.</i>	
16. New Source Review: Is this source proposing to construct or modify any emissions units?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>List all proposed new construction in Part O, New or Modified Emissions Units.</i>	
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: Casey Filkens		
19. Title (optional): Plant Manager		
20. Mailing Address: 2020 Production Drive		
City: Indianapolis	State: IN	ZIP Code: 46241 -
21. Electronic Mail Address (optional): casey.filkins@westrock.com		
22. Telephone Number: (317) 227 - 1748	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: Scott Ward		
25. Title: General Manager		
26. Mailing Address: 2020 Production Drive		
City: Indianapolis	State: IN	ZIP Code: 43241 -
27. Telephone Number: (828) 384 - 6742	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. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Change Responsible Official to: General Manager		

PART E: Owner Information

30. Company Name of Owner: Multi Packaging Solutions		
31. Name of Owner Contact Person: Scott Ward		
32. Mailing Address: 2020 Production Drive		
City: Indianapolis	State: IN	ZIP Code: 43241 -
33. Telephone Number: (828) 384 - 6742	34. Facsimile Number (optional): () -	
34. Operator: Does the "Owner" company also operate the source to which this application applies? <input type="checkbox"/> No - Proceed to Part F below. <input checked="" type="checkbox"/> 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:** WestRock

41. **Type of Agent:** Environmental Consultant Attorney Other (specify): Corporate Env Services

42. **Name of Agent Contact Person:** Rob Bockstruck

43. **Mailing Address:** 1000 Abernathy Rd NE

City: Atlanta	State: GA	ZIP Code: 30328 -
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44. **Electronic Mail Address (optional):** rob.bockstruck@westrock.com

45. **Telephone Number:** (618) 406 - 0890

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:** N/A

49. **Name of Library:**

50. **Name of Librarian (optional):**

51. **Mailing Address:**

City:	State:	ZIP Code: -
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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:**

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
Commerical Printing, Lithographic	Cartons	2752	

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
M097-45395-00401	Plant	9/19/2032

PART N: Unpermitted Emissions Units (if applicable)

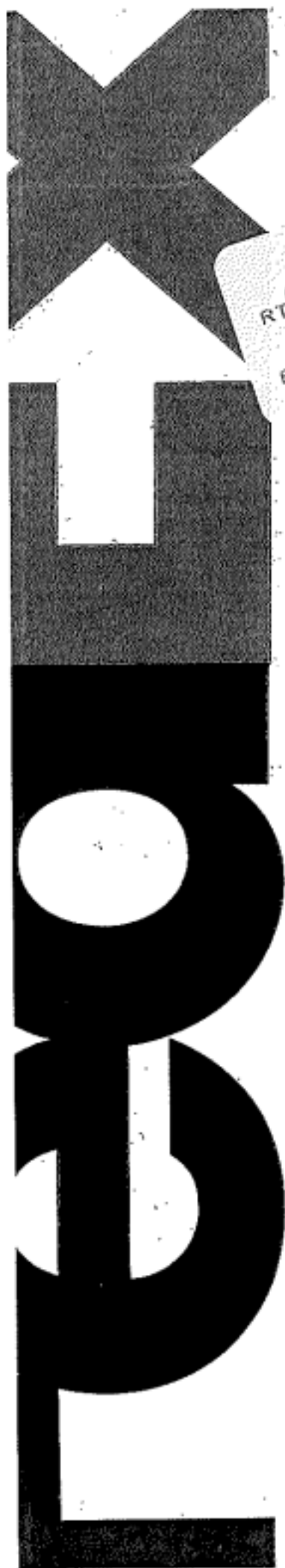
Complete this section only if the source has emission units that are not listed in any permit issued by IDEM, OAQ.

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
IN40FGM2		X	Gluers	8/31/2024	8/31/2024	8/1/2024



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ORIGIN ID:HNBA (317) 227-5615
SHIPPING DEPARTMENT
WESTROCK INDIANAPOLIS
2020 PRODUCTION DR
INDIANAPOLIS, IN 46241
UNITED STATES US

SHIP DATE: 11SEP24
ACTWGT: 0.20 LB
CAD: 0252190/CAFE3313
BILL SENDER

TO INCOMING APPLICATION

100 NORTH SENATE AVE
MC 61-53 IGCN 1003
INDIANAPOLIS IN 46204

INU: PO1 REF: DEPT:



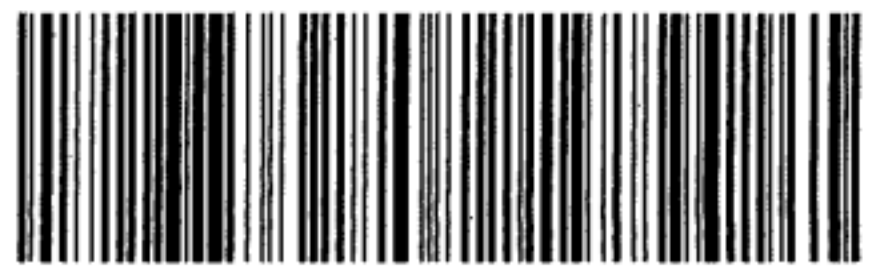
TRK# 1251 0744 8102
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THU - 12 SEP 10:30A
PRIORITY OVERNIGHT

53 GSHA

46204
IN-US IND

Part # 156148-434 MTW EXP 11/22 **



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