



1040 Michigan Street
Gary, IN 46401

089-48321-00151

MAI
13808

Received
State of Indiana

OCT 03 2024

Dept of Environmental Mgmt
Office of Air Quality

HC

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September 26, 2024

Indiana Department of Environmental Management
Office of Air Quality – Permits Branch
100 North Senate Avenue
Indianapolis, IN 46204-2251

RE: Request for facility name change

Attn: Incoming Application

Reworld Oil, LLC (Reworld) is submitting this letter to formally request a name change for our facility currently registered under the name Beaver Oil, LLC. Reworld acquired Beaver Oil, LLC on May 1, 2023, and has decided to update the facility name to Reworld Oil, LLC on all associated permits issued by the Indiana Department of Environmental Management. The details of the facility are provided below:

- Current name of the facility: Beaver Oil, LLC
- Address: 1040 Michigan Street, Gary, Indiana 46402
- Current permit number: 089-46828-00151

Please find the necessary documentation attached to support this request, including:

- Application Cover Sheet (State Form 50639), and
- GSD-01: Basic Source Level Information (State Form 50640)

We kindly request that IDEM update its records to reflect this change at the earliest convenience.

Should you require any additional information or documentation, please do not hesitate to contact Lawrence Griffith at 219-448-8007 or lgriffith1@reworldwaste. We appreciate your prompt attention to this matter.

Sincerely,
Reworld Oil, LLC.

Jonathan Nyson
Area 1 Manager, Midwest Region

cc: Lawrence Griffith, Operations Manager
Kim Peterson, Director of Environmental Affairs, Midwest Region



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: | |
| DATE APPLICATION WAS RECEIVED: | State of Indiana OCT 03 2024 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: Reworld Oil, LLC 3. Plant ID: 089 – 46828

4. Billing Address: 6037 Lenzi Avenue
 City: Hodgkins State: IL ZIP Code: 60565 –

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.

| | | |
|---|---|--|
| <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 | |

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

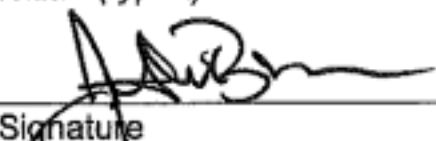
Part D is the official certification that the information contained within the air permit application packet is truthful, accurate, and complete. Any air permit application packet that we receive without a signed certification will be deemed incomplete and may result in denial of the permit.

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.

Jonathan Nyson
Name (typed)

Area 1 Manager, Midwest Region
Title


Signature

9/26/2024
Date



OAQ GENERAL SOURCE DATA APPLICATION

GSD-01: Basic Source Level Information

State Form 50640 (R5 / 1-10) State of Indiana
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

OCT 03 2024

Dept of Environmental Mgmt
Office of Air Quality

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: Reworld Oil, LLC | | 2. Plant ID: 089 – 46828 | |
| 3. Location Address: 1040 Michigan Street | | | |
| City: Gary | | State: IN | ZIP Code: 46402 – |
| 4. County Name: Lake | | 5. Township Name: Calumet | |
| 6. Geographic Coordinates: | | | |
| Latitude: 41 35' 36" | | Longitude: -87 18' 46" | |
| 7. Universal Transverse Mercator Coordinates (if known): | | | |
| Zone: 16 | Horizontal: 473952.11 | Vertical: 4604675.33 | |
| 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 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 type="checkbox"/> No <input checked="" 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 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: Lawrence Griffith

19. Title (optional):

20. Mailing Address: 6037 Lenzi Avenue

City: Hodgkins

State: IL

ZIP Code: 60525 -

21. Electronic Mail Address (optional): lgriffith1@reworldwaste.com

22. Telephone Number: (219) 448 - 8007

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: Jonathan Nyson

25. Title: Area 1 Manager, Midwest Region

26. Mailing Address: 6037 Lenzi Avenue

City: Hodgkins

State: IL

ZIP Code: 60525 -

27. Telephone Number: (219) 881 - 9234

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: Reworld Oil, LLC

31. Name of Owner Contact Person: Jonathan Nyson

32. Mailing Address: 6037 Lenzi Avenue

City: Hodgkins

State: IL

ZIP Code: 60525 -

33. Telephone Number: (708) 354 - 4040

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:

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:** T&M Associates

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

42. **Name of Agent Contact Person:** Veena Raman

43. **Mailing Address:** 4675 Lakehurst Ct, Suite 250

| | | |
|----------------|-----------|-------------------|
| City: Columbus | State: OH | ZIP Code: 43016 - |
|----------------|-----------|-------------------|

44. **Electronic Mail Address (optional):** NRaman@tandmassociates.com

45. **Telephone Number:** (614) 339 - 3380

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 |
|---------------------------|------------------|
| Beaver Oil LLC | 1980 to 2023 |
| | 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:** Reworld Oil, LLC

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 |
|-------------------------|--------------|--------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 |
|---------------|------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ORIGIN ID: ATWA (920) 379-8877
SUE GAU
REORLD SOLUTIONS, LLC
210 TOWER ROAD

WINNECONNE, WI 54986
UNITED STATES US

SHIP DATE: 02OCT24
ACTWGT: 1.00 LB
CAD: 251408098/MNET4535

BILL SENDER

TO **ATTN: INCOMING APPLICATIONS**
IDEM-OFFICE OF AIR QUALITY, PERMITS
100 N. SENATE ACVENUE

INDIANAPOLIS IN 46204

(317) 233-0178
INV: PO:

REF:

DEPT:

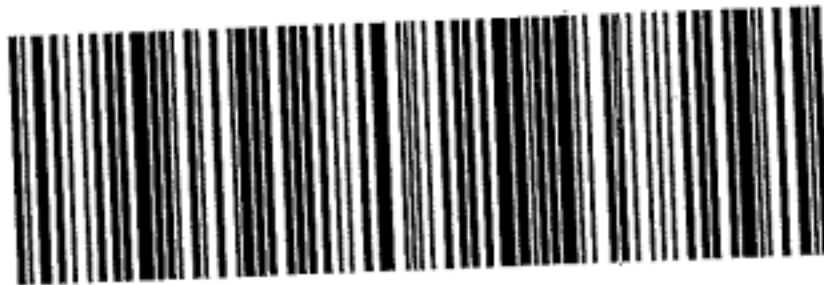


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for packing tips.

Ice
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