



091-48426 - 00063
AI: 36105

Received JFJ
State of Indiana HC
DEC 05 2024
Dept of Environmental Mgmt
Office of Air Quality

October 28, 2024

To whom it may concern:

Spina Enterprises, Inc formally known as Harrison Electric is applying for Registration Permit, 091-0063. On the internal Registration we are be deleting f and h in selection A.2. We have also added a New Big Bake-Off Oven. Will be happy to provide any additional information needed to complete the permit.

Sincerely,

Heather Pritchard
Spina Enterprises, Inc
accounting@spina-enterprises.com
219-879-0444



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:	AI:36105
	091 - 48426 - 00063
DATE APPLICATION WAS RECEIVED:	
RECEIVED State of Indiana DEC 05 2024 HC 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: Spina Enterprises, Inc	3. Plant ID: 091 - 00063
4. Billing Address: 10855 West 400 North	
City: Michigan City	State: In ZIP Code: 46360
5. Permit Level: <input type="checkbox"/> Exemption <input checked="" type="checkbox"/> Registration <input type="checkbox"/> SSOA <input type="checkbox"/> MSOP <input type="checkbox"/> FESOP <input 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 type="checkbox"/> Administrative Amendment: <input checked="" type="checkbox"/> Company Name Change <input 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Is this an application for construction of a new emissions unit at an Existing Source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

Name (typed) John Spino

Title President

Signature 

Date 10-8-24



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

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

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

DEC 05 2024 HC

- 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. Office of Air Quality
 - 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: Spina Enterprises, Inc	2. Plant ID: 091 - 0063	
3. Location Address: 10855 West 400 North		
City: Michigan City	State: In	ZIP Code: 46360
4. County Name: LaPorte	5. Township Name: Cool Spring	
6. Geographic Coordinates:		
Latitude: 41.665900	Longitude: - 86.909810	
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 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 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 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 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 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 type="checkbox"/> Not Required <input checked="" 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: <u>Heather Pritchard</u>		
19. Title (optional): <u>Accounting</u>		
20. Mailing Address: <u>10844 West 400 North</u>		
City: <u>Michigan City</u>	State: <u>IN</u>	ZIP Code: <u>46360</u>
21. Electronic Mail Address (optional):		
22. Telephone Number: <u>(219) 879-0444</u>	23. Facsimile Number (optional): <u>(219) 879-0402</u>	

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: <u>John Spina</u>		
25. Title: <u>President</u>		
26. Mailing Address: <u>10855 West 400 North</u>		
City: <u>Michigan City</u>	State: <u>IN</u>	ZIP Code: <u>46360</u>
27. Telephone Number: <u>(219) 879-0444</u>	28. Facsimile Number (optional): <u>(219) 879-0402</u>	
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? <i>The permit may list the title of the Authorized Individual or Responsible Official in lieu of a specific name.</i>		
<input type="checkbox"/> No <input type="checkbox"/> Yes - Change Responsible Official to:		

PART E: Owner Information

30. Company Name of Owner: <u>Spina Enterprises, Inc</u>		
31. Name of Owner Contact Person: <u>John Spina</u>		
32. Mailing Address: <u>10855 West 400 North</u>		
City: <u>Michigan City</u>	State: <u>IN</u>	ZIP Code: <u>46360</u>
33. Telephone Number: <u>(219) 879-0444</u>	34. Facsimile Number (optional): <u>(219) 879-0402</u>	
34. Operator: Does the "Owner" company also operate the source to which this application applies?		
<input checked="" type="checkbox"/> No - Proceed to Part F below. <input 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:		
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:

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
Harrison Electric	1985 to 2022
	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: Spina Enterprises 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
Armature Rewind Shop	motor	7694	

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
	091-00063	

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
	New Big Bake Oven	2024	2024	2024

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

**Appendix A: Emissions Calculations
Summary of Emissions**

Company Name: Harrison Electric, Inc.
Address City IN Zip: 10855W 400N, Michigan City, IN 46360
Registration Number: R091-39814-00063
Reviewer: Brian Wright

Unlimited Potential to Emit (tons/yr)

Emission Unit	PM	PM ₁₀	PM _{2.5}	SO ₂	NO _x	VOC	CO	Single HAP (Xylene)	Total HAP
Degreasing	-	-	-	-	-	0.60	-	-	-
Diesel Generator	0.11	0.11	0.11	0.10	1.55	0.13	0.33	0.00	0.00
Heaters	0.01	0.04	0.04	0.00	0.48	0.03	0.40	0.00	0.01
Large Sandblaster	23.20	23.20	23.20	-	-	-	-	-	-
Ovens	0.02	0.09	0.09	0.01	1.24	0.07	1.04	0.00	0.02
Paint Booth	0.28	0.28	0.28	-	-	8.25	-	1.10	3.23
Plating	0.01	0.01	0.01	-	-	-	-	0.00	0.01
Pressure Washers	0.01	0.03	0.03	0.00	0.40	0.02	0.33	0.00	0.01
Small Sandblaster	0.83	0.83	0.83	-	-	-	-	-	-
Unpaved and Paved Roads	0.30	0.07	0.01	-	-	-	-	-	-
Welding	0.18	0.18	0.18	-	-	-	-	0.00	0.02
Total	24.96	24.85	24.79	0.12	3.67	9.09	2.11	1.10	3.30

Extremely Urgent



Visit **UPS.com**
Apply shipping documents on this side.

Scan QR code to schedule a pickup

Domestic Shipments

- To qualify for the letter rate, UPS Express® envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express envelopes containing items other than those listed or weighing more than 8 oz. will be billed by weight.

International Shipments

- The UPS Express envelope may be used only for documents of no commercial value. Certain countries consider electronic media as documents. Visit [ups.com/ImportExport](https://www.ups.com/ImportExport) to verify if your shipment is classified as a document.
- To qualify for the letter rate, the UPS Express envelope must weigh 8 oz. or less. UPS express envelopes weighing more than 8 oz. will be billed by weight.

Note: UPS Express envelopes are not recommended for shipments of electronic media containing sensitive personal information or breakable items. Do not send cash or cash equivalent.

Permits

This envelope is for use with the following services:

- UPS
- UPS
- UPS
- UPS Worldwide Expedited®

- Do not use this envelope for:
- UPS Ground
 - UPS Standard
 - UPS 3 Day Select®

INDIANA DEPT. OF ENVIRONMENTAL M
100 N SENATE AVE
INDIANAPOLIS IN 46204

BRWN01 S:TYE
STEV - 1300 4077
1Z443267016692 4077
DEC 5 08:19:14Z '24
DEC 5 21:11R
000R 05
H1P 24.3.1
4651
US

LTR 1 OF 1

JENNIFER HIBNER
(219) 879-0444
SPINA ENTERPRISES
10855 WEST 400 NORTH
MICHIGAN CITY IN 46360

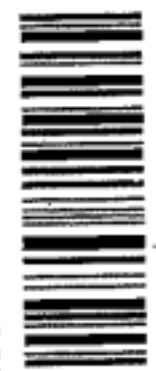
SHIP TO:

OFFICE OF AIR QUALITY
INDIANA DEPT. OF ENVIRONMENTAL MANAG
100 NORTH SENATE AVENUE, IGCN 1003
INDIANAPOLIS IN 46204-2251

DEC 05 2024 HC
Dept. of Environmental Mgt
Office of Air Quality

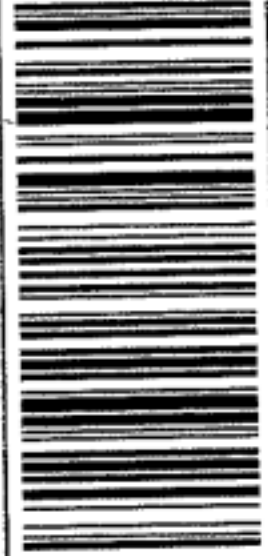
State of Indiana

IN 461 9-01



UPS NEXT DAY AIR 1

TRACKING #: 1Z 443 267 01 6692 4077



BILLING: P/P

Serving you for more than 110 years
United Parcel Service.®



For information about UPS's privacy practices or to opt out from the sale of personal information, please see the UPS Privacy Notice at www.ups.com
010195101 9/20 PAC United Parcel Service

International Shipping Notice — Carriage hereunder may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Contract for the International Carriage of Goods by Road (the "CMR Convention"). These commodities, technology or software were exported from the U.S. in accordance with the Export Administration Regulations. Diversion contrary to U.S. law prohibited.

US 27.0.25 LP2844 49.0R 12/2024
SEE UPS.COM FOR REGULATIONS REGARDING UPS TERMS, AND UNIVERSAL INDICATION OF LIABILITY. WHERE APPLICABLE, UPS IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO CONTENTS OF THIS SHIPMENT. IF REQUIRED, THE U.S. SHIPPER MUST OBTAIN THE NECESSARY PERMITS AND LICENSES FOR EXPORTATION OF THIS SHIPMENT. EXPORTATION OF THIS SHIPMENT IS SUBJECT TO U.S. EXPORT ADMINISTRATION REGULATIONS. EXPORTATION OF THIS SHIPMENT IS SUBJECT TO U.S. EXPORT ADMINISTRATION REGULATIONS.