

097-48635-00042
AZ: 11515

December 20, 2024

Indiana Department of Environmental Management
Permit Administration and Support Section, Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, IN 46204-2251

Received JFJ
State of Indiana
JAN 03 2025 HC
Dept of Environmental Mgmt
Office of Air Quality

**RE: Part 70 Operating Permit Renewal Application
Ingredion Incorporated - Indianapolis Plant [Plant ID 097-00042]**

To Whom It May Concern,

The following is an application for the renewal of the Part 70 Operating Permit (Title V) for the Ingredion Incorporated (Ingredion) wet corn milling plant located at 1515 South Drover Street in Indianapolis, Indiana, (Indianapolis Plant). Ingredion operates the Indianapolis Facility under Title V Operating Permit No. T097-42340-00042, issued by the Indiana Department of Environmental Management (IDEM) on October 6, 2020. The permit has since been amended and modified, most recently by Administrative Amendment No. 097-48424-00042, issued on December 13, 2024. The Indianapolis Facility's current Title V expires October 6, 2025. As required by Condition B.16, this renewal application is being submitted no later than nine (9) months prior to the permit expiration date.

Under 40 CFR 64, the Compliance Assurance Monitoring (CAM) regulations, facilities are required to prepare and submit monitoring plans for certain emission units. The CAM plans are intended to document methods that will provide on-going and reasonable assurance of compliance with emission limits.

Previous CAM applicability determinations included in the Title V for all applicable emission units are still valid and a CAM plan is not required at this time for any other emission units.

No changes to the existing Title V conditions are requested as part of this renewal application. As provided in IDEM's guidance for submitting a streamlined renewal application, attached to this cover letter is a fully executed Application Cover Sheet and Form GSD-01.¹

If there are any questions concerning this application, please do not hesitate to contact me at (317) 437-7170 or Ms. Emily Stewart of Trinity Consultants at (317) 451-8102.

¹ Streamlined renewal application guidance provided by <https://www.in.gov/idem/airpermit/information-about/application-process/air-operating-permit-renewal-applications/>

Sincerely,

INGREDION INCORPORATED

A handwritten signature in black ink, appearing to read 'Ian Ewusi', written in a cursive style.

Ian Ewusi
Indianapolis EHSS Manager

Enclosure

cc: Emily Stewart (Trinity Consultants)



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: 11515
	097 - 48635 - 00042
DATE APPLICATION WAS RECEIVED:	
	Received State of Indiana
	JAN 03 2025 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: Ingredion Incorporated Indianapolis Plant 3. Plant ID: 097 - 00042

4. Billing Address: 1515 South Drovers Street
 City: Indianapolis State: IN ZIP Code: 46221 -

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 checked="" 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.

Josh Melby
Name (typed)

Plant Manager
Title


Signature

1. 2. 25
Date

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

State Form 50640 (rev. 03/2014)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

JAN 03 2025 HC

Dept of Environmental Mgmt
Office of Air Quality

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 Indianapolis, IN 46204-2251
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 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: Ingridion Incorporated Indianapolis Plant		2. Plant ID: 097 – 00042	
3. Location Address: 1515 South Drover Street			
City: Indianapolis		State: IN	ZIP Code: 46221 –
4. County Name: Marion		5. Township Name: Center	
6. Geographic Coordinates: Latitude: 39° 49' 47"		Longitude: 86° 10' 31"	
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 – Indicate Adjacent State(s): <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 – 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): www.ingredion.com/	
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 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 type="checkbox"/> Not Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes → Date submitted: 12/17/2019 EPA Facility Identifier: 1000 – 0002 – 4957	

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: Ian Ewusi

19. Title (optional): Indianapolis EHSS Manager

20. Mailing Address: 1515 South Drover Street

City: Indianapolis

State: IN

ZIP Code: 46221 -

21. Electronic Mail Address (optional): lan.ewusi@ingredion.com

22. Telephone Number: (317) 437 - 7170

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: Josh Melby

25. Title: Plant Manager

26. Mailing Address: 1515 South Drover Street

City: Indianapolis

State: IN

ZIP Code: 46221 -

27. Telephone Number: (317) 635 - 4455

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: Ingredion Incorporated

31. Name of Owner Contact Person: Raymond Doogan

32. Mailing Address: 5 Westbrook Corporate Center

City: Westchester

State: IL

ZIP Code: 60154 -

33. Telephone Number: (708) 563 - 6786

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: Trinity Consultants

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

42. Name of Agent Contact Person: Emily Stewart

43. Mailing Address: 8900 Keystone Crossing, Suite 1070

City: Indianapolis	State: IN	ZIP Code: 46240 --
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44. Electronic Mail Address (optional): EStewart@trinityconsultants.com

45. Telephone Number: (317) 451 -- 8102

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: Within 10 days of the application submittal

49. Name of Library: Indianapolis Public Library - West Indianapolis Branch

50. Name of Librarian (optional):

51. Mailing Address: 1216 S. Kappes Street

City: Indianapolis	State: IN	ZIP Code: 46221 --
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52. Internet Address (optional): <http://www.imcpl.org/>

53. Electronic Mail Address (optional):

54. Telephone Number: (317) 275 -- 4540

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 Starch and Chemical Company	1/1/1980 to 1/1/1995
INDOPCO d.b.a. National Starch and Chemical Company	1/2/1980 to 4/1/2008
National Starch LLC	4/2/2008 to 6/4/2012
Ingredion Incorporated Indianapolis Plant	6/4/2012 to Present
	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
Corn Wet Milling	Feed, Germ, Heavy Steep Water, Corn Starch	2046	3112211

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
48424	Title V Administrative Ammendment	10/6/2025
47639	Title V Administrative Ammendment	10/6/2025
47588	Title V Significant Permit Modification	10/6/2025
47417	Title V Significant Source Modification	10/6/2025
	See IDEM's Air Permitting Database for Additional Existing Approvals	

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
	N/A			

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
			N/A			

Photo Document Mailer

From:

IAN EWUBI
(317) 497-7170
THE UPS STORE #5753
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NOBLESVILLE IN 46060-7221

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DATE: 02 JAN 2025

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TO: IDEM OFFICE OF AIR QUALITY
INCOMING APPLICATION
MC 61-53 IGCN 1003
100 N SENATE AVE
INDIANAPOLIS IN 46204



IN 461 9-01



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Received
State of Indiana
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Dept of Environmental Mgmt
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