

4/235

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: McCoy Investments dba\ IDS Blast Finishing
Source Address: 2717 Tobey Drive, Indianapolis, Indiana 46219
FESOP Permit No.: F097-39520-00524

F097-41235-00524

Received State of Indiana
JAN 14 2025
Department of Environmental Management
OFFICE OF AIR QUALITY

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

☐ Annual Compliance Certification Letter

☐ Test Result (specify) _____

☒ Report (specify) Quarterly Deviation: Compliance Monitoring Report

☐ Notification (specify) _____

☐ Affidavit (specify) _____

☐ Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: Michael Archer

Printed Name: MICHAEL ARCHER

Title/Position: V.P. of OPERATIONS

Date: 1/7/2025

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251
Phone: (317) 233-0178
Fax: (317) 233-6865

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY OCCURRENCE REPORT

Source Name: McCoy Investments dba\ IDS Blast Finishing
Source Address: 2717 Tobey Drive, Indianapolis, Indiana 46219
FESOP Permit No.: F097-39520-00524 F097-41235-00524

This form consists of 2 pages

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- ☐ This is an emergency as defined in 326 IAC 2-7-1(12)
- The Permittee must notify the Office of Air Quality (OAQ), within four (4) daytime business hours (1-800-451-6027 or 317-233-0178, ask for Compliance Section); and
 - The Permittee must submit notice in writing or by facsimile within two (2) working days (Facsimile Number: 317-233-6865), and follow the other requirements of 326 IAC 2-8-12

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

No Occurrence

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency started:	NO OCCURANCE
Date/Time Emergency was corrected:	
Was the facility being properly operated at the time of the emergency? Describe:	Y N
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:	
Estimated amount of pollutant(s) emitted during emergency:	
Describe the steps taken to mitigate the problem:	
Describe the corrective actions/response steps taken:	
Describe the measures taken to minimize emissions:	
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:	

Form Completed by:

Michael R...

Title / Position:

V.P. of OPERATIONS

Date:

11/7/2025

Phone:

317-545-0665

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH

FESOP Quarterly Report

Source Name: McCoy Investments dba\ IDS Blast Finishing
Current Source Address: 2717 Tobey Drive, Indianapolis, Indiana 46219
FESOP Permit No.: F097-41235-00524
Facility: Wheelabrator SB17
Parameter: Hours of Operation
Limit: The one (1) wheelabrator, identified as SB17, shall be limited to less than 4,000 operational hours per twelve (12) consecutive month period.

QUARTER: 4th YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	Hours of operation This Month	Hours of operation Previous 11 Months	Hours of operation 12 Month Total
OCT	13.5	202.9	216.4
NOV	0	216.4	216.4
DEC	0	216.4	216.4

☒ No deviation occurred in this quarter.
☐ Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Submitted by: MICHAEL ARCHER
Title / Position: V.P. OF OPERATIONS
Signature: Michael Archer
Date: 1/7/2025
Phone: 317-545-0665

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT

Source Name: McCoy Investments dba\ IDS Blast Finishing
Source Address: 2717 Tobey Drive, Indianapolis, Indiana 46219
FESOP Permit No.: F097-39520-00524 F097-41235-00524

Months: OCT to DEC Year: 2024

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This report shall be submitted quarterly based on a calendar year. Proper notice submittal under Section B - Emergency Provisions satisfies the reporting requirements of paragraph (a) of Section C - General Reporting. Any deviation from the requirements of this permit, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

☒ NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

☐ THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)		
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		
Probable Cause of Deviation:		
Response Steps Taken:		
Permit Requirement (specify permit condition #)		
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		
Probable Cause of Deviation:		
Response Steps Taken:		
Permit Requirement (specify permit condition #)		
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		
Probable Cause of Deviation:		
Response Steps Taken:		

Form Completed by:

Michael R.

Title / Position:

V.P. of OPERATIONS

Date:

1/7/2025

Phone:

317-545-0665



bey Drive, Indianapolis, Indiana 46219

Retail



46204

RDC 03

U.S. POSTAGE PAID
PM
INDIANAPOLIS, IN 46226
JAN 10, 2025

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STICKER AT TOP OF ENVELOPE TO THE RIGHT
THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



710 5270 0660 9637 59

IDEM-Office of Air Quality -Permits Branch
100 N. Senate Avenue, MC 61-53 Room 1003
Indianapolis, IN 46204-2251