

167-47974-00053

MAI 55092

Lowe's Blacktop & Exc., Inc.

8463 Hayne Road
Terre Haute, IN 47805
812-466-9500
loblex@frontier.com

June 10, 2024

To Whom It May Concern
IDEM – OAQ – Permits Branch
100 N. Senate Avenue
ME-53 Room 1003
Indianapolis, Indiana 46204-2251

Received
State of Indiana

JUN 27 2024

Dept of Environmental Mgmt
Office of Air Quality

HC

I am asking to revoke my FESOP # F167-3500.-00053. We have not used our plant since the fall of 2023. I am not in good health so I am downsizing.

I notified verbally that we were not running our plant this year(or any year after). It is being dismantled and removed from the property.

Thank you for your help in the years we have been involved with IDEM. Please see the forms ~~attached~~.

enclosed.

Respectfully,



Thomas W. Lowe
President
Lowe's Blacktop & Exc., Inc.



OAQ GENERAL SOURCE DATA APPLICATION

GSD-01: Basic Source Level Information

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

JUN 27 2024

Dept of Environmental Mgmt
Office of Air Quality

HC

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

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: Lowe's Blacktop & Exc., Inc.		2. Plant ID: 167 – 00053	
3. Location Address: 8463 Hayne Road			
City: Terre Haute	State: IN	ZIP Code: 47805 – 9716	
4. County Name: Vigo		5. Township Name: Neyins	
6. Geographic Coordinates:			
Latitude:		Longitude:	
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 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 checked="" 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 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: 2015 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: THOMAS LOWE

19. Title (optional): PRESIDENT

20. Mailing Address: 8463 HAYNE ROAD

City: TERRE HAUTE

State: IN

ZIP Code: 47805 – 9716

21. Electronic Mail Address (optional):

22. Telephone Number: (812) 466 – 9500

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:

25. Title:

26. Mailing Address:

City:

State:

ZIP Code: –

27. Telephone Number: () –

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: LOWE'S BLACKTOP & EXC., INC.

31. Name of Owner Contact Person: THOMAS LOWE

32. Mailing Address: 8463 HAYNE ROAD

City: TERRE HAUTE

State: IN

ZIP Code: 47805 – 9716

33. Telephone Number: (812) 466 – 9500

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: NA

37. Mailing Address:

City:

State:

ZIP Code: –

38. Telephone Number: () –

39. Facsimile Number (optional): () –



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

- 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:	Received State of Indiana JUN 27 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: Lowe's Blacktop & Exc., Inc. 3. Plant ID: 167 -- 00053

4. Billing Address: 8463 Hayne Road

City: Terre Haute State: IN ZIP Code: 47805 – 9716

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 checked="" 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:

<input 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):	

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? 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.

Thomas W. Lowe
Name (typed)

President
Title

Thomas W Lowe
Signature

June 6, 2024
Date



OAQ GENERAL SOURCE DATA APPLICATION
GSD-01: Basic Source Level Information
 State Form 50640 (R5 / 1-10)
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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www.IN.gov/idem

NOTES:

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PART A: Source / Company Location Information

1. Source / Company Name: LOWE'S BLACKTOP & EXC., INC.		2. Plant ID: 167 – 00053	
3. Location Address: 8463 HAYNE ROAD			
City: TERRE HAUTE	State: IN	ZIP Code: 47805 – 9716	
4. County Name: VIGO		5. Township Name: NEVINS	
6. Geographic Coordinates:			
Latitude:		Longitude:	
7. Universal Transferal Mercadum 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 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 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): LOBLEX@FRONTIER.COM
12. Company Name History: Has this source operated under any other name(s)? <input checked="" 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 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: 1/1/2015 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: Thomas Lowe		
19. Title (optional): President		
20. Mailing Address: 8463 Hayne Road		
City: Terre Haute	State: IN	ZIP Code: 47805 – 9716
21. Electronic Mail Address (optional): Loblex@frontier.com		
22. Telephone Number: (812) 466 – 9500	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: Thomas Lowe		
25. Title: President		
26. Mailing Address: 8463 Hayne Road		
City: Terre Haute	State: IN	ZIP Code: 47805 – 9716
27. Telephone Number: (812) 466 – 9500	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? <i>The permit may list the title of the Authorized Individual or Responsible Official in lieu of a specific name.</i>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>Change Responsible Official to:</i>		

PART E: Owner Information

30. Company Name of Owner: Lowe's Blacktop & Exc., Inc.		
31. Name of Owner Contact Person: Thomas Lowe		
32. Mailing Address: 8463 Hayne Road		
City: Terre Haute	State: IN	ZIP Code: 47805 – 9716
33. Telephone Number: (812) 466 – 9500	34. Facsimile Number (optional): () –	
34. Operator: Does the "Owner" company also operate the source to which this application applies?		
<input type="checkbox"/> No – <i>Proceed to Part F below.</i> <input checked="" type="checkbox"/> Yes – <i>Enter "SAME AS OWNER" on line 35 and proceed to Part G below.</i>		

PART F: Operator Information

35. Company Name of Operator:		
36. Name of Operator Contact Person: N/A		
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: N/A 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):** N/A

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
N/A	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

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

NA

INVOICE

Please Remit To:

INDIANA DEPT. OF ENVIRONMENTAL MANAGEMENT
PO BOX 3295
INDIANAPOLIS IN 46206-3295

Page: 1
Invoice No: 000367744
Invoice Date: 02/15/2024
Customer Number: CST100000786
Bill Type: 051
Payment Terms: NET 30
Due Date: 03/16/2024

Bill To:

LOWES BLACKTOP & EXCAVATING INC
MR THOMAS W LOWE
8463 HAYNE ROAD
TERRE HAUTE IN 47805

AMOUNT DUE: 6,100.00 USD

Amount Remitted

Note Address Changes Above Email Address: _____

Write the invoice number on your check and return the upper portion of this invoice.

For billing questions, please email us at AIR@IDEM.IN.GOV

Line	Adj	Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
1		F167-35009-00053	Annual FESOP	1.00	EA	6,100.00	6,100.00
<p>- Accounts Receivable is accepting payments online by e-Check, MasterCard, Visa, American Express or Discover. Please visit www.in.gov/idem. Under Online Services, click Online Payment options and follow the prompts.</p> <p>- You may also call us at 317-234-3099 to pay by MasterCard, Visa, American Express or Discover.</p> <p>- A processing fee of \$0.40 plus 2.06% will be charged for credit card payments. A processing fee of \$0.15 will be charged for eCheck payments.</p> <p>FESOP Annual Permit Fee Invoice for Calendar Year 2024.</p> <p>- If you have questions on how your annual fee was determined, please contact Kim Roberts at 317-233-8590 or email at KSRobert@idem.in.gov.</p> <p>- The Office of Air Quality is required by 326 IAC 2-1.1-7(e) (5) to collect an annual permit fee for facilities operating in the State of Indiana that have a FESOP permit.</p> <p>- DO NOT SUBMIT OR ATTACH ANY DOCUMENT TO THIS INVOICE UNLESS IT DIRECTLY RELATES TO PAYMENT OF THE INVOICE.</p>							
TOTAL AMOUNT DUE:							6,100.00

Please write the invoice number on your check and return the upper portion of this invoice with remittance.

Please Revoke!

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL[®]

LOWE'S BLACKTOP & EXC., INC.
8463 Hayne Road
Terre Haute, Indiana 47805-9716



7020 0640 0001 9098 2907

Retail



46204

RDC 99

U.S. POSTAGE PAID
FCM LG ENV
TERRE HAUTE, IN 478
JUN 24, 2024

\$9.92

S2324A501012-01

Received
State of Indiana

JUN 27 2024

Dept of Environmental Mgmt
Office of Air Quality

HC

IDEM-OAQ - Permits Branch
100 N. Senate Ave., MC 61-53
Room 1003
Indianapolis, Indiana 46204-2251