

June 26, 2024

Indiana Department of Environmental Management  
Office of Air Quality, Air Permits Administration  
100 North Senate Avenue IGCN 1003  
Indianapolis, Indiana 46204-2251

Re: Administrative Amendment Application  
Schlage Lock Company LLC  
MSOP #M097-47207-00050

LG  
2  
Received  
State of Indiana  
JUL 01 2024  
Dept of Environmental Mgmt  
Office of Air Quality

To Whom It May Concern:

Schlage Lock Company LLC (Schlage) is providing the following notice and requesting the following administrative amendment to its Minor Source Operating Permit (MSOP) #M097-47207-00050. **As a member of IDEM's Environmental Stewardship Program (ESP) and consistent with ESP incentives, Schlage requests that IDEM assign the same permit writer for this Amendment as the original permit and subsequent revisions (Ms. Giulia Carloni).** For any items requiring discussion in further detail, Schlage is open to e-mail, teleconference, or an on-site meeting at your office.

Schlage hereby provides notice that it will be replacing multiple robotic polishing units to the operations controlled by existing dust collector 6A and 6B. The polishing units have been designated Emission units PU 6B and PU 8. Replacing of the robot polishing units qualifies as an administrative amendment under the provisions of 326 IAC 2-6.1-6(d)(8) as a modification that adds an emissions unit of the same type that is already permitted and that will comply with the same applicable requirements and permit terms and conditions as existing emission units, without resulting in a potential to emit greater than the thresholds in 326 IAC 2-2 or 326 IAC 2-3. Emissions information for the additional hand lathe is provided in Appendix C.

If you have any questions or concerns please contact Adrion Gibson at (765) 967-0993 or Tanya Schnelzer at (630) 660-0651.

Sincerely,

Adrion Gibson  
EHS Specialist

Enclosure



**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](http://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:	
097-48032-00050	
DATE APPLICATION WAS RECEIVED:	
Received State of Indiana <b>LG</b> JUL 01 2024 <b>12</b> 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: Schlage Lock Company LLC      3. Plant ID: 097 – 00050

4. Billing Address: 2720 Tobey Drive

City: Indianapolis      State: IN      ZIP Code: 46219 – 1418

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): Replacement of an emission unit of the same type that is already permitted.

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.*

Tanya Schnelzer  
Name (typed)

Signature

EHS Manager  
Title

Date

7-1-2024



**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](http://www.IN.gov/Idem)

JUL 01 2024 LG  
 2  
 Dept of Environmental Management  
 Office of Air Quality

**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.

097-48032-00050

**PART A: Source / Company Location Information**

1. Source / Company Name: Schlage Lock Company LLC		2. Plant ID: 097 – 00050	
3. Location Address: 2720 Tobey Drive			
City: Indianapolis		State: IN	ZIP Code: 46219_1418
4. County Name: Marion		5. Township Name: Warren	
6. Geographic Coordinates:			
Latitude: 39.80722		Longitude: -86.01777	
7. Universal Transferred Mercadum 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 <sub>x</sub> <input type="checkbox"/> O <sub>3</sub> <input type="checkbox"/> PM <input type="checkbox"/> PM <sub>10</sub> <input type="checkbox"/> PM <sub>2.5</sub> <input type="checkbox"/> SO <sub>2</sub>			
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 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 type="checkbox"/> No <input checked="" 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: Tanya Schnelzer		
19. Title (optional): EHS Manager		
20. Mailing Address: 2720 Tobey Drive		
City: Indianapolis	State: IN	ZIP Code: 46219 _ 1418
21. Electronic Mail Address (optional): tanya.schnelzer@allegion.com		
22. Telephone Number: (630 )660 _ 0651	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? <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 – <b>Change Responsible Official to:</b>		

**PART E: Owner Information**

30. Company Name of Owner: Schlage Lock Company LLC		
31. Name of Owner Contact Person: Nathan Price		
32. Mailing Address: 2720 Tobey Drive		
City: Indianapolis	State: IN	ZIP Code: 46219 _ 1418
33. Telephone Number: (574 )386 _ 4532	34. Facsimile Number (optional): ( ) _	
34. Operator: Does the "Owner" company also operate the source to which this application applies?		
<input type="checkbox"/> No – Proceed to Part F below. <input checked="" 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: 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:** C T Corporation

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

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

**43. Mailing Address:** 334 N. Senate Ave

<b>City:</b> Indianapolis	<b>State:</b> IN	<b>ZIP Code:</b> 46204 _
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**44. Electronic Mail Address (optional):**

**45. Telephone Number:** (317 ) 953 - 2726      **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 application submittal

**49. Name of Library:** Indianapolis Marion County Public Library - Warren Branch

**50. Name of Librarian (optional):**

**51. Mailing Address:** 9701 East 21st Street

<b>City:</b> Indianapolis	<b>State:</b> IN	<b>ZIP Code:</b> 46229 _
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**52. Internet Address (optional):**

**53. Electronic Mail Address (optional):**

**54. Telephone Number:** (317 ) 275 - 4550      **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.

<b>56. Legal Name of Company</b>	<b>57. Dates of Use</b>
Schlage Lock Company LLC	1/1/2018 to
Von Duprin LLC	2003 to 12/31/2017
IR Von Duprin	2004 to 1/1/2009
Ingersoll Rand Von Duprin	2009 to 9/1/2010
Von Duprin dba Ingersoll-Rand, Von Duprin Division	1997 to 1/1/2004
Von Duprin Inc.	1966 to 2003
	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 J: Portable Source Location History (if applicable)**

Complete this section only if the source is portable and the location has changed since the previous permit was issued. The current location of the source should be listed in Section A.

59. Plant ID	60. Location of the Portable Source	61. Dates at this Location
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
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-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to

**PART K: Request to Change Location of Portable Source (if applicable)**

Complete this section to request a change of location for a portable source.

**62. Current Location:**

Address:

City:

State:

ZIP Code: -

County Name:

**63. New Location:**

Address:

City:

State:

ZIP Code: -

County Name:

**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
Manufacturing door hardware and accessories	Exit door devices; other door hardware and accessories	3429	332510

**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
47207	all permitted units	03/28/2034

**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)**

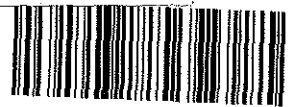
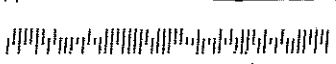
Complete this section only if the source is proposing to add new emission units or modify existing emission units.

74. Emissions Unit ID	75. NEW	76. MOD	77. Type of Emissions Unit	78. Estimated Dates		
				Begin Construction	Complete Construction	Begin Operation
PU 6B		x	Polishing Robots	5/1/2024	8/1/2024	8/15/2024
PU 8		X	Polishing Robots	8/1/2024	11/1/2024	11/15/2024



Ad

2720 Tobey Drive  
Indianapolis, Indiana  
46214



7012 3460 0003 4775 2368

Retail



RDC 99



46204

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IDEM Office of Air Quality  
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