



August 19, 2020

Indiana Department of Environmental Management
Compliance and Enforcement Branch, Office of Air Quality
100 North Senate Avenue
MC61-53 IGCN 1003
Indianapolis, IN 46204-2251

Received
State of Indiana

AUG 24 2020
8-20
Dept of Environmental Management
State of Indiana

IDEM:

This letter is to request an extension on the construction of paint booth 2 in operating permit number: 019-41481-00079. With the uncertainty of our current business due to Covid-19 Koetter Woodworking Inc. would like a six-month extension for the construction of the additional paint booth.

It is the intention of Koetter Woodworking Inc. to continue the development of processes that add to the preservation of the environment.

Respectfully Submitted,

Kory Byrne
Manager of Environmental Health and Safety
(812) 923-8875



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:	
DATE APPLICATION WAS RECEIVED:	

1. Tax ID Number: **351420041**

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:	Koetter Woodworking Inc.	3. Plant ID: 019 – 00079
4. Billing Address:	533 Louis Smith Rd.	
City:	Borden	State: IN ZIP Code: 47106
5. Permit Level:	<input type="checkbox"/> Exemption <input 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:	<i>Check all that apply. Multiple permit numbers may be assigned as needed based on the choices selected below.</i>	
<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 type="checkbox"/> Company Name Change <input type="checkbox"/> Change of Responsible Official		
<input type="checkbox"/> <input type="checkbox"/> Correction to Non-Technical Information <input type="checkbox"/> Notice Only Change		
<input type="checkbox"/> <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"/> <input type="checkbox"/> New Applicable Permit Requirement <input type="checkbox"/> Change to Applicability of a Permit Requirement		
<input type="checkbox"/> <input type="checkbox"/> Prevention of Significant Deterioration <input type="checkbox"/> Emission Offset <input type="checkbox"/> MACT Preconstruction Review		
<input type="checkbox"/> <input type="checkbox"/> Minor Source Modification <input type="checkbox"/> Significant Source Modification		
<input type="checkbox"/> <input type="checkbox"/> Minor Permit Modification <input type="checkbox"/> Significant Permit Modification		
<input type="checkbox"/> <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 type="checkbox"/> Yes <input checked="" 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).

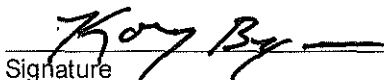
I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

Kory Byrne

Name (typed)

Manager of Environmental Health and Safety

Title



Signature

8/19/20

Date



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

IDEM – Office of Air Quality – Permits Branch
 100 N. Senate Avenue, MC 61-53 Room 1003
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 Toll Free: 1-800-451-6027 x30178 (within Indiana)
 Facsimile Number: (317) 232-6749
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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: Koetter Woodworking Inc.		2. Plant ID: 019 -00079
3. Location Address: 533 Louis Smith Rd.		
City: Borden	State: IN	ZIP Code: 47106_
4. County Name: Clark	5. Township Name: Wood	
6. Geographic Coordinates:		
Latitude: 38 25' 10"		Longitude: 85 56' 13"
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes – Indicate Adjacent State(s): <input type="checkbox"/> Illinois (IL) <input type="checkbox"/> Michigan (MI) <input type="checkbox"/> Ohio (OH) <input checked="" 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 checked="" type="checkbox"/> Yes – Indicate Nonattainment Pollutant(s): <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> NO _x <input checked="" type="checkbox"/> O ₃ <input type="checkbox"/> PM <input type="checkbox"/> PM ₁₀ <input checked="" 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 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 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: Kory Byrne		
19. Title (optional): Manager of Environmental Health and Safety		
20. Mailing Address: 533 Louis Smith Rd		
City: Borden	State: IN	ZIP Code: 47106 -
21. Electronic Mail Address (optional): KoryB@koetterwoodworking.com		
22. Telephone Number: (812) 923 - 4575	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: Jerry Koetter		
25. Title: President		
26. Mailing Address: 533 Louis Smith Rd.		
City: Borden	State: IN	ZIP Code: 47106 -
27. Telephone Number: (812) 923 - 8875	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.		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Change Responsible Official to:		

PART E: Owner Information		
30. Company Name of Owner: Koetter Woodworking Inc.		
31. Name of Owner Contact Person: Kory Byrne		
32. Mailing Address: 533 Louis Smith Rd.		
City: Borden	State: IN	ZIP Code: 47106 -
33. Telephone Number: (812) 923 - 4535	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:		
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: <input type="checkbox"/> Environmental Consultant <input type="checkbox"/> Attorney <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes		

PART H: Local Library Information		
48. Date application packet was filed with the local library:		
49. Name of Library: Clark County Public Library located in Borden		
50. Name of Librarian (optional):		
51. Mailing Address: 117f West Main Street		
city: Borden	State: IN	ZIP Code: 47106 -
52. Internet Address (optional):		
53. Electronic Mail Address (optional):		
54. Telephone Number: (812) 967 - 3440	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
	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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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
Wood sawing and millworking facility	Wood molding, doors and floors	2499	321999

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
41481	Title V Permit	9/3/2024

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



533 Louis Smith Road • Borden, Indiana 47106

CERTIFIED MAIL™



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Office of Air Quality
Compliance & Enforcement Branch
MC 61-53
100 North Senate Avenue
Indianapolis, IN 46204



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