

105-47987-00040

MAI 10638

Simtra

BioPharma Solutions

June 21, 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
State of Indiana

JUN 27 2024

HC

Dept of Environmental Mgmt
Office of Air Quality

Re: Administrative Amendment Application
Source ID: 105-00040
Baxter Pharmaceutical Solutions, LLC - Bloomington, Indiana, Monroe County

To Whom it May Concern:

Please find the enclosed application for an administrative amendment to the Minor Source Operating Permit (MSOP) for the Baxter Pharmaceutical Solutions, LLC (Baxter) pharmaceutical manufacturing facility located at 927 South Curry Pike, Bloomington, Indiana, Monroe County.

The application includes a complete description of the facility, a summary of the project that warrants the need for the additional unit, required application forms, and information about the proposed unit.


Baxter owns and operates a pharmaceutical manufacturing facility located in Bloomington, Indiana, which currently operates under Minor Source Operating Permit (MSOP) No. 105-40578-00040, Issued by the Indiana Department of Environmental Management (IDEM) on May 3, 2019.

Baxter is submitting this Administrative Amendment application for the addition of a portable natural gas steam boiler to the current permit. This boiler will serve as a standby unit while repairs are performed on an existing unit. Installation of the portable unit is time critical to maintain redundancy for manufacturing of life saving medications in the event of an additional boiler failure. Required documentation is attached.

Baxter respectfully requests the addition of one (1) temporary portable emission unit to "Plant 1 or Main Campus" located at 927 South Curry Pike to Section A.3 of the current permit. The unit consists of a natural gas fired 350 horsepower steam boiler identified as TBR1. It has a maximum heat input capacity of 14.6 MMBtu per hour. The unit can operate with number-two fuel oil, but fuel oil will not be utilized to fire this unit while in use at the facility.

Thank you for taking the time to review this application and to consider this proposed amendment. If there are any questions regarding this application, or additional information is necessary to process this application, do not hesitate to contact me at by telephone at (812) 355-7136, or via email at lgooch@simtra.com if you have any questions about this report.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Gooch".

Lisa Gooch
Associate Director, EHS & Sustainability
Baxter Healthcare Corporation
927 South Curry Pike
Bloomington, IN 47403
Number (Desk): (812)355-5171
lgooch@Simtra.com



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:

Received
 State of Indiana
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 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: Baxter Pharmaceutical Solutions, LLC **3. Plant ID:** 105 – 00040

4. Billing Address: 927 South Curry Pike

City: Bloomington **State:** IN **ZIP Code:** 47403 –

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): Additional Portable Emissions Unit

- 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

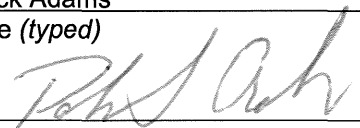
Part D is the official certification that the information contained within the air permit application packet is truthful, accurate, and complete. Any air permit application packet that we receive without a signed certification will be deemed incomplete and may result in denial of the permit.

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.

Patrick Adams
Name (typed)

Plant Manager
Title


Signature

21 JUN 24
Date



OAQ AIR PERMIT APPLICATION – FORMS CHECKLIST

State Form 51607 (R5 / 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 checklist is to help the applicant and IDEM, OAQ ensure that the air permit application packet is administratively complete. This checklist is a required form.
 - Check the appropriate box indicating whether each application form is applicable for the current permit application. The source must submit only those forms pertinent to the current permit application.
 - Place this checklist between the cover sheet and all subsequent forms and attachments that encompass your air permit application packet.

Part A: General Source Data				
Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	COVER	Application Cover Sheet	50639	Include for every application, modification, and renewal, including source specific operating agreements (SSOA).
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CHECKLIST	Forms Checklist	51607	Include for every application, modification, and renewal, including SSOA.
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GSD-01	Basic Source Level Information	50640	Include for every application, modification, and renewal, including SSOA.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-02	Plant Layout Diagram	51605	Include for every new source application, and modification.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-03	Process Flow Diagram	51599	Include one for every process covered by the application.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-04	Stack / Vent Information	51606	Include for every new source application, and modification.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-05	Emissions Unit Information	51610	Include for every process covered by the application.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-06	Particulate Emissions Summary	51612	Include if the process has particulate emissions (PM).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-07	Criteria Pollutant Emissions Summary	51602	Include if the process has criteria pollutant emissions.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-08	HAP Emissions Summary	51604	Include if the process has hazardous air pollutant emissions (HAP).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-09	Summary of Additional Information	51611	Include if the additional information is included.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-10	Insignificant Activities	51596	Include if there are unpermitted insignificant activities.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-11	Alternative Operating Scenario	51601	Include if an AOS is requested.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-12	Affidavit of Nonapplicability	51600	Include if the standard notification requirements do not apply.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-13	Affidavit of Applicability	51603	Include if the standard notification requirements apply.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-14	Owners and Occupants Notified	51609	Include if the standard notification requirements apply.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	GSD-15	Government Officials Notified	51608	Include if the standard notification requirements apply.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	RENEWAL	Renewal Checklist	51755	Include with every operating permit renewal packet.

Part B: Process Information				
Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	AEF-01	Alternate Emission Factor Request	51860	Submit if you are requesting to use an emission factor other than AP-42.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-01	Miscellaneous Processes	52534	Include one form for each process for which there is not a specific PI form.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02A	Combustion Unit Summary	52535	Include one form to summarize all combustion units (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02B	<i>Combustion:</i> Boilers, Process Heaters, & Furnaces	52536	Include one form for each boiler, process heater, or furnace (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02C	<i>Combustion:</i> Turbines & Internal Combustion Engines	52537	Include one form for each turbine or internal combustion engine (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02D	<i>Combustion:</i> Incinerators & Combustors	52538	Include one form for each incinerator or combustor (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02E	<i>Combustion:</i> Kilns	52539	Include one form for each kiln (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02F	<i>Combustion:</i> Fuel Use	52540	Include one form for each combustion unit (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02G	<i>Combustion:</i> Emission Factors	52541	Include one form for each combustion unit (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-02H	<i>Combustion:</i> Federal Rule Applicability	52542	Include one form for each combustion unit (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-03	Storage and Handling of Bulk Material	52543	Include if the process involves the storage and handling of bulk materials.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-04	Asphalt Plants	52544	Include for each asphalt plant process (<i>unless general permit</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-05	Brick / Clay Products	52545	Include for each brick and/or clay products process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-06	Electroplating Operations	52546	Include for each electroplating process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-07	Welding Operations	52547	Include for each welding process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-08	Concrete Batchers	52548	Include for each concrete batcher (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-09	Degreasing	52549	Include for each degreasing process (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-10	Dry Cleaners	52550	Include for each dry cleaning process
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-11	Foundry Operations	52551	Include for each foundry process
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-12	Grain Elevators	52552	Include for each grain elevator (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-13	Lime Manufacturing	52553	Include for each lime manufacturing process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-14	Liquid Organic Compound Storage	52554 (doc)	Include if the process involves the storage of liquid organic compounds.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-14ALT	Alternate version of Liquid Organic Compound Storage	52555 (xls)	Include if the process involves the storage of liquid organic compounds and there are several storage vessels.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-15	Portland Cement Manufacturing	52556	Include for each Portland cement manufacturing process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-16	Reinforced Plastics & Composites	52557	Include for each reinforced plastics and composites process.

Part B: Process Information				
Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-17	Blasting Operations	52558	Include for each blasting process (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-18	Mineral Processing	52559	Include if the process involves mineral processing (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-19	Surface Coating & Printing Operations	52560	Include for each surface coating or printing process (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-20	Woodworking / Plastic Machining	52561	Include for each woodworking or plastic machining process (<i>unless SSOA</i>).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-21	Site Remediation	52570	Include for each soil remediation process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PI-22	Ethanol Plants (<i>Under Development</i>)	None	Include for each ethanol plant.

Part C: Control Equipment				
Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-01	Control Equipment Summary	51904	Include if add-on control equipment will be used for the process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-02	Particulates – Baghouse / Fabric Filter	51953	Include for each baghouse or fabric filter.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-03	Particulates – Cyclone	52620	Include for each cyclone.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-04	Particulates – Electrostatic Precipitator	52621	Include for each electrostatic precipitator.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-05	Particulates – Wet Collector / Scrubber / Absorber	52622	Include for each wet collector, scrubber, or absorber.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-06	Organics – Flare / Oxidizer / Incinerator	52623	Include for each flare, oxidizer, or incinerator.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-07	Organics – Adsorbers	52624	Include for each adsorber.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-08	Organics – Condenser	52625	Include for each condenser.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-09	Reduction Technology	52626	Include for each control device using reduction technology (e.g., SCR, SNCR).
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CE-10	Miscellaneous Control Equipment	52436	Include one form for equipment for which there is not a specific CE form.

Part D: Compliance Determination for Part 70 Sources

Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CD-01	Emissions Unit Compliance Status	51861	Include for every Title V application, including modifications.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CD-02	Compliance Plan by Applicable Requirement	51862	Include for every Title V application, including modifications.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CD-03	Compliance Plan by Emissions Unit	51863	Include for every Title V application, including modifications.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	CD-04	Compliance Schedule and Certification	51864	Include for every Title V application, including modifications and renewal.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FED-03	Compliance Assurance Monitoring	53377	Include for every Title V application, including modifications.

Part E: Best Available Control Technology

Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	BACT-01	Analysis of Best Available Control Technology	None	Include for every BACT application.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	BACT-01a	Background Search: Existing BACT Determinations	None	Include for every BACT application.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	BACT-01b	Cost/Economic Impact Analysis	None	Include for every BACT application.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	BACT-02	Summary of Best Available Control Technology	None	Include for every BACT application.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PSD / EO-01	PSD / Emission Offset Checklist	None	Include for every PSD application and every NSR application that requires emission offsets.

Part F: Emission Credit Registry

Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EC-01	Generation of Emission Credits	51783	Include if the modification results in emission reductions.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EC-02	Transfer of Emission Credits	51784	Submit whenever registered emission credits are transferred.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EC-03	Use of Emission Credits	51785	Include if the modification requires the use of emission credits for offsets.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EC-04	Emission Credit Request	51906	Submit if you are looking for emission credits for offsets.

Part G: Plantwide Applicability Limits

Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PAL-01	Actuals Plantwide Applicability Limit	52451	Include if the modification results in emission reductions.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PAL-02	Revised Plantwide Applicability Limit	52452	Submit whenever registered emission credits are transferred.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PAL-03	Plantwide Applicability Limit Renewal	52453	Include if the modification requires the use of emission credits for offsets.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PAL-04	Request for Termination of Plantwide Applicability Limit	52454	Submit if you are looking for emission credits for offsets.

Part H: Air Toxics

Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FED-01	Summary of Federal Requirements – NSPS & NESHAP	53512	Include for each 40 CFR Part 60 NSPS, 40 CFR Part 61 NESHAP, and 40 CFR Part 63 NESHAP applicable to the process.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FED-02	MACT Pre-Construction Review	51905	Include if constructing or modifying a process subject to a Part 63 NESHAP.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	No Form ID	MACT Initial Notification	None	This form is available on the U.S. EPA website. Completed notifications should be submitted to the IDEM Compliance Branch.

Part I: Special Permits

Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	INTERIM	Interim Approval	None	Submit if you are applying for interim operating approval.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ASPHALT	Asphalt General Permit	None	Submit if you are applying for or modifying an asphalt plant general permit.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NOXBTP	NO _x Budget Permit	None	Submit if you are a power plant or if you have opted in to the NO _x budget trading program.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ACIDRAIN	Phase 2 Acid Rain Permit	None	Submit if you are applying for, modifying, or renewing a Phase 2 Acid Rain permit.

Part J: Source Specific Operating Agreements (SSOA)

Applicable?	Form ID	Title of Form	State Form Number	When should this form be included in my application packet?
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-01	Summary of Application and Existing Agreements	53438	Submit if you are applying for or modifying a Source Specific Operating Agreement.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-02	Industrial / Commercial Surface Coating Operations -OR- Graphic Arts Operations (326 IAC 2-9-2.5)	53439	Submit if you are applying for or modifying a SSOA for industrial or commercial surface coating operations not subject to 326 IAC 8-2; or graphic arts operations not subject to 326 IAC 8-5-5.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-03	Surface Coating or Graphic Arts Operations (326 IAC 2-9-3)	53440	Submit if you are applying for or modifying a SSOA for surface coating or graphic arts operations.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-04	Woodworking Operations (326 IAC 2-9-4)	53441	Submit if you are applying for or modifying a SSOA for woodworking operations.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-05	Abrasive Cleaning Operations (326 IAC 2-9-5)	53442	Submit if you are applying for or modifying a SSOA for abrasive cleaning operations.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-06	Grain Elevators (326 IAC 2-9-6)	53443	Submit if you are applying for or modifying a SSOA for grain elevators.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-07	Sand And Gravel Plants (326 IAC 2-9-7)	53444	Submit if you are applying for or modifying a SSOA for sand and gravel plants.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-08	Crushed Stone Processing Plants (326 IAC 2-9-8)	53445	Submit if you are applying for or modifying a SSOA for crushed stone processing plants.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-09	Ready-Mix Concrete Batch Plants (326 IAC 2-9-9)	53446	Submit if you are applying for or modifying a SSOA for ready-mix concrete batch plants.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-10	Coal Mines And Coal Preparation Plants (326 IAC 2-9-10)	53447	Submit if you are applying for or modifying a SSOA for coal mines and coal preparation plants.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-11	Automobile Refinishing Operations (326 IAC 2-9-11)	53448	Submit if you are applying for or modifying a SSOA for automobile refinishing operations.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-12	Degreasing Operations (326 IAC 2-9-12)	53449	Submit if you are applying for or modifying a SSOA for degreasing operations.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-13	External Combustion Sources (326 IAC 2-9-13)	53450	Submit if you are applying for or modifying a SSOA for external combustion sources.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	OA-14	Internal Combustion Sources (326 IAC 2-9-14)	53451	Submit if you are applying for or modifying a SSOA for internal combustion sources.



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

JUN 27 2024

Dept of Environmental Mgmt
 Office of Air Quality

HC

IDEM – Office of Air Quality – Permits Branch
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 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 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: Baxter Pharmaceutical Solutions, LLC		2. Plant ID: 105 – 00040	
3. Location Address: 927 South Curry Pike			
City: Bloomington		State: IN	ZIP Code: 47403 –
4. County Name: Monroe		5. Township Name: Van Buren	
6. Geographic Coordinates:			
Latitude: 39 15 79 N		Longitude: 86 58 21 W	
7. Universal Transferal Mercadum Coordinates (if known):			
Zone: 16S	Horizontal: 558614.8	Vertical: 4326506.55	
8. Adjacent States: Is the source located within 50 miles of an adjacent state? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>Indicate Adjacent State(s):</i> <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 – <i>Indicate Nonattainment Pollutant(s):</i> <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 checked="" type="checkbox"/> Portable <input type="checkbox"/> Stationary			

PART B: Source Summary

11. Company Internet Address (optional): www.baxter.com
12. Company Name History: Has this source operated under any other name(s)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>Provide information regarding past company names in Part I, Company Name History.</i>
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 – <i>Complete Part J, Portable Source Location History, and Part K, Request to Change Location of Portable Source.</i>
14. Existing Approvals: Have any exemptions, registrations, or permits been issued to this source? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – <i>List these permits and their corresponding emissions units in Part M, Existing Approvals.</i>
15. Unpermitted Emissions Units: Does this source have any unpermitted emissions units? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – <i>List all unpermitted emissions units in Part N, Unpermitted Emissions Units.</i>
16. New Source Review: Is this source proposing to construct or modify any emissions units? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – <i>List all proposed new construction in Part O, New or Modified Emissions Units.</i>
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: Lisa Gooch

19. Title (optional): Associate Director, EHS

20. Mailing Address: 927 South Curry Pike

City: Bloomington

State: IN

ZIP Code: 47403 –

21. Electronic Mail Address (optional): lgooch@simtra.com

22. Telephone Number: (812) 355 – 5171

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: Patrick Adams

25. Title: Plant Manager

26. Mailing Address: 927 South Curry Pike

City: Bloomington

State: IN

ZIP Code: 47403 –

27. Telephone Number: (812) 355 – 2909

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: Baxter Healthcare Corporation

31. Name of Owner Contact Person: Jeff Wymveem

32. Mailing Address: 25212 West Illinois Route 120

City: Round Lake

State: IL

ZIP Code: 60073 –

33. Telephone Number: (224) 270 – 4912

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: Baxter Pharmaceutical Solutions, LLC

36. Name of Operator Contact Person: Patrick Adams

37. Mailing Address: 927 South Curry Pike

City: Bloomington

State: IN

ZIP Code: 47403 –

38. Telephone Number: (812) 355 – 2909

39. Facsimile Number (optional): () –

PART G: Agent Information

40. **Company Name of Agent:** N/A

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

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

43. **Mailing Address:**

City:	State:	ZIP Code: -
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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:** within 10 days of application submittal, if required

49. **Name of Library:** Monroe Public County Library

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

51. **Mailing Address:** 303 East Kirkland Drive

City: Bloomington	State: IN	ZIP Code: 47408 -
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52. **Internet Address (optional):**

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

54. **Telephone Number:** (812) 349 - 3050 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
	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
-	N/A	to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		to
-		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
Pharmaceutical manufacturing, inspection, packaging and R&D activities	Injectable vaccines in vials, syringes, and cartridges	2834	325412, 325414

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
40578	MSOP	5/3/2029

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
	See Application Narrative			

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.

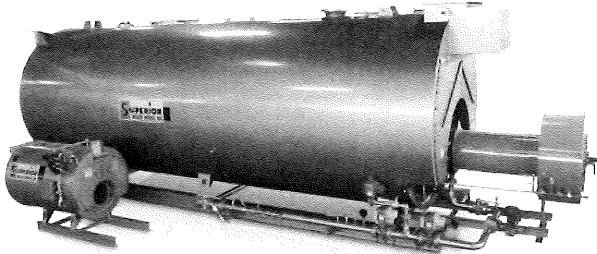
74. Emissions Unit ID	75. NEW	76. MOD	77. Type of Emissions Unit	78. Estimated Dates		
				Begin Construction	Complete Construction	Begin Operation
			N/A			



RT-350A

350HP. 250PSI
Mobile Boiler Room
STEAM

RENTAL EQUIPMENT SPEC SHEET



Main Features:

- Boiler & Burner Package
- Control Systems & Panels
- Water Softeners
- Feedwater Tank
- Feedwater Pumps
- Chemical Tanks and Pumps
- Blowdown Separator
- Maintenance Accesibility

RENTAL UNIT INFORMATION:

BOILER HORSEPOWER	350 BHP
MAX OUTPUT	12,075 PPH from & AT 212F
DESIGN PRESSURE	250
FUEL TYPE	NATURAL GAS / #2 OIL
EMISSION PPM (NOX)	30 PPM
SERVICE	SATURATED STEAM

RENTAL UNIT SPECS:

RENTAL OUTPUT

OPERATING PRESSURE	25-235 PSI
TURNDOWN (NG/OIL)	10:1 / 8:1
STEAM QUALITY	99.5%
EFFICIENCY (NG/OIL)	80-83% / 84-87%

INPUT REQUIREMENTS

CITY WATER	40GPM @ 50PSIG
ELECTRICAL	480V, 3 PH, 60Hz, 100AMP
FUEL INPUT (NG/OIL)	14.6 MMBTU/HR
NG FLOW	1,465 - 14,645 CFH
NG PRESSURE	4.0 - 7.0PSIG
#2 OIL FLOW	13.0 - 104.6 GPH
#2 OIL PRESSURE	USE ONBOARD OIL PUMP
PILOT	PROPANE TANK NEEDED

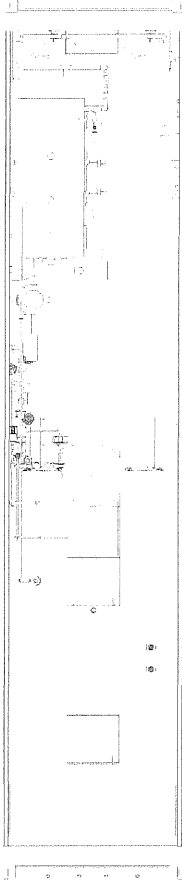
CONNECTIONS & DIMENSIONS:

CONNECTIONS

STACK OUTLET	20" OD
STEAM OUTLET	6" X 300# FLANGED
CITY WATER SUPPLY	2" NPT
NATURAL GAS	3" 300# FLANGED
FUEL OIL SUPPLY/RETURN	3/4" NPT
BLOWDOWN/SYSTEM DRAIN	5" 150# FLANGED
ELECTRICAL	2" NPT
CONDENSATE RETURN	3" NPT

DIMENSIONS AND WEIGHT

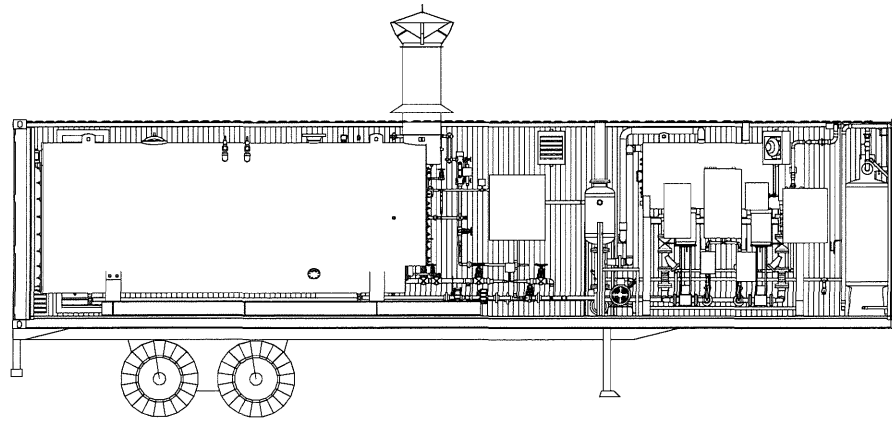
DIMENSIONS	40' L X 8' W X 13'6" H
SHIPPING WEIGHT	53,100 LBS
OPERATING WEIGHT	63,650 LBS



OVERALL PLAN VIEW
SCALE: 1/2"=1'-0"

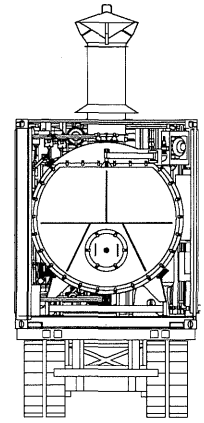


DRAWING NOTES: (A)



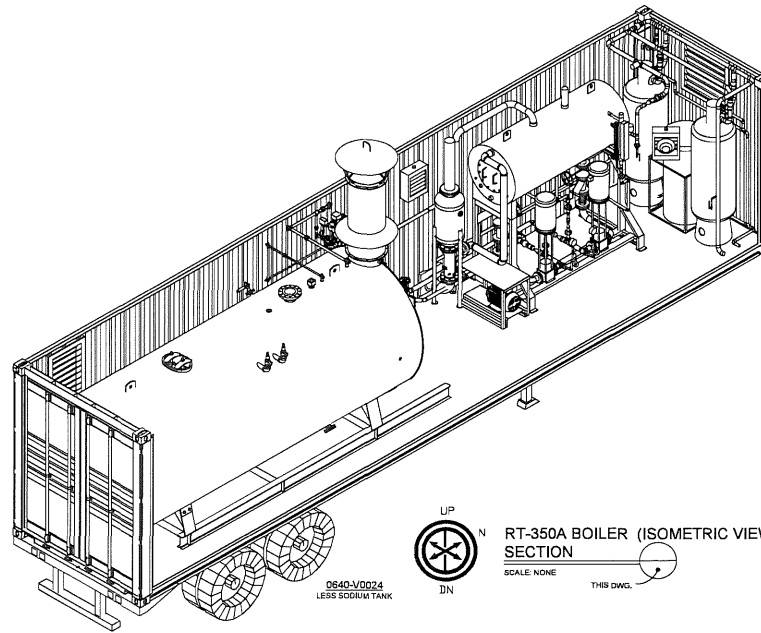
ELEVATION VIEW (LOOKING EAST) SECTION

SCALE: 1/2"=1'-0" THIS DWG.



ELEVATION VIEW (LOOKING NORTH) SECTION

SCALE: 1/2"=1'-0" THIS DWG.



RT-350A BOILER (ISOMETRIC VIEW) SECTION

SCALE: NONE THIS DWG.

0640-V0024
LESS SODIUM TANK



GENERAL NOTES:

1. THIS



SMITH HUGHES
3723 ROUND BOTTOM RD
CINCINNATI, OH 45244
(888) 958-7428
www.smithhughes.com

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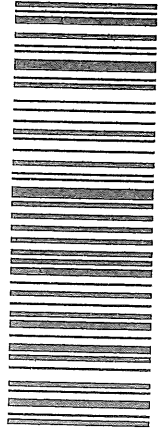
EQUIPMENT LAYOUT
RT-350A
BOILER CONTAINER
CINCINNATI, OH 45244

NO.	DATE	BY	CHKD.	APPROV.	PROJECT	ISSUED FOR REVIEW	DESCRIPTION

Drawn by: JR
L'vo by: BH

SIZE:	D	DATE:	01/11/2024	DWG. NO.:	350A-02-0101	REV:	A
SCALE:	AS NOTED	PROJECT NO.:	RT-350A	SHEET:	2 OF 2		

Bueller du Simon
Attn: R. Kassab
927 South Currypike
Birmingham, Fichman 77403



7021 2720 0002 8741 1073

Received
State of Indiana

JUN 27 2024

Dept of Environmental Mgmt
Office of Air Quality

HC

IDEM Air Permits Administration
Attn: Incoming Application
100 North Senate Avenue
MC 61-53 Room 1003
Indianapolis, Indiana 46204-2251