



June 26, 2024

IDEM, Office of Air Quality
Attn: Air Permits Branch, Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251

Received by State of Indiana IDEM-OAQ
via email June 28, 2024 MJ-1

Re: Revocation of Minor Source Operating Permit
Forest River, Inc. Plant 88

Dear Permit Reviewer,

DECA Environmental & Associates, Inc. (DECA) on behalf of Forest River Inc., Plant 88, located at 407 North Main Street, Middlebury, IN 46540, is submitting this application for a revocation of MSOP 039-45236-00944. Plant 88 was a division of Forest River, Inc. that has now been dissolved and the building at 407 North Main Street is now being occupied by Forest River, Inc., Plant 300, which has been added to the existing operating permit for Forest River, Inc., Coachmen Division (T039-44961-00062).

If any questions arise during review of this application, please feel free to contact DECA at 317-575-0095.

Sincerely,

A handwritten signature in black ink, appearing to read "Travis M. Flock", with a long horizontal flourish extending to the right.

Travis M. Flock
DECA Environmental
Project Manager

**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:**

039-48018-00944

DATE APPLICATION WAS RECEIVED:

Received by State of Indiana IDEM-
 OAQ
 via email June 28, 2024 MJ-1

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: Forest River, Inc., Plant 88

3. Plant ID: 039 – 00944

4. Billing Address: P.O. Box 3030

City: Elkhart

State: IN

ZIP Code: 46515 – 3030

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> 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): | |

- | | | |
|--|--|--|
| <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"/> 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 No8. 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.

J. David Youmans
Name (typed)

EHS Director
Title

DocuSigned by:
David Youmans
Signature

5/6/2024
Date



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

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
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039-48018-00944

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: Forest River, Inc., Plant 88 | | 2. Plant ID: 039 – 00944 | |
| 3. Location Address: 407 North Main Street | | | |
| City: Middlebury | State: IN | ZIP Code: 46540 – | |
| 4. County Name: Elkhart | | 5. Township Name: | |
| 6. Geographic Coordinates: | | | |
| Latitude: 41.682519 | | Longitude: -85.703180 | |
| 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 – <i>Indicate Adjacent State(s):</i> <input type="checkbox"/> Illinois (IL) <input checked="" type="checkbox"/> Michigan (MI) <input checked="" 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 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 – <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 checked="" type="checkbox"/> No <input 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: J. David Youmans

19. Title (optional): EHS Director

20. Mailing Address: P.O. Box 3030

City: Elkhart

State: IN

ZIP Code: 46515 – 3030

21. Electronic Mail Address (optional):

22. Telephone Number: (912) 243 – 7954

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: Title: EHS Director

25. Title: EHS Director

26. Mailing Address: P.O. Box 3030

City: Elkhart

State: IN

ZIP Code: 46515 – 3030

27. Telephone Number: (912) 243 – 7954

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: Forest River, Inc.

31. Name of Owner Contact Person: J. David Youmans

32. Mailing Address: P.O. Box 3030

City: Elkhart

State: IN

ZIP Code: 46515 – 3030

33. Telephone Number: (912) 243 – 7954

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: 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: DECA Environmental & Associates, Inc.

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

42. Name of Agent Contact Person: Travis Flock

43. Mailing Address: 410 1st Ave NE

| | | |
|---------------------|------------------|--------------------------|
| City: Carmel | State: IN | ZIP Code: 46032 – |
|---------------------|------------------|--------------------------|

44. Electronic Mail Address (optional): tflock@decaenvironmental.com

45. Telephone Number: (317) 575 – 0095

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: Middlebury Public Library

50. Name of Librarian (optional):

51. Mailing Address: 101 Winslow Street

| | | |
|-------------------------|------------------|--------------------------|
| City: Middlebury | State: IN | ZIP Code: 46540 – |
|-------------------------|------------------|--------------------------|

52. Internet Address (optional):

53. Electronic Mail Address (optional):

54. Telephone Number: (574) 825 – 5601

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 |
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| | 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 |
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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 |
|-------------------------------------|------------------------|--------------|----------------|
| Travel Trailer/camper manufacturing | Travel Trailer, Camper | 3792 | 336214 |
| | | | |
| | | | |
| | | | |

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 |
|---------------|------------------------|---------------------|
| 45236 | | 6/17/2027 |
| | | |
| | | |
| | | |

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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |