



Received by  
State of Indiana  
IDEM - OAQ  
Via Email 7/2/2024 KB-1

June 27, 2024

Paul Karkiewicz  
SR. Environmental Manager  
Office of Air Quality  
100 North Senate Avenue, IGCN 1003 Indianapolis, IN 46204-2251

RE: Notification of Name Change & Responsible Official  
Masonite Corporation — Walkerton, IN  
Permit Number: SSOA – S141-30453-00144

Dear Mr. Karkiewicz:

Please find attached, Forms 50639 & GSD-01 for an administrative Amendment to update the Company name & Responsible official for the facility located at 111 Muskin Dr., Walkerton Indiana, 46574. The facility currently operates under a Source Specific Operating Agreement – S141-30453-00144.

The correct name of the Company is **Masonite Corporation**. The current Responsible Official is **Dominic Basciano** – Plant Manager.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dominic Basciano', written over a white background.

Dominic Basciano  
Plant Manager  
701.892.3025 (o)  
701.899.2456 (c)  
DBasciano@masonite.com

cc: Ella Walls – EHS Coordinator  
Attachments — IDEM Forms 50639 & GSD-01



**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:**

141-48038-00144 AI# 11652

**DATE APPLICATION WAS RECEIVED:**

Received by  
 State of Indiana  
 IDEM - OAQ  
 Via Email 7/2/2024 KB-1

1. Tax ID Number: [REDACTED]

**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: Masonite International 3. Plant ID: 141 – 00144

4. Billing Address: 111 Muskin Dr  
 City: Walkerton State: IN ZIP Code: 46574 –

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):

- 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.

Dominic Basciano  
Name (typed)

Plant Manager  
Title

Signature

Date

06/30/2024


**OAQ GENERAL SOURCE DATA APPLICATION**
**GSD-01: Basic Source Level Information**

State Form 50640 (R5 / 1-10)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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## 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. <b>Source / Company Name:</b> Masonite International		2. <b>Plant ID:</b> S141 – 30453-00144	
3. <b>Location Address:</b> 111 Muskin Dr			
City: Walkerton		State: IN	ZIP Code: 46574 –
4. <b>County Name:</b> St Joseph		5. <b>Township Name:</b> Walkerton	
6. <b>Geographic Coordinates:</b>			
Latitude: 41.468863		Longitude: -86.490954	
7. <b>Universal Transferal Mercadum Coordinates (if known):</b>			
Zone: 16T	Horizontal: 542506.80	Vertical: 4590932.47	
8. <b>Adjacent States:</b> 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. <b>Attainment Area Designation:</b> 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. <b>Portable / Stationary:</b> Is this a portable or stationary source? <input type="checkbox"/> Portable <input checked="" type="checkbox"/> Stationary			

**PART B: Source Summary**

11. <b>Company Internet Address (optional):</b>	
12. <b>Company Name History:</b> 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. <b>Portable Source Location History:</b> 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. <b>Existing Approvals:</b> 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. <b>Unpermitted Emissions Units:</b> 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. <b>New Source Review:</b> Is this source proposing to construct or modify any emissions units?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – List all proposed new construction in Part O, New or Modified Emissions Units.	
17. <b>Risk Management Plan:</b> 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: Dominic Basciano		
19. Title (optional): Plant Manager		
20. Mailing Address: 111 Muskin Dr		
City: Walkerton	State: IN	ZIP Code: 46574 -
21. Electronic Mail Address (optional): Dbasciano@masonite.com		
22. Telephone Number: ( 574 ) 586 - 3192	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: Dominic Basciano		
25. Title: Plant Manager		
26. Mailing Address: 111 Muskin Dr		
City: Walkerton	State: IN	ZIP Code: 46574 -
27. Telephone Number: ( 574 ) 586 - 3192	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes - <b>Change Responsible Official to:</b> Dominic Basciano		

**PART E: Owner Information**

30. Company Name of Owner: Masonite Corporation		
31. Name of Owner Contact Person: Randal A White		
32. Mailing Address: 1242 East 5 <sup>th</sup> Ave		
City: Tampa	State: FL	ZIP Code: 33605 -
33. Telephone Number: ( 800 ) 895 - 2723	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:**

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

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

**43. Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b> -
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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:**

**49. Name of Library:**

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

**51. Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b> -
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**52. Internet Address (optional):**

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

**54. Telephone Number:** ( ) - **55. Facsimile Number (optional):** ( ) -

**PART I: Company Name History (if applicable)**

Complete this section only if the source has previously operated under a legal name that is different from the name listed above in Section A.

<b>56. Legal Name of Company</b>	<b>57. Dates of Use</b>
Masonite International	08/2011 to 05/2024
	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:** Masonite Corporation

**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
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—		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

**PART M: Existing Approvals (if applicable)**

Complete this section to summarize the approvals issued to the source since issuance of the main operating permit.

68. Permit ID	69. Emissions Unit IDs	70. Expiration Date

**PART N: Unpermitted Emissions Units (if applicable)**

Complete this section only if the source has emission units that are not listed in any permit issued by IDEM, OAQ.

71. Emissions Unit ID	72. Type of Emissions Unit	73. Actual Dates		
		Began Construction	Completed Construction	Began Operation

**PART O: New or Modified Emissions Units (if applicable)**

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

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