



011-4635-00070  
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July 1, 2024  
Kleinfelder File No. CLT24L169655

Ms. Joanne Smiddie-Brush  
Section Chief, Permits Administration and Support  
Office of Air Quality  
Indiana Department of Environmental Management  
100 North Senate Avenue | GCN 1003  
Indianapolis, IN 46204-2251

Received  
State of Indiana  
JUL 02 2024  
Dept of Environmental Mgmt  
Office of Air Quality

HC

**SUBJECT: Air Permit Renewal Application  
DS Smith Packaging – Lebanon  
Air Permit No. 011-41635-00070  
Kleinfelder Project No. 25001182.001A**

Dear Mr. Smiddie-Brush,

On behalf of DS Smith Packaging – Lebanon (DS Smith), Kleinfelder, Inc. (Kleinfelder) is submitting this Streamlined Air Permit Renewal Application for DS Smith’s Minor Source Operating Permit (MSOP) Number 011-41635-00070. This air permit renewal package provides the information required pursuant to 326 IAC 2-6.1-7, including: 1) project background information; and 2) a description of processes and permit history. Attachments include the Indiana Department of Environmental Management (IDEM) air permitting forms and other supporting information.

**Background & Process Overview**

The facility produces corrugated sheets that are conveyed through machines that print, cut, fold and glue them as required to meet the customer’s specifications. The end product is a printed sheet that can be configured into a box by the customer. DS Smith Packaging – Lebanon holds a Minor Source Operating Permit (MSOP) that was initially issued by IDEM on November 1, 2019 and expires on November 1, 2024. As required by 326 IAC 2-6.1-7(b), a renewal application is being submitted at least one hundred and twenty (120) calendar days prior to the expiration date. The following permit actions have occurred at the facility during the previous permit term:

- MSOP Initial – Permit #011-41635-00070; issued 11/1/2019
- MSOP Administrative Amendment – Permit #011-42906-00070; issued 9/4/2020
- MSOP Significant Permit Revision – Permit #011-43132-00070; issued 12/31/2020
- MSOP Administrative Amendment – Permit #011-45613-00070; issued 8/24/2022

There have been no changes to the facility’s equipment list, no exempt or insignificant activities being added or removed, and no listed emission units are being added to the permit with this permit renewal. A signed application cover letter, current GSD-01 form, and FED-01 form is included in Attachment A.



**CLOSING**

We appreciate your expediting the review of this air permit renewal application. Should you have any questions or require additional information, please contact Mr. Thomas Sipe of Kleinfelder at 704.800.4578; or Mr. Brad Trapp of DS Smith at 765.335.5018.

Sincerely,

**KLEINFELDER, INC.**

*Jon F Bishop*  
Jon Bishop  
Professional

*Thomas Sipe*  
Thomas Sipe, PE  
Senior Professional

CC: Mr. Brad Trapp, HSE Manager, DS Smith

JFB/TS:asp

Attachments: A - IDEM Air Permit Forms



**ATTACHMENT A**  
**IDEM AIR PERMIT FORMS**

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**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:	
DATE APPLICATION WAS RECEIVED:	

1. Tax ID Number: XXXXXXXXXX

**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: DS Smith Packaging - Lebanon	3. Plant ID: 011 - 00070
4. Billing Address: 800 Edwards Drive	
City: Lebanon	State: IN
ZIP Code: 46052 -	
5. Permit Level: <input type="checkbox"/> Exemption <input type="checkbox"/> Registration <input type="checkbox"/> SSOA <input checked="" type="checkbox"/> MSOP <input type="checkbox"/> FESOP <input type="checkbox"/> TVOP <input type="checkbox"/> 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 checked="" type="checkbox"/> Renewal of Operating Permit
<input type="checkbox"/> Review Request	<input type="checkbox"/> Revocation of Operating Permit
<input type="checkbox"/> Interim Approval	<input type="checkbox"/> Relocation of Portable Source
<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"/> 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? <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.

Greg Cole

Plant Manager

Name (typed)

Title

Signature

Date

7-1-24



**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  
[www.IN.gov/idem](http://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: DS Smith Packaging - Lebanon		2. Plant ID: 011 – 00070	
3. Location Address: 800 Edwards Drive			
City: Lebanon	State: IN	ZIP Code: 46052 –	
4. County Name: Boone		5. Township Name:	
6. Geographic Coordinates:			
Latitude: 40.026904		Longitude: -86.497270	
7. Universal Transferred Mercator Coordinates (if known):			
Zone: 16T	Horizontal: 542896.13	Vertical: 4430864.34	
8. Adjacent States: Is the source located within 50 miles of an adjacent state?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Indicate Adjacent State(s): <input type="checkbox"/> Illinois (IL) <input type="checkbox"/> Michigan (MI) <input type="checkbox"/> Ohio (OH) <input type="checkbox"/> Kentucky (KY)			
9. Attainment Area Designation: Is the source located within a non-attainment area for any of the criteria air pollutants?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – Indicate Nonattainment Pollutant(s): <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> O <sub>3</sub> <input type="checkbox"/> PM <input type="checkbox"/> PM <sub>10</sub> <input type="checkbox"/> PM <sub>2.5</sub> <input type="checkbox"/> SO <sub>2</sub>			
10. Portable / Stationary: Is this a portable or stationary source?			
		<input type="checkbox"/> Portable	<input checked="" type="checkbox"/> Stationary

PART B: Source Summary	
11. Company Internet Address (optional):	
12. Company Name History: Has this source operated under any other name(s)?	
<input 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 checked="" 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		
<b>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.</b>		
18. Name of Source Contact Person: Bradley Trapp		
19. Title (optional): HSE Manager		
20. Mailing Address: 800 Edwards Drive		
City: Lebanon	State: IN	ZIP Code: 46052 -
21. Electronic Mail Address (optional): brad.trapp@dssmith.com		
22. Telephone Number: ( 765 ) 335 - 5018	23. Facsimile Number (optional): (    ) -	

PART D: Authorized Individual/Responsible Official Information		
<b>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.</b>		
24. Name of Authorized Individual or Responsible Official: Greg Cole		
25. Title: Plant Manager		
26. Mailing Address: 800 Edwards Drive		
City: Lebanon	State: IN	ZIP Code: 46052 -
27. Telephone Number: ( 269 ) 816 - 4469	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 - <b>Change Responsible Official to:</b>		

PART E: Owner Information		
30. Company Name of Owner: DS Smith Packaging-Lebanon LLC		
31. Name of Owner Contact Person: Kimberly Bostic		
32. Mailing Address: 600 Peachtree Street NE, Suite 4200		
City: Atlanta	State: GA	ZIP Code: 30308 -
33. Telephone Number: ( 336 ) 391 - 6365	34. Facsimile Number (optional): ( 703 ) 243 - 4681	
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:** Kleinfelder, Inc

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

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

43. **Mailing Address:** 9009 Perimeter Woods Drive, Suite E

City: Charlotte	State: NC	ZIP Code: 28216 -
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44. **Electronic Mail Address (optional):** tsipe@kleinfelder.com

45. **Telephone Number:** ( 704 ) 800 - 4578

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:** Lebanon Public Library

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

51. **Mailing Address:** 104 E Washington Street

City: Lebanon	State: IN	ZIP Code: 46052 -
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52. **Internet Address (optional):**

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

54. **Telephone Number:** ( 765 ) 482 - 3460

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
Not applicable	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 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
Corrugated Box Plant	Corrugated Board	2653	322211

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
011-41635-00070	B1,SS,PPM,FFG-1,FFG-2,FFG-3,FFG-4,RDC-1,RDC-2,FBDC-1,FG-1,Lam,IES1-7,CYC,PW	11/1/2024
011-42906-00070	DC-1	11/1/2024
011-43132-00070	N/A	11/1/2024
011-45613-00070	DC-1,DC-2,RDC-3,DC-3	11/1/2024

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
	Not applicable			

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
			Not applicable			

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**OAQ FEDERAL RULE INCORPORATION APPLICATION**  
**FED-01: Summary of Federal Requirements – NSPS & NESHAP**

State Form 53512 (R / 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 form is to provide a standardized way for sources to identify the NSPS or NESHAP requirements that are applicable to the regulated source. Complete one (1) form for each federal rule that applies to the source. This 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.

**Part A: Identification of Applicable Standard**

Part A identifies the applicable standard and affected source.

1. **Type of Standard:**  Part 60 NSPS  Part 61 NESHAP  Part 63 NESHAP (MACT)

2. **Subpart Letter:** Dc

3. **Source Category Name:** Small Industrial-Commercial-Institutional Steam Generating Units

4. **Affected Source** B-1  
*(Include all applicable emission unit IDs):*

**Part B: Applicable Requirements**

Part B specifies the specific requirements of the federal rule that are applicable to the process or emission unit.

5. **Applicable Requirements:** *Identify the section of the federal standard that is applicable at the lowest subsection level. For example, if all of 40 CFR 63.342(c) is applicable, "40 CFR 63.342(c)" is the appropriate citation. If only paragraph 2 of 40 CFR 63.342(c) is applicable, then the appropriate citation is 40 CFR 63.342(c)(2).*

- |             |   |   |
|-------------|---|---|
| • 60.40c    | • | • |
| • 60.41c    | • | • |
| • 60.48c(c) | • | • |
| • 60.48c(g) | • | • |
| •           | • | • |
| •           | • | • |
| •           | • | • |
| •           | • | • |
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| •           | • | • |

### Part C: Performance Testing Requirements

Part C identifies the performance testing requirements that are applicable to the process or emission unit.

6. Performance Testing: NA
7. Date of Initial Performance Test:
8. Test Methods:
9. Was the initial performance test approved by IDEM?  Yes: Date approved: \_\_\_\_\_  No
10. Did the initial performance test show compliance with the rule?  Yes  No: Date of next performance test: \_\_\_\_\_

### Part D: Important Dates

Part D identifies specific dates associated with the federal standard that are applicable to the process or emission unit.

11. Date Initial Notification was Submitted: 11/1/2019
12. Initial Compliance Date:  Startup: 11/1/2019  Other: \_\_\_\_\_
- |                 |                    |             |
|-----------------|--------------------|-------------|
| 13. Other Dates | Description: _____ | Date: _____ |
|                 | Description: _____ | Date: _____ |
|                 | Description: _____ | Date: _____ |

### Part E: Other Information

Part E identifies any additional information pertaining to the applicable federal rule. Attach additional information using form GSD-09 as necessary.

Large empty box for additional information.

