

777-48008-05582



**AIR PERMIT APPLICATION COVER SHEET** MAI  
State Form 50639 (R4 / 1-10)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
133334

**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:**

Received -

**DATE APPLICATION WAS RECEIVED:**

JUL 05 2024 HC  
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:** Kings Station / Keyrock Environment LLC      **3. Plant ID:** —

**4. Billing Address:** 153 Jackson Avenue

**City:** Madison      **State:** WV      **ZIP Code:** 25130 —

**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.

Initial Permit       Renewal of Operating Permit       Asphalt General Permit  
 Review Request       Revocation of Operating Permit       Alternate Emission Factor Request  
 Interim Approval       Relocation of Portable Source       Acid Deposition (Phase II)  
 Site Closure       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.*

Mark Allaman  
Name (typed)

Managing Director  
Title

*Mark Allaman*  
Signature

6-21-2024  
Date



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

received  
 State of Indiana  
 JUL 05 2024

Dept of Environmental Mgmt  
 Office of Air Quality

**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: King Station / Keyrock Environment LLC		2. Plant ID:	–
3. Location Address: Located .13 Miles from corner of W 400 S and US Hwy 41			
City: Princeton	State: IN	ZIP Code: 47670	
4. County Name: Gibson		5. Township Name: Patoka	
6. Geographic Coordinates:			
Latitude: 38°17'50.3"N		Longitude: 87°34'12.4"W	
7. Universal Transferred Mercator Coordinates (if known):			
Zone: 16	Horizontal: E 450148.33	Vertical: N 4238956.24	
8. Adjacent States: Is the source located within 50 miles of an adjacent state?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – Indicate Adjacent State(s): <input checked="" 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 checked="" type="checkbox"/> Portable <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes – List these permits and their corresponding emissions units in Part M, Existing Approvals.	
15. Unpermitted Emissions Units: Does this source have any unpermitted emissions units?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes – List all unpermitted emissions units in Part N, Unpermitted Emissions Units.	
16. New Source Review: Is this source proposing to construct or modify any emissions units?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – List all proposed new construction in Part O, New or Modified Emissions Units.	
17. Risk Management Plan: Has this source submitted a Risk Management Plan?	
<input checked="" type="checkbox"/> Not Required <input type="checkbox"/> No <input type="checkbox"/> Yes → Date submitted: _____ EPA Facility Identifier: _____	

**PART C: Source Contact Information**

**IDEM will send the original, signed permit decision to the person identified in this section. This person MUST be an employee of the permitted source.**

18. Name of Source Contact Person: Joe Lane

19. Title (optional): Permitting and Regulatory Manager

20. Mailing Address: 153 Jackson Avenue

City: Madison	State: WV	ZIP Code: 25130 –
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21. Electronic Mail Address (optional): jlane@keyrockenergy.com

22. Telephone Number: ( 304 ) 989 – 5533	23. Facsimile Number (optional): (    ) –
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**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: Mark Allaman

25. Title: Managing Director

26. Mailing Address: P.O.Box 2223

City: Johnson City	State: TN	ZIP Code: 37605 –
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27. Telephone Number: ( 304 ) 573 – 9873	28. Facsimile Number (optional): (    ) –
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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: Keyrock Environment LLC

31. Name of Owner Contact Person: Bruce Horman

32. Mailing Address: P.O. Box 2223

City: Johnson City	State: TN	ZIP Code: 37605 –
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33. Telephone Number: ( 618 ) 443 – 8753	34. Facsimile Number (optional): (    ) –
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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: –
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38. Telephone Number: (    ) –	39. Facsimile Number (optional): (    ) –
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**PART G: Agent Information**

40. <b>Company Name of Agent:</b> Keyrock Environment		
41. <b>Type of Agent:</b> <input checked="" type="checkbox"/> Environmental Consultant <input type="checkbox"/> Attorney <input type="checkbox"/> Other (specify):		
42. <b>Name of Agent Contact Person:</b> Joe Lane		
43. <b>Mailing Address:</b> 153 Jackson Avenue		
<b>City:</b> Madison	<b>State:</b> WV	<b>ZIP Code:</b> 25130 -
44. <b>Electronic Mail Address (optional):</b> jlane@keyrockenergy.com		
45. <b>Telephone Number:</b> ( 304 ) 989 - 5533		46. <b>Facsimile Number (optional):</b> ( ) -
47. <b>Request for Follow-up:</b> Does the "Agent" wish to receive a copy of the preliminary findings during the public notice period (if applicable) and a copy of the final determination? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

**PART H: Local Library Information**

48. <b>Date application packet was filed with the local library:</b> 7/25/2023		
49. <b>Name of Library:</b> Princeton Public Library		
50. <b>Name of Librarian (optional):</b> Shannon Linsday		
51. <b>Mailing Address:</b> 124 S. Hart St.		
<b>City:</b> Princeton	<b>State:</b> IN	<b>ZIP Code:</b> 47670
52. <b>Internet Address (optional):</b> https://princetonpl.lib.in.us		
53. <b>Electronic Mail Address (optional):</b> director@princetonpl.lib.in.us		
54. <b>Telephone Number:</b> ( 812 ) - 385 - 4464		55. <b>Facsimile Number (optional):</b> ( ) -

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

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

56. Legal Name of Company	57. Dates of Use
	to
	to
	to
	to
	to
	to
	to
	to
	to
	to
	to
58. <b>Company Name Change Request:</b> Is the source officially requesting to change the legal name that will be printed on all official documents issued by IDEM, OAQ? <input type="checkbox"/> No <input type="checkbox"/> Yes - <b>Change Company Name to:</b>	

**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
-		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: -
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County Name:

**63. New Location:**

Address:

City:	State:	ZIP Code: -
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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
Sanitary Services		4959	

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
	X		(2)Enclosed Flares	7/21/2024	7/21/2024	7/22/2024

Cimarron ECD- High Volume- 84"X32'X53  
Specifications



	<b>enter:</b>
<b>State of Operation</b>	IN
<b>Flare type</b>	Cim 84"
<b>Target flow rate for source [scfm]</b>	971.0
<b>Methane Concentration [%]</b>	100%
<b>CH4 heating value [Btu/scf]</b>	910
<b>Max Heat Release per Flare [MMbtu/hr]</b>	53.0
<b>Number of Flares Required for Target</b>	1

<i>Emission Source</i>	<i>Max Heat Release</i>		<i>Emissions Factor</i>		<i>Emissions</i>	
	<i>Per Flare</i>	<i>Total Site</i>	<i>Pollutant</i>	<i>Value</i>	<i>(lb/hr)</i>	<i>(ton/year)</i>
Cim 84" Flares	53.0 MMBTU/hr	53.0 MMBTU/hr	CO	0.1000 lb/mmbtu	5.302	23.2
			NOx	0.0800 lb/mmbtu	4.241	18.6
			PM	4.5000 lb/mmscf	0.262	1.1
			PM 10	4.0000 lb/mmscf	0.233	1.0
			SO2	0.0000 lb/mmbtu	-	-
			VOM	0.0000 lb/mmbtu	-	-
			HAPS	0.0000 lb/mmbtu	-	-

**ECD - High Volume - 84" x 32' x 53 MMBTU/HR**

Data	Parameter
Size	84" OD x 32'
Capacity (Third Party Verified)	500 MSCFD @ 10 oz/in using SG 1.52/2500 BTU/SCF
Heat Duty Rating	53 MMBTU/HR Max
Burner Size	Staged combustion with Removable Trays – <b>Custom drilling</b>
Stack	Insulated
Stack Internal Operating Temperature	500-1700°F
Inlet Temp	-20-1200°F
Pressure Rating	Atmospheric
Electrical Classification	Non-Hazardous
Wind Load	90 mph 3sec Wind Gust per ASCE 7-05 (see note below)
Estimated Weight (No Concrete Block):	14,900 lbs

Connection Schedule	QTY	Size	Type
Maintenance Access	1	8"	Pipe
Waste Gas Inlet 'A'	1	3"	NPT
Waste Gas Inlet 'B'	1	3"	NPT
Burner Ignition Gas Inlet	1	1"	NPT
Pilot Inlet 'A'	1	1"	NPT
Pilot Inlet 'B'	1	1"	NPT
Spare	2	1"	NPT
Pilot	1	1"	NPT
Sight Glass	2	3"	NPT

**Paint**

External	Default Color: Noble Tan unless other color chosen as option
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**Standard Accessories - Included**

Description	OEM	OEM Model #	QTY
Manual Dampers	Generic	Generic	3
Pilot Regulator, 1/4"	Fisher	67CR-206	1
Pilot Isolation Ball Valve 1/4 STL 2000# FP	Chemoil	2027WC-02	1
Bird-Cone	Cimarron	SL146577	1

## Accessories - Optional

Description	OEM	OEM Model #	QTY
Inlet Piping with Low DP SDV	Cimarron	-	1
144"x144"x10" Concrete Block No Anchors	Generic	SL 146698	1

### Notes

Pilot Consumption: Propane: 15 SCFH @ 4 psig, Natural Gas: 30 SCFH @ 8 - 10 psig (per ignitor)

Expected Emissions (not guaranteed) at process conditions mentioned below:

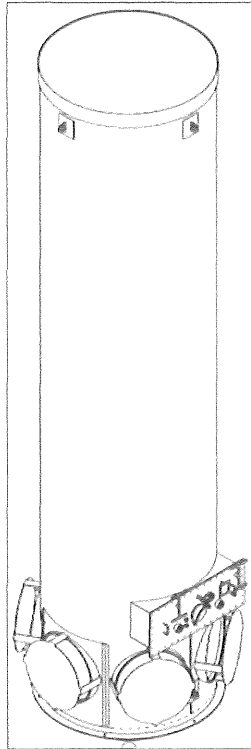
- Destruction Removal Efficiency:  $\geq 99\%$
- NOx: 0.08 lb/MMBTU
- CO: 0.1 lb/MMBTU
- PM: 4.5 lb/MMSCF
- PM<sub>10</sub>: 4 lb/MMSCF

Structure certified per ASCE 7-05 & IBC 2006 stds (pre-mounted concrete base required for compliance).  
Customer to ensure soil & site foundation supports.

## Process Conditions

Process Conditions	Parameter
Gas Flow Rate (CFM)	965
Gas Composition	100% Methane
Gas Pressure at the burner (psig)	1
**Process guarantee applies only to conditions listed.**	

**Unit Illustrations (For information only, actual drawings to be provided upon purchase)**



**Inlet Piping with Low DP SDV (4" Valve and Flame Arrestor)**

Description	OEM	OEM Model #	QTY
Back Draft Cell: <b>4" In-Line Flame Arrestor</b>	WENCO	TBD	1
Valve: <b>Butterfly 4" w/ Hytork Pneumatic Actuator</b>	Hytork	TBD	1

from:USPS, Princeton IN to:38.297306, -87.570111

Search

Get Directions History



1. Head west on E Broadway St toward N Main St

246 ft

2. Turn left at the 1st cross street onto S Main St

1.8 mi

3. Continue onto S Old U.S. 41

0.9 mi

4. Turn left onto County Rd 275 S/S Old U.S. 41

0.6 mi

5. Turn right to stay on S Old U.S. 41

95 ft

6. Turn left at the 1st cross street onto US Hwy 41 S

0.7 mi

7. Turn right onto W 400 S

0.1 mi



Google Earth

Imagery Date: 5/11/2022 lat 38.323654° lon -87.564288° elev 0 ft eye alt 34289 ft





N

Cassens Transport

Tulip Tree Dr

US Hwy 41

US Hwy 41

Kings Station

W 400 S

1.3 Miles

W 400 S

Loyola Family Pharmacy

580 ft

Parking lot  
Google Earth



**OAQ GENERAL SOURCE DATA APPLICATION**  
**GSD-14: Owners and Occupants Notified**  
 State Form 51609 (R2 / 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-14 is to identify adjacent landowners and occupants that are to be notified that an air permit application has been submitted.
  - 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.

Owners And Occupants Notified		
Use this table to identify adjacent landowners and occupants that you have notified of your intent to construct pursuant to Indiana Code (IC) 13-15-8. If you need additional space, you may make copies of this form.		
1. Owner / Occupant Name: Toyota Motor Manufacturing		2. Date Notified: 6/21/2024
3. Address: 4000 Tulip Tree Dr.		
City: Princeton	State: IN	ZIP Code: 47670
4. Electronic Mail:		5. Telephone Number: 812-387-2000
6. Method of Notification: <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Electronic Mail <input checked="" type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify): In Person		
Owner / Occupant Name:		Date Notified:
Address:		
City:	State:	ZIP Code:
Electronic Mail:		Telephone Number: ( ) -
Method of Notification: <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Mail <input checked="" type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify): In Person		
Owner / Occupant Name:		Date Notified:
Address:		
City:	State:	ZIP Code: -
Electronic Mail:		Telephone Number: ( ) -
Method of Notification: <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Mail <input type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify):		
Owner / Occupant Name:		Date Notified:
Address:		
City:	State:	ZIP Code: -
Electronic Mail:		Telephone Number: ( ) -
Method of Notification: <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Mail <input type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify):		
Owner / Occupant Name:		Date Notified:
Address:		
City:	State:	ZIP Code: -
Electronic Mail:		Telephone Number: ( ) -
Method of Notification: <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Mail <input type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify):		





**OAQ GENERAL SOURCE DATA APPLICATION**  
**GSD-15: Government Officials Notified**  
 State Form 51608 (R3 / 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  
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 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-15 is to identify local government officials that are to be notified that an air permit application has been submitted.
  - 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.

Government Officials Notified		
Use this table to identify local government officials that should be notified pursuant to Indiana Code (IC) 13-15-3-1 that an air permit application has been submitted. If you need additional space, you may make copies of this form.		
1. Name: Bruce McIntosh		2. Date Notified: 6/21/2024
3. Title: Princeton City Councilman at Large		
4. Address: P.O. Box 15		
City: Princeton	State: IN	ZIP Code: 47670 –
5. Electronic Mail: councilatlarge@princetoncity.com		6. Telephone Number: ( 260 ) 413 - 8488
7. Method of Notification: <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Electronic Mail <input type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify):		
Name: Ken Montgomery		Date Notified: 7/19/2023
Title: Gibson County District 2 Commisioner		
Address: 101 N Main		
City: Princeton	State: IN	ZIP Code: 47670 –
Electronic Mail: kmontgomery@gibsoncounty-in.gov		Telephone Number: ( 812 ) 385 - 8260
Method of Notification: <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Electronic Mail <input type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify):		
Name:		Date Notified:
Title:		
Address:		
City:	State:	ZIP Code: –
Electronic Mail:		Telephone Number: ( ) -
Method of Notification: <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Mail <input type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify):		
Name:		Date Notified:
Title:		
Address:		
City:	State:	ZIP Code: –
Electronic Mail:		Telephone Number: ( ) -
Method of Notification: <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic Mail <input type="checkbox"/> Standard Mail <input type="checkbox"/> Other (specify):		

PRESS FIRMLY TO SEAL



PRESS FIRMLY TO SEAL

PRIORITY MAIL  
FLAT RATE ENVELOPE  
POSTAGE REQUIRED



PRIORITY<sup>®</sup>  
MAIL

FROM:

PRIORITY<sup>®</sup>  
★ MAIL ★



VISIT US AT  
ORDER FREE SUP

FROM:

Joe Lane  
153 Jackson Ave  
Madison WV 25130

TO:  
IDEM-Office of Air Quality  
Permits Branch  
100 N. Senate Ave, MC61-53RM  
Indianapolis IN 46204-225

		<b>Retail</b>
<b>P</b>	US POSTAGE PAID	
	<b>\$9.85</b>	Origin: 25130 07/02/24 5550760130-02
PRIORITY MAIL <sup>®</sup>		
0 Lb 4.60 Oz		RDC 03
EXPECTED DELIVERY DAY: 07/05/24		
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USPS TRACKING <sup>®</sup> #		
9505 5121 0996 4184 3493 59		

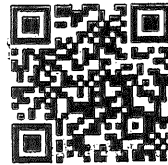
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Form is required.

Claims exclusions see the  
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