



Pilkington North America, Inc.
1001 Hurricane Street
Franklin, Indiana 46131

March 8, 2019

Division of Air Quality
Indiana Department of Environmental Management
Permits Branch
Air Permit Administration
Attn: Incoming Application,
100 North Senate Avenue
MC 61-53, Room 1003
Indianapolis, IN 46204-2251

Received
State of Indiana

JFJ-1

MAY 31 2019

Dept of Environmental Management
Office of Air Quality

RE: Pilkington North America, Inc.
Request for Renewal
Franklin, Indiana
Permit Number: 081-31310-00067

Enclosed here in is an application for renewal of a Minor Source Operating Permit (MSOP) for process changes taking place at the Pilkington North America (PNA) in Franklin, Indiana. Operations at the PNA Franklin location are currently covered by Air Emissions Permit No. 081-31310-00067. The changes included in this application for renewal involve the addition of emission units of the same type as those previously and currently registered.

PNA is adding two emission units at the facility. The cells will involve the application of various adhesives and primers to glass parts and hardware components. PNA is revising the emission calculations for existing Units 6 - 8, 10 and 14-15. Emissions from previously registered Unit #3 which is being reassigned to Unit #15 in this application. Finally PNA is adding two new hardware application cells of the same type as those currently registered.

Specifically, this registration addresses the following changes:

Emission Units 6-8, 10, and 14-15: There have been no physical changes to these emission units, but the emission calculations have been updated.

Emission Unit #3: This emission unit is being deleted since these operations have been included in Unit #15 in this application

Emission Unit #15: Emissions from Unit #3 of previous permit

Emission Units #16 - 17: These cells are being added

Emission Units 1-2, 5, 9, 11-13: No changes

The site-wide HAP PTE after these changes remains below 10 tons/year for any individual HAP and below 25 tons/year for a combination of. Please note as well that MEK has been excluded from the HAP emission calculations since this chemical has been delisted from the federal HAP list. There are no new applicable requirements as a result of these changes.

This submittal includes an original of the renewal application. Emissions calculations are provided in Attachment A and copies of the SDSs for the additional chemical materials are provided in Attachment B to this application.



If there are any questions concerning this application, please contact Pamela Rygalski, North America Environmental Manager at (419) 247-3715 or Michael Jones, site EHS Team Leader at (419) 247-3291.

Sincerely,

Thomas Burk
Plant Manager

Enclosure

cc: Pam Rygalski, Central PNA Environmental
Michael Jones, Franklin EHS Team Leader

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

State Form 50640 (R5 / 1-10)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

MAY 31 2019 JFJ-1

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 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: Pilkington North America, Inc.		2. Plant ID: —	
3. Location Address: 1001 Hurricane Street			
City: Franklin		State: IN	ZIP Code: 46131 —
4. County Name: Johnson		5. Township Name:	
6. Geographic Coordinates:			
Latitude: 39.492616		Longitude: -86.046478	
7. Universal Transferred Mercator 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 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 type="checkbox"/> Portable <input checked="" type="checkbox"/> Stationary			

PART B: Source Summary

11. Company Internet Address (optional): www.nsg.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 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 type="checkbox"/> No <input checked="" 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: Michael Jones

19. Title (optional): EHS Team Leader

20. Mailing Address: 140 Dixie Highway

City: Rossford

State: OH

ZIP Code: 43460 –

21. Electronic Mail Address (optional): michael.jones@nsg.com

22. Telephone Number: (419) 247 – 3291

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: Thomas Burk

25. Title: Plant Manager

26. Mailing Address: 1001 Hurricane Street

City: Franklin

State: IN

ZIP Code: 46131 –

27. Telephone Number: (317) 494 – 4111

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:** Thomas Burk

PART E: Owner Information

30. Company Name of Owner: Pilkington North America, Inc

31. Name of Owner Contact Person: Thomas Burk

32. Mailing Address: 1001 Hurricane Street

City: Franklin

State: IN

ZIP Code: 46131 –

33. Telephone Number: (317) 494 – 4111

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: Not Applicable		
41. Type of Agent: <input type="checkbox"/> Environmental Consultant <input type="checkbox"/> Attorney <input type="checkbox"/> Other (specify):		
42. Name of Agent Contact Person:		
43. Mailing Address:		
City:	State:	ZIP Code: –
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? <input type="checkbox"/> No <input type="checkbox"/> Yes		

PART H: Local Library Information

48. Date application packet was filed with the local library:		
49. Name of Library: Johnson County Public Library - Franklin Branch		
50. Name of Librarian (optional):		
51. Mailing Address: 401 State Street		
City: Franklin	State: IN	ZIP Code: 46131 –
52. Internet Address (optional):		
53. Electronic Mail Address (optional): FRL_Ref@jcpln.org		
54. Telephone Number: (317) 738 – 2838	55. Facsimile Number (optional): (317) 738 – 9635	

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. 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:**

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.

[illegible]

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
Application of Hardware to glass parts using adhesives and primers	Glass parts made from purchased glass	3231	327215

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
R081-33960-00067	Unit ID # 1- 14	7/17/2019

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
CU1 - 6	Building heaters - existing in the building before lease			
CU 18	Building heaters - existing in the building before lease			

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
			See attached Table GSD-01A			

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FROM:

Mike Jones - NSG Group
140 Dixie Hwy
Rossford, OH
43460



U.S. POSTAGE PAID
RCV 18 ENV
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43460
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Division of Air Quality ^{ATTN:} Jp Adv
Indiana Department of Environmental ^{mgt.}
Permits Branch, Administration
100 N. Senate Ave. MC 61-53
Room 1003
Indianapolis, IN 46204-2251

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Received
State of Indiana

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