

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
FIELD INSPECTION REPORT**



NC 12/28/2020

SOURCE INFORMATION	
<u>SOURCE NAME</u>	Phoenix Color
<u>SOURCE LOCATION</u>	200 Hulman St Terre Haute IN 47802 Vigo County
<u>MAILING ADDRESS</u>	same
<u>PLANT ID</u>	167-00136
<u>PERMIT INFORMATION</u>	Permit Type: Registration Permit Number: 42640 Permit Expiration Date: NA VFC Document No.(hyperlink): 82943066
<u>ATTAINMENT STATUS</u>	<input checked="" type="checkbox"/> Attainment for all criteria pollutants <input type="checkbox"/> Nonattainment for <input type="checkbox"/> SO ₂ <input type="checkbox"/> CO <input type="checkbox"/> O ₃ <input type="checkbox"/> NO ₂ <input type="checkbox"/> Pb <input type="checkbox"/> PM ₁₀ <input type="checkbox"/> PM _{2.5}
<u>SOURCE STATUS</u>	<input type="checkbox"/> PSD Major (326 IAC 2-2) <input type="checkbox"/> Major Source of HAPs <input type="checkbox"/> Emission Offset (326 IAC 2-3) <input checked="" type="checkbox"/> Area Source of HAPs <input type="checkbox"/> Acid Rain (326 IAC 21)
<u>SOURCE DESCRIPTION</u>	The Registrant owns and operates a stationary sheetfeed offset printing process operation. SIC code 2752

INSPECTION INFORMATION			
<u>INSPECTED BY</u>	Tammy Haug		
<u>INSPECTION DATE AND TIME</u>	12/21/2020	TIME IN: 10:30 am	TIME OUT: 11:30
<u>REPORTED BY</u>	Tammy Haug	REPORT DATE: 12/23/2020	
<u>COMPLIANCE PERIOD REVIEWED</u>	1/2019 to 12/2020		
<u>INSPECTION NOTIFICATION</u>	<input type="checkbox"/> Unannounced <input checked="" type="checkbox"/> Announced: "Due to COVID-19, inspection was announced to determine operational status and additional PPE requirements."		
<u>INSPECTION OBJECTIVE(S)</u>	<input type="checkbox"/> Compliance Monitoring Strategy (CMS) <input checked="" type="checkbox"/> Commitment <input type="checkbox"/> Mega-Site: <input type="checkbox"/> FCE <input type="checkbox"/> PCE <input type="checkbox"/> Complaint <input type="checkbox"/> Other: <input type="checkbox"/> Surveillance		
<u>ACES TRACKING NUMBER(S)</u>	Inspection: 253355	Complaint:	Violation/Warning: 253398
<u>RM TRACKING NUMBER(S)</u>	Complaint:		
<u>INSPECTION BACKGROUND</u>	Registration originally issued October 8, 2003 to Moore Langen Printing. Permit issued to LSC Communications US LLC on October 28, 2016. Permit issued to Phoenix Color Inc. on November 30, 2017. Last inspection was November 6, 2014 with no findings.		

SOURCE PERSONNEL INTERVIEWED			
<i>Name</i>	<i>Title</i>	<i>Phone Number</i>	<i>Email Address</i>
Nick Kirkling	EHS / QC	812.234.1585	nkirkling@phoenixcolor.com

INSPECTION AND COMPLAINT HISTORY (PREVIOUS 5 YEARS)			
<i>Date</i>	<i>Inspection/Complaint Type</i>	<i>Result</i>	<i>Comments</i>
None	COMMITMENT / CMS / COMPLAINT / OTHER	SELECT RESULT	

COMPLIANCE HISTORY (PREVIOUS 5 YEARS)			
<u>Informal Enforcement Actions</u>			
<i>Date Issued</i>	<i>Action Taken</i>	<i>Describe Violation(s)</i>	
N/A	SELECT ACTION TAKEN		
<u>Formal Enforcement Actions</u>			
<i>Case Number</i>	<i>Enforcement Type</i>	<i>Civil Penalty</i>	<i>Describe Violation(s)</i>
N/A	SELECT ENFORCEMENT TYPE	\$	
<u>Other Relevant Actions</u>			
<i>Action Taken</i>	<i>Comments</i>		
N/A			

PERMIT SECTION D.1			
<u>Emission Units and Control Devices:</u>			
<ul style="list-style-type: none"> One (1) parts washer (cold cleaner degreaser), identified as PW1, installed in 2015. 			
<u>Pollutants with Emission Limits or Applicable Standards:</u>			
<input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input checked="" type="checkbox"/> VOC <input type="checkbox"/> PM <input type="checkbox"/> PM ₁₀ <input type="checkbox"/> PM _{2.5} <input type="checkbox"/> HAPS			
<u>Applicable Rules:</u>			
<ul style="list-style-type: none"> Cold Cleaner Degreaser Control Equipment and Operating Requirements [326 IAC 8-3-2] 			
<u>Requirement:</u>	<u>Applicable</u>	<u>Violation Noted</u>	
Emission Limitations and Standards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Preventive Maintenance Plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Compliance Determination Requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Testing Requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Compliance Monitoring Requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Recordkeeping Requirements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Types of Records Reviewed: invoice, SDS, waste disposal			
Reporting Requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Observations and Comments:</u>			
<p>Mr. Kirkling provided me a tour of the facility. The parts washer was not in operation during the inspection. Phoenix had the unit replaced within the past month. The supplier comes every 6 weeks to maintain unit. The Vapor Pressure was noted on the SDS as <1 mm Hg. The solvent is not heated.</p> <p>Printing press line 2, 6, 7 and 8 were in operation.</p>			
<i>Emission Unit or Control Device</i>	<i>Parameter</i>	<i>Permitted Value/Range</i>	<i>Observed</i>
N/A			
<u>Permit Section Compliance Status:</u>			
<input checked="" type="checkbox"/> No violations were observed or determined for this permit section at the time of the inspection.			
<input type="checkbox"/> The following violations were determined for this permit section at the time of the inspection:			
<i>Condition/Citation</i>	<i>Comments</i>		

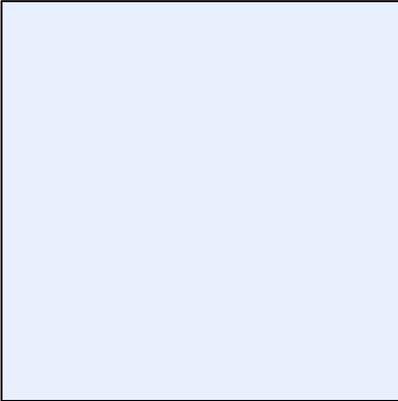
ADDITIONAL SOURCE COMPLIANCE REVIEW:	
The following reports are required and were reviewed:	
<input type="checkbox"/> Annual Compliance Certification(s)	<input type="checkbox"/> Deviation & Compliance Monitoring Report(s)
<input checked="" type="checkbox"/> Annual Notification(s)	<input type="checkbox"/> Emission Statement(s)
The reports are consistent with inspection observations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The permit accurately represents emission units observed on site.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Compliance assistance was provided during the inspection.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The source is required to have a Risk Management Plan [40 CFR 68].	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, the source has a plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, the employees have been trained.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Additional Information and Comments:	
The Annual Notification was not submitted by March 1, 2019.	
Additional Source Compliance Review Status:	
<input type="checkbox"/> No violations were observed or determined at the time of the inspection. <input checked="" type="checkbox"/> The following violations were determined at the time of the inspection:	
<i>Condition/Citation</i>	<i>Description of Violation(s)</i>
B.5	Failure to submit annual notification by March 1, 2019 for CY18

INSPECTION FINDINGS	
<input type="checkbox"/> No violations were observed or determined at the time of the inspection. <input checked="" type="checkbox"/> The following violations were determined at the time of the inspection:	
<i>Condition/Citation</i>	<i>Description of Violation(s)</i>
D.5	Failure to submit annual notification by March 1, 2019 for CY18
RECOMMENDED ACTION	Issue inspection summary letter.
EXIT INTERVIEW	I explained my findings, recommendations, and conclusions with Mr. Kirkling prior to exiting the facility.

ATTACHMENTS	
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SUPPORTING DOCUMENTATION

Photo No.



Source Name:	SOURCE NAME
Photographer:	STAFF NAME, IDEM, Office of Air Quality
Date and Time:	DATE AND TIME
Others Present:	NAME, COMPANY
Description:	DETAILED DESCRIPTION OF PHOTO