

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECOMMENDATION TO REVOKE AIR PERMIT MEMORANDUM

Date: April 11, 2018

To: Joanne Smiddie-Brush, Section Chief
Permits Administration Support Section
Permits Branch
Office of Air Quality

Thru: Phil Perry, Branch Chief ^{PPY}
Compliance and Enforcement
Branch
Office of Air Quality

From: Daniel Roos, Air Compliance Inspector
Marty Yeates, Section Chief/E7
Compliance and Enforcement Branch
Office of Air Quality

Source Name: Tri-Plastics Corporation

Source ID: 037-00119

Source Location address: 2528 Cathy Lane Jasper, IN

Operating Permit # to be revoked: 037-30385-00119

Based upon reviewing 326 IAC 2-1.1-9 and conducting an inspection on October 8, 2013 the source is permanently closed and the operating air permit for Tri-Plastics Corporation can be revoked. Please revoke the air permit and issue a Revocation and Notice of Decision.

 X Revocation and Notice of Decision should be mailed to:

Name: Mr. Michael Cronin
Title: Owner
Address: 4751 E. County Road 2100 N
City: Dale
State: Indiana
Zip Code: 47523

OR

 There is no person identified with the source to receive the Revocation. The Revocation should take the form of a Memo to File.

cc:

**Indiana Department of Environmental Management
Office of Air Quality
Air Permit Revocation Supporting Documentation Log**

Source Name	<u>Tri-Plastics Corporation</u>	OAQ Inspector	<u>Daniel Roos</u>
Source ID	<u>037-00119</u>	Date of Review	<u>4/11/2018</u>

Methods used to determine/verify source closure (Check all that apply.)

	Method (From Step 3 in SOP)	Verification	Comments
<input checked="" type="checkbox"/>	(a) Inspection/Site visit	Inspection Date: 10/8/2013	<u>Inspection completed by T. Haug.</u> <u>Recommended revocation letter in report</u>
<input type="checkbox"/>	(b) Corporate staff contact	Contact Date: Name: Title: Contact submitting information for Permit Revocation? Other Comments	_____ _____ Yes <input type="checkbox"/> No <input type="checkbox"/> _____
<input type="checkbox"/>	(c) Internet search (attach any article found)	Date of Search:	_____
<input type="checkbox"/>	(c) County Health Department	Contact & Date:	_____
<input type="checkbox"/>	(d) Secretary of State's website operating status	Operating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	(e) Commenced construction	Commenced within 18 months? Date of Issuance of Permit:	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
<input type="checkbox"/>	(f) Disconnected phone number?	Phone number: Date verified	_____ _____
<input type="checkbox"/>	(f) Returned U.S. Mail/Email	Document(s) type: Date(s) of returned mail:	_____ _____
<input type="checkbox"/>	(g) Non-payment of permit fees	Year(s) not paid	_____
<input type="checkbox"/>	(h) Non-submittal of Emission Statements, Quarterly Report, Annual Compliance Certifications, Annual Notifications	Year(s) not submitted	_____
<input type="checkbox"/>	Other Information	_____	_____
<input type="checkbox"/>	Other Information	_____	_____

Comments: _____