

March 20, 2002

Mr. Phil McKittrick
Polyfoam Packers Corporation, a Division of Tuscarora, Inc.
955 Woodland Avenue
Michigan City, Indiana 46360

Re: 091-15449-00079
Third Administrative Amendment to
Part 70 T091-7666-00079

Dear Mr. McKittrick:

Polyfoam Packers Corporation was issued a permit on October 14, 1999 for a stationary polystyrene shape molding operations. A letter requesting a transfer of ownership and operational control was received on January 18, 2002. Pursuant to the provisions of 2-7-11 the permit is hereby administratively amended as follows:

Polyfoam Packers Corporation transferred ownership and operation control of the stationary polystyrene shape molding operations, located at 955 Woodland Avenue, Michigan City, Indiana to Tuscarora Incorporated, at the same location. Their operational name will be Polyfoam Packers Corporation, a Division of Tuscarora, Inc. The transfer has an effective date of January 16, 2002.

Mr. Phil McKittrick , Director of Engineering remains as the Responsible Official. The Corporate contact is Vicky Brind'Amour, Manager of Environmental Affairs, 800 Fifth Avenue, New Brighton, Pennsylvania 15066.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

Polyfoam Packers Corporation, a Division of Tuscarora, Inc.
Michigan City, IN 46360

Page 2 of 2
091-15449-00079

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,

Original signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Replacement Pages

PD/gkf

cc: File - LaPorte County
LaPorte County Health Department
Air Compliance Section Inspector - Rick Massoels
Compliance Data Section - Karen Nowak
IDEM Northwest Regional Office
Permit Review Section 1 - Gary Freeman
Air Programs - Chet Bohannon
Enviroplan - 091-15084-00079
Enviroplan - 091-15559-00079

**PART 70 OPERATING PERMIT
and ENHANCED NEW SOURCE REVIEW
OFFICE OF AIR QUALITY**

**Polyfoam Packers Corporation, a Division of Tuscarora, Inc.
955 Woodland Avenue
Michigan City, Indiana 46360**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T091-7666-00079	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: October 14, 1999 Expiration Date: October 14, 2004

First Administrative Amendment 091-11627-00079, issued on January 18, 2000
 First Minor Source Modification 091-12933-00079, issued January 4, 2001
 Second Administrative Amendment 091-13602-00079, issued on January 17, 2001
 First Significant Source Modification 091-14438-00079, issued November 2, 2001
 First Significant Permit Modification 091-14496-00079, issued November 20, 2001
 First Reopening 091-13378-00079, issued February 13, 2002

Third Administrative Amendment: 091-15449-00079	Pages Affected: 5, 33, 34, 35, 36, 36a, 37
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: March 20, 2002

SECTION A

SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ) information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

A.1 General Information [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)]

The Permittee owns and operates stationary polystyrene shape molding operations.

Responsible Official: Phil McKittrick
Source Address: 955 Woodland Avenue, Michigan City, Indiana 46360
Mailing Address: 955 Woodland Avenue, Michigan City, Indiana 46360
SIC Code: 3086
County Location: LaPorte
County Status: Attainment for all criteria pollutants
Source Status: Part 70 Permit Program
Minor Source, under PSD

A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-7-4(c)(3)] [326 IAC 2-7-5(15)]

This stationary source consists of the following emission units and pollution control devices:

- 1) One (1) boiler, model number CB 700-250, fueled by natural gas, heat input rate is 10.5 MMBtu per hour and exhausting to stack S-1.
- 2) Thirty-one (31) foam polystyrene storage silos with a total maximum storage capacity of 76,000 pounds.
- 3) One (1) polystyrene pre expander, model number 6000, rated at 1500 pounds per hour and exhausting to stack S-4.
- 4) One (1) molding press, model number 812, rated at 300 pounds per hour, and exhausting to stack S-11.
- 5) One (1) molding press, model number 68, rated at 150 pounds per hour, and exhausting to stack S-14.
- 6) One (1) molding press, model number 68, rated at 150 pounds per hour, and exhausting to stack S-15.
- 7) One (1) molding press, model number 68, rated at 150 pounds per hour, and exhausting to stack S-16.
- 8) One (1) molding press, model number 68, rated at 150 pounds per hour, and exhausting to stack S-17.

- 9) One (1) molding press, model number 68, rated at 150 pounds per hour, and exhausting to stack S-18.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

Part 70 Quarterly Report

Source Name: Polyfoam Packers Corporation, a Division of Tuscarora, Inc.
 Source Address: 955 Woodland Avenue, Michigan City, IN 46360
 Mailing Address: 955 Woodland Avenue, Michigan City, IN 46360
 Part 70 Permit No.: T091-7666-00079
 Facility: six (6) molding presses
 Parameter: VOC
 Limit: VOC emissions not to exceed 155.22 tons per twelve (12) consecutive month period rolled on a monthly basis

YEAR: _____

Month	Column 1	Column 2	Column 1 + Column 2
	VOC Usage This Month	VOC Usage Previous 11 Months	VOC Usage 12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.
 9 Deviation/s occurred in this quarter.
 Deviation has been reported on: _____

Submitted by: _____
 Title / Position: _____
 Signature: _____
 Date: _____
 Phone: _____

Attach a signed certification to complete this report.

March 20, 2002

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: Polyfoam Packers Corporation, a Division of
Tuscarora, Inc.
Source Address: 955 Woodland Avenue, Michigan City, IN 46360
Mailing Address: 955 Woodland Avenue, Michigan City, IN 46360
Part 70 Permit No.: T091-7666-00079

**This certification shall be included when submitting monitoring,
testing reports/results
or other documents as required by this permit.**

Please check what document is being certified:

9 Annual Compliance Certification Letter

9 Test Result (specify) _____

9 Report (specify) _____

9 Notification (specify) _____

9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-6865

**PART 70 OPERATING PERMIT
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Polyfoam Packers Corporation, a Division of
Tuscarora, Inc.
Source Address: 955 Woodland Avenue, Michigan City, IN 46360
Mailing Address: 955 Woodland Avenue, Michigan City, IN 46360
Part 70 Permit No.: T091-7666-00079

**This form consists of 2 pages
1 of 2**

Page

Check either No. 1 or No.2

- | | | |
|----------|----|---|
| 9 | 1. | This is an emergency as defined in 326 IAC 2-7-1(12) |
| | C | The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and |
| | C | The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16 |
| 9 | 2. | This is a deviation, reportable per 326 IAC 2-7-5(3)(c) |
| | C | The Permittee must submit notice in writing within ten (10) calendar days |

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency/Deviation:

Describe the cause of the Emergency/Deviation:

If any of the following are not applicable, mark N/A

**Page
2 of
2**

Date/Time Emergency/Deviation started:

Date/Time Emergency/Deviation was corrected:

Was the facility being properly operated at the time of the emergency/deviation? Y N

Describe:

Type of Pollutants Emitted: TSP, PM-10, SO₂, VOC, NO_x, CO, Pb, other:

Estimated amount of pollutant(s) emitted during emergency/deviation:

Describe the steps taken to mitigate the problem:

Describe the corrective actions/response steps taken:

Describe the measures taken to minimize emissions:

If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

_____ Title / Position: _____

Date: _____

Phone: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

Part 70 Quarterly Report

Source Name: Polyfoam Packers Corporation, a Division of
Tuscarora, Inc.

Source Address: 955 Woodland Avenue, Michigan City, IN 46360
 Mailing Address: 955 Woodland Avenue, Michigan City, IN 46360
 Part 70 Permit No.: T091-7666-00079
 Facility: Expanding, Storing and Molding of Expandable Polystyrene
 Parameter: VOC
 Limit: 20.75 tons/month

YEAR: _____

Month	Polystyrene Usage (tons/month)	VOC Content Pentane (%)	VOC* Emissions (Tons/month)	Usage limit tons/month
Month 1				26.77
Month 2				26.77
Month 3				26.77

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: _____

Title / Position: _____

Signature: _____

Date: _____

Phone: _____

$$* \text{ VOC Emissions (tons/month)} = \frac{\text{Polystyrene Usage (tons/month)}}{\text{VOC\% (1-22.5\%)}} *$$

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY COMPLIANCE MONITORING REPORT**

Source Name: Polyfoam Packers Corporation, a Division of
Tuscarora, Inc.
Source Address: 955 Woodland Avenue, Michigan City, IN 46360
Mailing Address: 955 Woodland Avenue, Michigan City, IN 46360

Part 70 Permit No.: T091-7666-00079

Months: _____ **to** _____ **Year:** _____

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.

Compliance Monitoring Requirement (e.g. Permit Condition D.1.3)	Number of Deviations	Date of each Deviations

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.