

April 16, 2002

Mr. R. J. Sorge
Equilon Enterprises LLC dba Shell Oil Products US
P.O. Box 7
Zionsville, Indiana 46007

Re: 035-15803-00018
Second Administrative Amendment to
FESOP F035-7279-00018

Dear Mr. Sorge:

Equilon Enterprises LLC - Muncie Terminal was issued a FESOP permit on June 24, 1998 for a bulk petroleum storage and transfer terminal. A letter requesting a change in the operating name was received April 1, 2002. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

Effective March 1, 2002 Equilon Enterprises LLC - Muncie Terminal is doing business as Shell Oil Products US. This change is a result of Shell's purchase of the Texaco interest in Equilon Enterprises LLC. They will operate under the name of Equilon Enterprises LLC dba Shell Oil Products US. The source address remains as 2000 East State Road 28, Muncie, Indiana 47302. The Authorized Individual remains as R. J. Sorge. The reporting forms were updated to reflect the new operating name.

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.

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: Updated Page
PD/gkf

cc: File -Delaware County
Delaware County Health Department
Air Compliance Section Inspector - Jay Patterson
Compliance Data Section -Karen Nowak
Air Programs - Chet Bohannon
Permit Review Section 1 - Gary Freeman

**FEDERALLY ENFORCEABLE STATE
OPERATING PERMIT (FESOP)
and ENHANCED NEW SOURCE REVIEW
OFFICE OF AIR QUALITY**

**Equilon Enterprises LLC d/b/a Shell Oil Products US
2000 East State Road 28
Muncie, Indiana 47302**

(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 2-8 and 326 IAC 2-1-3.2, 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.: F035-7279-00018	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: June 24, 1998 Expiration Date: June 24, 2003

First Administrative Amendment 035-10342-00018, issued January 20, 1999
First Minor Permit Revision 035-10058-00018, issued January 22, 1999

Second Administrative Amendment: 035-15803-00018	Pages Affected: 35, 36, 37, 38, 39 and 40
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: April 16, 2002

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

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: Equilon Enterprises LLC dba Shell Oil Products US
Source Address: 2000 East State Road 28, Muncie, Indiana 47302
Mailing Address: P.O. Box 7, Zionsville, Indiana 46007
FESOP No.: F035-7279-00018

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 Emergency/Deviation Occurrence Reporting Form
- 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: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY/DEVIATION OCCURRENCE REPORT**

Source Name: Equilon Enterprises LLC dba Shell Oil Products US
Source Address: 2000 East State Road 28, Muncie, Indiana 47302
Mailing Address: P.O. Box 7, Zionsville, Indiana 46007
FESOP No.: F035-7279-00018

This form consists of 2 pages

Page 1 of 2

Check either No. 1 or No.2

- 9** 1. This is an emergency as defined in 326 IAC 2-7-1(12)
(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
(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)
(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, SO ₂ , 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: _____

Attach a signed certification to complete this report.

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

FESOP Quarterly Report

Source Name: Equilon Enterprises LLC dba Shell Oil Products US
 Source Address: 2000 East State Road 28, Muncie, Indiana 47302
 Mailing Address: P.O. Box 7, Zionsville, Indiana 46007
 FESOP No.: F035-7279-00018
 Facility: Four Petroleum Products (Gasoline) Storage Tanks
 Parameter: Total Throughput
 Limit: 157,345,440 gallons per 12-month period rolled on a monthly basis; 13,112,120 gallons per month during first 12-months of FESOP

Generator S/V ID: _____ Month: _____ Year: _____

Past 12 Months	Tank M10 (gallons)	Tank M11 (gallons)	Tank M21 (gallons)	Tank M71 (gallons)	Total (gallons)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
12 Month Total					

- 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: _____

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

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
 QUARTERLY COMPLIANCE REPORT
 FESOP Quarterly Report**

Source Name: Equilon Enterprises LLC dba Shell Oil Products US
 Source Address: 2000 East State Road 28, Muncie, Indiana 47302
 Mailing Address: P.O. Box 7, Zionsville, Indiana 46007
 FESOP No.: F035-7279-00018
 Facility: Four Petroleum Products (Distillates) Storage Tanks
 Parameter: Total Throughput
 Limit: 157,345,440 gallons per 12-month period.

Generator S/V ID: _____ Month: _____ Year: _____

Past 12 Months	Tanks M10,M11, M21 and M71 (gallons)	Total Throughput (gallons)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
12 Month Total		

Form Completed By: _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.