

Via Certified Mail 7003 0500 0003 5373 6060

Mr. Robert Staley
Shenango LLC
1200 College Avenue
Terre Haute, IN 47802

February 28, 2005

Re: 167-19810
Second Administrative Amendment to
FESOP 167-5228-00068

Dear Mr. Staley:

Shenango LLC (formerly known as Shenango Industries, Inc.) was issued a Federally Enforceable State Operating Permit (FESOP) on December 13, 1998 for a gray iron, brass, and bronze foundry. A letter requesting a name change (this would include all headers, footers, etc.) and change of responsible official was received on August 2, 2004. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

The source name has been changed throughout the document from Shenango Industries to Shenango, LLC.

The Responsible Official has been changed from Ian Sadler to Robert E. Staley, Vice President.

On November 11, 1996, the U.S. EPA designated Vigo County as maintenance attainment for sulfur dioxide (SO₂).

On April 15, 2004, the U.S. EPA named 23 Indiana counties and one partial county nonattainment for the new 8-hour ozone standard. The designations became effective on June 15, 2004. Vigo County has been designated as basic nonattainment for the 8-hour ozone standard.

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 Mr. Scott Sines, at (812) 462-3433, extension 12.

Sincerely,

ORIGINAL SIGNED BY:

George M. Needham
Director
Vigo County Air Pollution Control

Attachments
SBS

cc: IDEM - Mindy Hahn
IDEM - Winter Bottum

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY and VIGO COUNTY AIR POLLUTION CONTROL

**Shenango LLC
1200 College Avenue
Terre Haute, Indiana 47802**

(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.

The Permittee must comply with all conditions of this permit. Noncompliance with any provision of this permit is grounds for enforcement action; permit termination, revocation and reissuance, or modification; and denial of a permit renewal application. It shall not be a defense for the Permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. An emergency does constitute an affirmative defense in an enforcement action provided the Permittee complies with the applicable requirements set forth in Section B, Emergency Provisions.

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 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.: F167-5228-00068 | |
| Original issued by: George M. Needham, Director Vigo County Air Pollution Control | Issuance Date: December 13, 1996 |
| First Administrative Amendment 167-8300 issued April 27, 1998 | Page Affected: 6 |
| Second Administrative Amendment 167-19810 | Page(s) Affected: Title Page, 5, 39-45 |
| Issued by: ORIGINAL SIGNED BY: George M. Needham, Director Vigo County Air Pollution Control | Issuance Date: February 28, 2005 |

SECTION A SOURCE SUMMARY

A.1 General Information

The Permittee owns and operates a gray iron, bronze and brass foundry.

Responsible Official: Robert E. Staley, Vice President
Source Address: 1200 College Avenue, Terre Haute, Indiana, 47802
Mailing Address: PO Box 2069, Terre Haute, Indiana, 47802
SIC Code: 3399
County Location: Vigo
County Status: Nonattainment for ozone under the 8-hour standard
Attainment for all other criteria pollutants
Source Status: Synthetic Minor Source, FESOP Program

A.2 Emission Units and Pollution Control Summary

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

1. F1 and F2 - two (2) Inductotherm induction furnaces with rated capacities of 2.1 ton per hour each.
2. F3 and F4 - two (2) Ajax Magnothermic induction furnaces with rated capacities of 2.1 ton per hour each.
3. F5, F6 and F7 - three (3) Ajax Magnothermic induction furnaces with rated capacities of 1.4 ton per hour each.
4. F8 and F9 - two (2) Brown-Boverie induction furnaces with rated capacities of 2 ton per hour each.
5. F10 and F11 - two (2) Ajax Magnothermic induction furnaces with a rated capacities of 0.84 ton per hour each.
6. F12 - an Inductotherm induction furnace with a rated capacity of 0.735 ton per hour.
7. S1 - a spin machine with a rated capacity of 3444 pounds per hour.
8. S2 - a spin machine with a rated capacity of 2666 pounds per hour.
9. S3 - a spin machine with a rated capacity of 1966 pounds per hour.
10. S4 - a spin machine with a rated capacity of 5457 pounds per hour.
11. S5 - a spin machine with a rated capacity of 2963 pounds per hour.
12. S6 and S7 - two (2) spin machines with rated capacities of 1257 pounds per hour each.
13. S8 - a spin machine with a rated capacity of 262 pounds per hour.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
and
VIGO COUNTY AIR POLLUTION CONTROL**

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

Source Name: Shenango LLC
Source Address: 1200 College Avenue, Terre Haute, Indiana 47807
Mailing Address: 1200 College Avenue, Terre Haute, Indiana 47807
FESOP No.: 167-14053-00068

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:

- Annual Compliance Certification Letter
- Test Result (specify) _____
- Report (specify) _____
- Notification (specify) _____
- Affidavit (specify) _____
- 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 BRANCH
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967
and
VIGO COUNTY AIR POLLUTION CONTROL
103 South 3rd Street
Terre Haute, IN 47807**

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

Source Name: Shenango LLC
Source Address: 1200 College Avenue, Terre Haute, Indiana 47802
Mailing Address: 1200 College Avenue, Terre Haute, Indiana 47805
FESOP No.: 167-14053-00068

This form consists of 2 pages

Page 1 of 2

- 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 notify the VCAPC, within four (4) business hours (812-462-3433); and
 - The Permittee must submit notice in writing or by facsimile within two (2) working days (Facsimile Number: 317-233-5967 and 812-462-3447), and follow the other requirements of 326 IAC 2-7-16.

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: |
| Describe the cause of the Emergency: |

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

Page 2 of 2

| |
|---|
| Date/Time Emergency started: |
| Date/Time Emergency was corrected: |
| Was the facility being properly operated at the time of the emergency? 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: |
| 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: _____

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION
and
VIGO COUNTY AIR POLLUTION CONTROL**

FESOP Quarterly Report

Source Name: Shenango LLC
Source Address: 1200 College Avenue, Terre Haute, Indiana 47802
Mailing Address: P.O. Box 2069, Terre Haute, Indiana 47802
FESOP No.: F167-14053-00068
Facility: Induction Melting Furnaces
Parameter: Combined melting of the furnaces [ferrous and nonferrous]
Limit: 1,500,000 pounds of ferrous metal per month; and
999,100 pounds of nonferrous metal per month

YEAR: _____

| Month | This Month | |
|---------|------------|------------|
| | Ferrous | Nonferrous |
| Month 1 | | |
| Month 2 | | |
| Month 3 | | |

- No deviation occurred in this quarter.
- 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.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION
and
VIGO COUNTY AIR POLLUTION CONTROL**

FESOP Quarterly Report

Source Name: Shenango LLC
Source Address: 1200 College Avenue, Terre Haute, Indiana 47802
Mailing Address: P.O. Box 2069, Terre Haute, Indiana 47802
FESOP No.: F167-14053-00068
Facility: Spin Machines
Parameter: Combined melting of the spin machines
Limit: 2,499,100 pounds of metal per month

YEAR: _____

| Month | This Month | |
|---------|------------|------------|
| | Ferrous | Nonferrous |
| Month 1 | | |
| Month 2 | | |
| Month 3 | | |

- No deviation occurred in this quarter.
- 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.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR QUALITY
 COMPLIANCE DATA SECTION
 and
 VIGO COUNTY AIR POLLUTION CONTROL**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
 QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Shenango LLC
 Source Address: 1200 College Avenue, Terre Haute, Indiana 47802
 Mailing Address: 1200 College Avenue, Terre Haute, Indiana 47802
 FESOP No.: 167-14053-00068

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

| | |
|---|-------------------------------|
| <p>This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked ANo deviations occurred this reporting period@.</p> | |
| <input type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD. | |
| <input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |

| | |
|--|-------------------------------|
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.