

Via Certified Mail 7003 0500 0003 5373 6046

Mr. Max Strassler
Novelis
P.O. Box 1607
Terre Haute, IN 47808

January 27, 2005

Re: 167-19813
Second Administrative Amendment to
Part 70 T167-5988-00001

Dear Mr. Strassler:

Novelis (formerly known as Alcan Rolled Products) was issued a Part 70 Title V Operating Permit on June 30, 1999 relating to the operation of production equipment to reduce aluminum rolls into finished foil products. A letter requesting a name change (this would include all headers, footers, etc.) was received on November 1, 2004. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Novelis
~~Alcan Rolled Products~~
5901 North 13th Street
Terre Haute, Indiana 47804

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,

George M. Needham
Director
Vigo County Air Pollution Control

Attachments

SBS

cc: IDEM - Mindy Hahn
IDEM - Winter Bottum

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

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: ~~Alean Rolled Products~~ Novelis
Source Address: 5901 North 13th street, Terre Haute, Indiana 47804
Mailing Address: PO Box 1067, Terre Haute, Indiana 47808
Part 70 Permit No.: T167-5988-00001

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) _____
- 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 MANAGEMENT QUALITY
COMPLIANCE DATA SECTION**

~~P.O. Box 6015~~
100 North Senate Avenue
Indianapolis, Indiana ~~46206-6015~~ 46204
Phone: 317-233-5674
Fax: 317-233-6865

and
VIGO COUNTY AIR POLLUTION CONTROL
~~201 Cherry Street~~ 103 South 3rd Street
Terre Haute, Indiana 47807
Phone: 812-462-3433
Fax: 812-462-3447

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

Source Name: ~~Alean Rolled Products~~ Novelis
Source Address: 5901 North 13th Street, Terre Haute, Indiana 47804
Mailing Address: PO Box 1607, Terre Haute, Indiana 47808
Part 70 Permit No.: T167-5988-00001

This form consists of 2 pages

Page 1 of 2

Check either No. 1 or No.2
<input checked="" type="radio"/> 1. This is an emergency as defined in 326 IAC 2-7-1(12) C The Permittee must notify the Office of Air Management (OAM) and Vigo County Air Pollution Control (VCAPC), within four (4) business hours (OAM: 1-800-451-6027 or 317-233-5674, ask for Compliance Section; VCAPC: 812-462-3433); and The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: OAM: VCAPC: 812-462-3447), and follow the other requirements of 326 IAC 2-7-16
<input checked="" type="radio"/> 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:
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: _____

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

**PART 70 OPERATING PERMIT
NATURAL GAS FIRED CERTIFICATION**

Source Name: ~~Alcan Rolled Products~~ Novelis
Source Address: 5901 North 13th Street, Terre Haute, Indiana 47804
Mailing Address: PO Box 1607, Terre Haute, Indiana 47808
Part 70 Permit No.: T167-5988-00001

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

Report period

Beginning: _____

Ending: _____

Unit Affected

Alternate Fuel

Days burning alternate fuel

From

To

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

**COMPLIANCE DATA SECTION
and
VIGO COUNTY AIR POLLUTION CONTROL**

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

Source Name: ~~Alcan Rolled Products~~ Novelis
Source Address: 5901 North 13th Street, Terre Haute, Indiana 47804
Mailing Address: PO Box 1607, Terre Haute, Indiana 47808
Part 70 Permit No.: T167-5988-00001

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".

NO DEVIATIONS OCCURRED THIS REPORTING PERIOD

THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.

Requirement (eg. 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.

PART 70 OPERATING PERMIT

OFFICE OF AIR QUALITY
and
VIGO COUNTY AIR POLLUTION CONTROL

Novelis
5901 North 13th Street
Terre Haute, Indiana 47804

(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.: T167-5988-00001	
Issued by: Original Signed By Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: June 30, 1999
First Administrative Amendment T167-11496 issued: Page(s) Affected: 7 December 22, 1999	
Second Administrative Amendment T167-19813 Page(s) Affected: 38 - 42	
Issued by: George M. Needham, Director Vigo County Air Pollution Control	Issuance Date: January 27, 2005

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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COMPLIANCE DATA SECTION
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Indianapolis, Indiana 46204
Phone: 317-233-5674
Fax: 317-233-6865
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Beginning: _____
Ending: _____

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		<u>From</u>	<u>To</u>

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