



Joseph E. Kernan  
Governor

Lori F. Kaplan  
Commissioner

October 21, 2004

100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
(317) 232-8603  
(800) 451-6027  
www.in.gov/idem

TO: Interested Parties / Applicant

RE: Buckeye Terminals, LLC / 063-20028-00004

FROM: Paul Dubenetzky  
Chief, Permits Branch  
Office of Air Quality

### Notice of Decision – Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office of Environmental Adjudication, 100 North Senate Avenue, Government Center North, Room 1049, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) The date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) The name and address of the person making the request;
- (2) The interest of the person making the request;
- (3) Identification of any persons represented by the person making the request;
- (4) The reasons, with particularity, for the request;
- (5) The issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures  
FNPER-AM.dot 9/16/03



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Joseph E. Kernan  
Governor

Lori F. Kaplan  
Commissioner

October 21, 2004

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Mr. James A. Spicer  
Buckeye Terminals, LLC  
5002 Buckeye Road  
P.O. Box 368  
Emmaus, Pennsylvania 18049

Re: 063-20028-00004  
First Administrative Amendment to  
FESOP F063-14875-00004

Dear Mr. Spicer:

Equilon Enterprises, LLC d/b/a Shell Oil Products US was issued a FESOP permit on July 2, 2002 to own and operate a stationary bulk gasoline terminal. A letter requesting a transfer of ownership was received on September 9, 2004. Pursuant to the provisions of 326 IAC 2-8-10(a)(2) and (4) the permit is hereby administratively amended as follows:

A.1 General Information [326 IAC 2-8-3(b)]

The Permittee owns and operates a stationary bulk gasoline terminal.

Authorized Individual:	<del>T. J. Rizzoli</del> <b>James A. Spicer</b>
Source Address:	10470 East Country Road North, Clermont, Indiana 46234
Mailing Address:	<del>Two Shell Plaza, P.O. Box 2648, Houston Texas 77252-2099</del> <b>5002 Buckeye Road, P.O. Box 368, Emmaus, Pennsylvania 18049</b>
General Source Phone Number:	<del>317-291-2609</del> <b>484-232-4000</b>
SIC Code:	5171
County Location:	Hendricks County
Source Location Status:	Attainment for all criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD; Minor Source, Section 112 of the Clean Air Act

Buckeye Terminals, LLC acquired the stationary bulk terminal located at 10470 East County Road 300 North, Clermont, Indiana from Equilon Enterprises LLC. The terminal operated under the old owners name d/b/a Shell Oil Products US. The terminal will now operate under the name of Buckeye Terminals, LLC. The new mailing address and new phone number have been changed in A.1 of the permit as well as the reporting forms.

Mr. James A. Spicer, Vice President and General Manager. replaces Mr T. J. Rizzoli as the Authorized Individual. Mr. Spicer meets the requirements of 326 IAC 2-1.1-1(1) as an Authorized Individual.

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, 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 Pages

PD/gkf

cc: File -Hendricks County  
Hendricks County Health Department  
Air Compliance Section Inspector – Jim Thorpe  
Billing, Licensing and Training Section - Chet Bohannon  
Permit Review Section 1 - Gary Freeman



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**FEDERALLY ENFORCEABLE STATE  
 OPERATING PERMIT (FESOP) RENEWAL  
 OFFICE OF AIR QUALITY**

**Buckeye Terminals, LLC  
 10470 East Country Road 300 North  
 Clermont, Indiana 46234**

(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 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.: F 063-14875-00004	
Issued by: Original signed by Paul Dubenetzky Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: July 2, 2002 Expiration Date: July 2, 2007
First Administrative Amendment: 063-20028-00004	Pages Affected: 5, 32, 33, 34, 35, 36 and 37
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: October 21, 2004

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**Certification**

**Emergency Occurrence Report**

**Quarterly Report**

**Quarterly Deviation and Compliance Monitoring Report**

**SECTION A**

**SOURCE SUMMARY**

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ). The 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 2-8-3(b)]**

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The Permittee owns and operates a stationary bulk gasoline terminal.

Authorized Individual:	James A. Spicer
Source Address:	10470 East Country Road North, Clermont, Indiana 46234
Mailing Address:	5002 Buckeye Road, P.O. Box 368, Emmaus, Pennsylvania 18049
General Source Phone Number:	484-232-4000
SIC Code:	5171
County Location:	Hendricks County
Source Location Status:	Attainment for all criteria pollutants
Source Status:	Federally Enforceable State Operating Permit (FESOP) Minor Source, under PSD; Minor Source, Section 112 of the Clean Air Act

**A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-8-3(c)(3)]**

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

- (a) One (1) truck loading rack constructed in 1963, known as #12, equipped with a flare vapor combustion unit (VCU), installed in 1993, and a vapor collection system, capacity: 99,000 gallons of petroleum products and/or denatured ethanol per hour.
- (b) Two (2) fixed roof cone, petroleum products (excluding gasoline) storage tanks, constructed in 1962, known as Tanks # 1 and #2, capacity: 1,260,000 gallons (30,000 barrels) each.
- (c) Two (2) internal floating roof, petroleum products storage tanks, constructed in 1962, known as Tanks # 3 and #4, capacity: 1,260,000 gallons (30,000 barrels) each.
- (d) Two (2) internal floating roof, petroleum products storage tanks, known as Tank #5, constructed in 1969, and Tank #6, constructed in 1971, capacity: 3,360,000 gallons (80,000 barrels) each.
- (e) One (1) fixed roof cone, petroleum products (excluding gasoline) / denatured ethanol storage tank, known as Tank #7, constructed in 1963, capacity: 42,000 gallons (1,000 barrels).
- (f) Three (3) fixed roof cone, petroleum products (excluding gasoline) storage tanks, known as Tanks #8 through #10, constructed in 1991, capacity: 30,000 gallons (714 barrels), each.
- (g) One (1) fixed roof cone, petroleum products (excluding gasoline) storage tank, known as Tank #11, constructed in 1991, capacity: 10,000 gallons (238 barrels).

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY**

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

Source Name: Buckeye Terminals, LLC  
Source Address: 10470 East Country Road 300 North, Clermont, Indiana, 46234  
Mailing Address: 5002 Buckeye Road, P.O. Box 368, Emmaus, Pennsylvania 18049  
FESOP No.: F 063-14875-00004

**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: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE BRANCH  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967**

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

Source Name: Buckeye Terminals, LLC  
Source Address: 10470 East Country Road 300 North, Clermont, Indiana, 46234  
Mailing Address: 5002 Buckeye Road, P.O. Box 368, Emmaus, Pennsylvania 18049  
FESOP No.: F 063-14875-00004

**This form consists of 2 pages**

**Page 1 of 2**

**9** This is an emergency as defined in 326 IAC 2-7-1(12)  
CThe 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  
CThe 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

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 <sub>2</sub> , VOC, NO <sub>x</sub> , 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**

**FESOP Quarterly Report**

Source Name: Buckeye Terminals, LLC  
 Source Address: 10470 East Country Road 300 North, Clermont, Indiana, 46234  
 Mailing Address: 5002 Buckeye Road, P.O. Box 368, Emmaus, Pennsylvania 18049  
 FESOP No.: F 063-14875-00004  
 Facility: One (1) loading rack  
 Parameter: Petroleum products and denatured ethanol throughput  
 Limit: 709,813,559 gallons of petroleum products and/or denatured ethanol per twelve (12) consecutive month period, total, equivalent to HAPs emissions of less than ten (10) tons per year for any single HAP and less than twenty-five (25) tons per year for the combination of HAPs, and less than one-hundred (100) tons per year of VOC.

YEAR:

Month	Petroleum products and/or denatured ethanol (gallons)	Petroleum products and/or denatured ethanol (gallons)	Petroleum products and/or denatured ethanol (gallons)
	This Month	Previous 11 Months	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: \_\_\_\_\_

Attach a signed certification to complete this report.

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

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

Source Name: Buckeye Terminals, LLC  
 Source Address: 10470 East Country Road 300 North, Clermont, Indiana, 46234  
 Mailing Address: 5002 Buckeye Road, P.O. Box 368, Emmaus, Pennsylvania 18049  
 FESOP No.: F 063-14875-00004

**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. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do 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 "No deviations occurred this reporting period".</p>	
<p><b>9</b>NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><b>9</b>THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p><b>Permit Requirement</b> (specify permit condition #)</p>	
<p><b>Date of Deviation:</b></p>	<p><b>Duration of Deviation:</b></p>
<p><b>Number of Deviations:</b></p>	
<p><b>Probable Cause of Deviation:</b></p>	
<p><b>Response Steps Taken:</b></p>	
<p><b>Permit Requirement</b> (specify permit condition #)</p>	
<p><b>Date of Deviation:</b></p>	<p><b>Duration of Deviation:</b></p>
<p><b>Number of Deviations:</b></p>	
<p><b>Probable Cause of Deviation:</b></p>	
<p><b>Response Steps Taken:</b></p>	

<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

**9** No deviation occurred in this quarter.

**9** Deviation/s occurred in this quarter.  
 Deviation has been reported on: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.