



Mitchell E. Daniels, Jr.
Governor

Thomas W. Easterly
Commissioner

100 North Senate Avenue
Indianapolis, Indiana 46204
(317) 232-8603
(800) 451-6027
www.IN.gov/idem

TO: Interested Parties / Applicant
DATE: March 24, 2005
RE: DSM NeoResins, Inc. / 023-20101-00023
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 1/10/05



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

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Governor

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March 24, 2005

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Richard W. Alsterberg
DSM NeoResins, Inc.
3110 West State Road 28
Frankfort, Indiana 46041

Re: 023-20101-00023
First Notice-only change to
MSOP 023-15292-00023

Dear Mr. Alsterberg:

NeoResins, Inc. was issued a permit on January 30, 2003 for an acrylic latex emulsions manufacturing plant. A letter notifying the Office of Air Quality of an acquisition and company name change was received on January 7, 2005. Pursuant to the provisions of 326 IAC 2-6.1-6(d)(3) the permit is hereby revised as follows:

Royal DSM N.V. acquired NeoResins from Avecia Ltd. NeoResins is a wholly owned subsidiary of Avecia, Inc. The plant located at West State Road 28, Frankfort, Indiana 46041 operated under the name of NeoResins, Inc. The plant will now operate under the name of DSM NeoResins, Inc as a result of the acquisition. The Authorized Individual remains the same, as well as the company mailing address. The appropriate 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 letter 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 pages
PD/gkf

cc: File - Clinton County
ClintonCounty Health Department
Air Compliance Section Inspector: Dave Rice
Permit Review Section 1- Gary Freeman
Billing, Licensing and Training Section - Chet Bohannon



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**MINOR SOURCE
 OPERATING PERMIT (MSOP)
 OFFICE OF AIR QUALITY**

**DSM NeoResins, Inc.
 3110 West State Road 28
 Frankfort, Indiana 46041**

(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 to the above mentioned company under the provisions of 326 IAC 2-1.1, 326 IAC 2-6.1 and 40 CFR 52.780, with conditions listed on the attached pages.

Operation Permit No.: MSOP 023-15292-00023	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: January 20, 2003 Expiration Date: January 30, 2008

First Notice-Only Change: 023-20101-00023	Pages Affected: 24, 25, 26 and 27
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: March 24, 2005 Expiration Date: March 24, 2010

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

**MINOR SOURCE OPERATING PERMIT
ANNUAL NOTIFICATION**

This form should be used to comply with the notification requirements under 326 IAC 2-6.1-5(a)(5).

Company Name:	DSM NeoResins, Inc.
Address:	3110 West State Road 28
City:	Frankfort, Indiana 46041
Phone #:	765-654-2666
MSOP #:	023-15292-00023

I hereby certify that DSM NeoResin, Inc. is still in operation.
 no longer in operation.

I hereby certify that DSM NeoResin, Inc. is in compliance with the requirements of MSOP 023-15292-00023.
 not in compliance with the requirements of MSOP 023-15292-00023.

Authorized Individual (typed):
Title:
Signature:
Date:

If there are any conditions or requirements for which the source is not in compliance, provide a narrative description of how the source did or will achieve compliance and the date compliance was, or will be achieved.

Noncompliance:

MALFUNCTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY FAX NUMBER - 317 233-5967

This form should only be used to report malfunctions applicable to Rule 326 IAC 1-6 and to qualify for the exemption under 326 IAC 1-6-4.

THIS FACILITY MEETS THE APPLICABILITY REQUIREMENTS BECAUSE IT HAS POTENTIAL TO EMIT 25 TONS/YEAR PARTICULATE MATTER ?_____, 25 TONS/YEAR SULFUR DIOXIDE ?_____, 25 TONS/YEAR NITROGEN OXIDES?_____, 25 TONS/YEAR VOC ?_____, 25 TONS/YEAR HYDROGEN SULFIDE ?_____, 25 TONS/YEAR TOTAL REDUCED SULFUR ?_____, 25 TONS/YEAR REDUCED SULFUR COMPOUNDS ?_____, 25 TONS/YEAR FLUORIDES ?_____, 100TONS/YEAR CARBON MONOXIDE ?_____, 10 TONS/YEAR ANY SINGLE HAZARDOUS AIR POLLUTANT ?_____, 25 TONS/YEAR ANY COMBINATION HAZARDOUS AIR POLLUTANT ?_____, 1 TON/YEAR LEAD OR LEAD COMPOUNDS MEASURED AS ELEMENTAL LEAD ?_____, OR IS A SOURCE LISTED UNDER 326 IAC 2-5.1-3(2) ?_____. EMISSIONS FROM MALFUNCTIONING CONTROL EQUIPMENT OR PROCESS EQUIPMENT CAUSED EMISSIONS IN EXCESS OF APPLICABLE LIMITATION _____.

THIS MALFUNCTION RESULTED IN A VIOLATION OF: 326 IAC _____ OR, PERMIT CONDITION # _____ AND/OR PERMIT LIMIT OF _____

THIS INCIDENT MEETS THE DEFINITION OF 'MALFUNCTION' AS LISTED ON REVERSE SIDE ? Y N

THIS MALFUNCTION IS OR WILL BE LONGER THAN THE ONE (1) HOUR REPORTING REQUIREMENT ? Y N

COMPANY: _____ PHONE NO. () _____
LOCATION: (CITY AND COUNTY) _____
PERMIT NO. _____ AFS PLANT ID: _____ AFS POINT ID: _____ INSP: _____
CONTROL/PROCESS DEVICE WHICH MALFUNCTIONED AND REASON: _____

DATE/TIME MALFUNCTION STARTED: ____/____/20____ _____ AM / PM

ESTIMATED HOURS OF OPERATION WITH MALFUNCTION CONDITION: _____

DATE/TIME CONTROL EQUIPMENT BACK-IN SERVICE ____/____/20____ _____ AM/PM

TYPE OF POLLUTANTS EMITTED: TSP, PM-10, SO2, VOC, OTHER: _____

ESTIMATED AMOUNT OF POLLUTANT EMITTED DURING MALFUNCTION: _____

MEASURES TAKEN TO MINIMIZE EMISSIONS: _____

REASONS WHY FACILITY CANNOT BE SHUTDOWN DURING REPAIRS:

CONTINUED OPERATION REQUIRED TO PROVIDE ESSENTIAL* SERVICES: _____

CONTINUED OPERATION NECESSARY TO PREVENT INJURY TO PERSONS: _____

CONTINUED OPERATION NECESSARY TO PREVENT SEVERE DAMAGE TO EQUIPMENT: _____

INTERIM CONTROL MEASURES: (IF APPLICABLE) _____

MALFUNCTION REPORTED BY: _____ TITLE: _____

(SIGNATURE IF FAXED)

MALFUNCTION RECORDED BY: _____ DATE: _____ TIME: _____

*SEE PAGE 2

**Please note - This form should only be used to report malfunctions
applicable to Rule 326 IAC 1-6 and to qualify for
the exemption under 326 IAC 1-6-4.**

326 IAC 1-6-1 Applicability of rule

Sec. 1. This rule applies to the owner or operator of any facility required to obtain a permit under 326 IAC 2-5.1 or 326 IAC 2-6.1.

326 IAC 1-2-39 "Malfunction" definition

Sec. 39. Any sudden, unavoidable failure of any air pollution control equipment, process, or combustion or process equipment to operate in a normal and usual manner.

***Essential services** are interpreted to mean those operations, such as, the providing of electricity by power plants. Continued operation solely for the economic benefit of the owner or operator shall not be sufficient reason why a facility cannot be shutdown during a control equipment shutdown.

If this item is checked on the front, please explain rationale:

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

**MINOR SOURCE OPERATING PERMIT (MSOP)
SEMI-ANNUAL NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: DSM NeoResins, Inc.
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041
FESOP No.: F 023-15292-00023

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

Report period

Beginning: _____

Ending: _____

Boiler Affected

Alternate Fuel

Days burning alternate fuel

From

To

(can omit identification of boiler affected if only one gas boiler at this plant)

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:

Attach a signed certification to complete this report.