



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: June 29, 2005
RE: Maggie's Farm LLC / 011-21248-00026
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.

Mitchell E. Daniels, Jr.
Governor

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June 29, 2005

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Mr. Michael F. Pompilio
Maggie's Farm LLC
720 Ransdell Road
Lebanon, Indiana 46052

Re: 011-21248-00026
First Administrative Amendment to
FESOP 011-18412-00026

Dear Mr. Pompilio

Web Plus, Inc, was issued a FESOP permit on November 23, 2004 for a stationary source for operation of heatset web offset printing press operation. A letter requesting a transfer of ownership was received June 2, 2005. Pursuant to the provisions of 326 IAC 2-8-10 (a)(2) the permit is hereby administratively amended as follows:

Web Plus, Inc. transferred ownership of the source located at 720 Ransdell Road, Lebanon, Indiana effective May 27, 2005 to Maggie's Farm LLC to be located at the same address. The source will operate under the name of Maggie's Farm LLC.

The position of Plant Manager remains as the Authorized Individual for the source. The plant manager 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, press 0 and ask for Gary Freeman or extension (3-5334), or dial (317) 233-5334.

Sincerely,

Original signed by
Nysa L. James, Section Chief
Permits Branch
Office of Air Quality

Attachments: Updated Pages

PD/gkf

cc: File -Boone County
Boone County Health Department
Air Compliance Section Inspector – Dave Rice
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

**Maggie's Farm LLC
720 Ransdell Road,
Lebanon, IN 46052**

(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.: F011-18412-00026	
Issued by: Original Signed by Paul Dubenetzky Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: November 23, 2004 Expiration Date: November 23, 2009

First Administrative Amendment: 011-21248-00026 Pages Affected: 26, 27, 28, 29, 30 and 31	
Issued by: Original signed by Nysa L. James, Section Chief Office of Air Quality	Issuance Date: June 29, 2005

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP) CERTIFICATION

Source Name: Maggie's Farm LLC
Source Address: 720 Ransdell Road, Lebanon, IN 46052
Mailing Address: 720 Ransdell Road, P.O. Box 772, Lebanon, IN 46052
FESOP No.: F011-18412-00026

**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**

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

Source Name: Maggie's Farm LLC.
Source Address: 720 Ransdell Road, Lebanon, IN 46052
Mailing Address: 720 Ransdell Road, P.O. Box 772, Lebanon, IN 46052
FESOP No.: F011-18412-00026

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 submit notice in writing or by facsimile within two (2) working 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 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

FESOP Quarterly Report

Source Name: Maggie's Farm LLC.
Source Address: 720 Ransdell Road, Lebanon, IN 46052
Mailing Address: 720 Ransdell Road, P.O. Box 772, Lebanon, IN 46052
FESOP No.: F011-18412-00026
Facility: Heatset Web Offset Printing Press Operation
Parameter: VOC
Limit: Controlled VOC emissions will be less than 100 tons per twelve (12) consecutive month period, with compliance determined at the end of each month, based on 80% flash off and:
(a) 95% overall VOC control efficiency by the catalytic oxidizer, identified as #2, and 20 percent (by weight) ink VOC retention in the substrate, for the one (1) web press and dryer, (ID Press #2).
(b) 68% overall VOC control efficiency by the catalytic oxidizer, identified as #1, and 20 percent (by weight) ink VOC retention in the substrate, for the one (1) half web press and dryer, (ID Press #1).

YEAR: _____

Month	Column 1	Column 2	Column 1 + Column 2
	VOC Emissions This Month	VOC Emissions Previous 11 Months	12 Month Total
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

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

Source Name: Maggie's Farm LLC
Source Address: 720 Ransdell Road, Lebanon, IN 46052
Mailing Address: 720 Ransdell Road, P.O. Box 772, Lebanon, IN 46052
FESOP No.: F011-18412-00026

Months: _____ to _____ Year: _____

Page 1 of 2

<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 "No deviations occurred this reporting period".</p>	
<p><input type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
Permit Requirement (specify permit condition #)	Condition D.1.7
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.