



*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: October 21, 2005  
RE: Cornelius Manufacturing, Inc. / 027-21833-00040  
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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October 21, 2005

Mr. David Brewer  
Cornelius Manufacturing, Inc.  
5344 E. 1250 N.  
Elnora, Indiana 47529

Re: 027-21833-00040  
First Administrative Amendment to  
FESOP F027-15183-00040

Dear Mr. Brewer:

Cornelius Manufacturing, Inc. was issued a Federally Enforceable State Operating Permit (FESOP) on May 30, 2002 for a stationary flatbed and stock trailer manufacturing plant located at R. R. #1 Elnora, Indiana 47529. A letter requesting changes to the permit was received on September 23, 2005. The source requested that the permit be updated to show that the source address and mailing address is now 5344 E. 1250 N., Elnora, Indiana 47529. The permit will be revised by administrative amendment pursuant to 326 IAC 2-8-10(a)(2), since this change identifies a change in the company address. The source also notified IDEM OAQ that the source is now owned by David Frette and Gary Frette. Pursuant to the provisions of 326 IAC 2-8-10, the permit is hereby administratively amended as follows with deleted language as ~~strikeouts~~ and new language **bolded**:

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

The Permittee owns and operates a stationary flatbed and stock trailer manufacturing facility.

Authorized individual: David Brewer  
Source Address: **5344 E. 1250 N., R.R. #1, Elnora, IN 47529**  
Mailing Address: **5344 E. 1250 N., R.R. #1, P. O. Box 104-A, Elnora, IN 47529**

FESOP Certification Form:

Source Address: **5344 E. 1250 N., R.R. #1, Elnora, IN 47529**  
Mailing Address: **5344 E. 1250 N., R.R. #1, P. O. Box 104-A, Elnora, IN 47529**

FESOP Emergency Occurrence Report Form:

Source Address: **5344 E. 1250 N., R.R. #1, Elnora, IN 47529**  
Mailing Address: **5344 E. 1250 N., R.R. #1, P. O. Box 104-A, Elnora, IN 47529**

FESOP Quarterly Report Form for Single HAP:

Source Address: **5344 E. 1250 N., R.R. #1, Elnora, IN 47529**  
Mailing Address: **5344 E. 1250 N., R.R. #1, P. O. Box 104-A, Elnora, IN 47529**

FESOP Quarterly Report Form for Total HAPs:

Source Address: **5344 E. 1250 N., R.R. #1, Elnora, IN 47529**  
Mailing Address: **5344 E. 1250 N., R.R. #1, P. O. Box 104-A, Elnora, IN 47529**

FESOP Quarterly Deviation and Compliance Monitoring Report Form:

Source Address: **5344 E. 1250 N., R.R. #1, Elnora, IN 47529**  
Mailing Address: **5344 E. 1250 N., R.R. #1, P. O. Box 104-A, Elnora, IN 47529**

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 Nathan C. Bell, 100 North Senate Avenue, Indianapolis, Indiana, 46204, at 317-234-3350 or at 1-800-451-6027 (ext 43350).

Sincerely,  
Original signed by

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

ncb

Attachment: revised permit pages

cc: File - Daviess County  
U.S. EPA, Region V  
Daviess County Health Department  
IDEM Southwest Regional Office  
Air Compliance Section Inspector - Gene Kelso  
Compliance Data Section  
Administrative and Development



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

**Cornelius Manufacturing, Inc.  
5344 E. 1250 N.  
Elnora, Indiana 47529**

(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. F027-15183-00040	
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: May 30, 2002  Expiration Date: May 30, 2007
First Administrative Amendment No. 027-21833-00040	
Original signed by: Nysa L. James, Section Chief Office of Air Quality	Issuance Date: October 21, 2005  Expiration Date: May 30, 2007

## 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 flatbed and stock trailer manufacturing facility.

Authorized individual:	David Brewer
Source Address:	5344 E. 1250 N., Elnora, IN 47529
Mailing Address:	5344 E. 1250 N., Elnora, IN 47529
SIC Code:	3799
Source Location Status:	Daviess County
County 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 Not 1 of 28 Source Categories

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

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

- (a) Three (3) spray painting booths. Paint booths one (1) and three (3) are each equipped with four (4) High Volume Low Pressure (HVLP) guns. Paint booth two (2) is equipped with two (2) HVLP guns. Emissions of particulate matter from these spray painting booths are controlled by dry filters.
- (b) Thirty-seven (37) welding stations with a maximum throughput of 0.54 pounds of welding wire per hour per station.
- (c) One (1) shot blasting booth capable of blasting 4,500 pounds of steel per hour. Emissions of particulate matter from this shot blasting booth are controlled by a cyclone.

### A.3 Insignificant Activities [326 IAC 2-7-1(21)] [326 IAC 2-8-3(c)(3)(I)]

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This stationary source also includes the following insignificant activities, as defined in 326 IAC 2-7-1(21):

- (a) Natural gas-fired combustion sources with heat input equal to or less than ten million Btu per hour:
  - (1) Ten (10) natural gas-fired infrared heaters each rated at 0.1 MMBtu/hr.
  - (2) Eight (8) natural gas-fired infrared heaters each rated at 0.06 MMBtu/hr.
  - (3) Two (2) natural gas-fired air make-up units rated at 3.402 and 4.375 MMBtu/hr.
- (b) Combustion source flame safety purging on startup.
- (c) A gasoline fuel transfer and dispensing operation handling less than or equal to 1,300 gallons per day, such as filling of tanks, locomotives, automobiles, having a storage capacity less than or equal to 10,500 gallons.
- (d) The following VOC and HAP storage containers:

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

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

Source Name: Cornelius Manufacturing, Inc.  
Source Address: 5344 E. 1250 N., Elnora, IN 47529  
Mailing Address: 5344 E. 1250 N., Elnora, IN 47529  
FESOP No.: F027-15183-00040

<p><b>This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.</b></p> <p>Please check what document is being certified:</p> <p>9 Annual Compliance Certification Letter</p> <p>9 Test Result (specify) _____</p> <p>9 Report (specify) _____</p> <p>9 Notification (specify) _____</p> <p>9 Affidavit (specify) _____</p> <p>9 Other (specify) _____</p>
--

<p>I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.</p>
<p>Signature: _____</p>
<p>Printed Name: _____</p>
<p>Title/Position: _____</p>
<p>Phone: _____</p>
<p>Date: _____</p>

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION  
100 North Senate Avenue  
Indianapolis, Indiana 46204  
Phone: 317-233-5674  
Fax: 317-233-5967**

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

Source Name: Cornelius Manufacturing, Inc.  
Source Address: 5344 E. 1250 N., Elnora, IN 47529  
Mailing Address: 5344 E. 1250 N., Elnora, IN 47529  
FESOP No.: F027-15183-00040

**This form consists of 2 pages**

**Page 1 of 2**

**9** This is an emergency as defined in 326 IAC 2-7-1(12)  
XThe 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  
XThe 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: Cornelius Manufacturing, Inc.  
Source Address: 5344 E. 1250 N., Elnora, IN 47529  
Mailing Address: 5344 E. 1250 N., Elnora, IN 47529  
FESOP No.: F027-15183-00040  
Facility: Three (3) Spray Painting Booths  
Parameter: Single HAP  
Limit: 9 tons per twelve consecutive month period.

YEAR: \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

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  
FESOP Quarterly Report**

Source Name: Cornelius Manufacturing, Inc.  
Source Address: 5344 E. 1250 N., Elnora, IN 47529  
Mailing Address: 5344 E. 1250 N., Elnora, IN 47529  
FESOP No.: F027-15183-00040  
Facility: Three (3) Spray Painting Booths  
Parameter: Total HAPs  
Limit: 24 tons per twelve consecutive month period.

YEAR: \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

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: Cornelius Manufacturing, Inc.  
Source Address: 5344 E. 1250 N., Elnora, IN 47529  
Mailing Address: 5344 E. 1250 N., Elnora, IN 47529  
FESOP No.: F027-15183-00040

Months: \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_

Page 1 of 2

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@.

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 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:**

<b>Permit Requirement (specify permit condition #)</b>	
<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 (specify permit condition #)</b>	
<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 (specify permit condition #)</b>	
<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>	

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

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

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

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

Attach a signed certification to complete this report.