



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 24, 2005

RE: Tracy Boulas, dba, K&K Fiberglass / 085-21885-00082

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

Thomas W. Easterly
Commissioner

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

October 24, 2005

Ms. Tracy Boulas
Tracy Boulas, dba K & K Fiberglass
103 South Tucker
Mentone, Indiana 46539

Re: 085-21885-00082
First Administrative Amendment to
FESOP F085-10372-00082

Dear Ms. Boulas:

K & K Fiberglass was issued a FESOP on June 5, 2000 for a stationary fiberglass reinforced boat component production facility. A letter requesting a change in Name, Owner, Authorized Individual and Phone Number was received on October 3, 2005. Pursuant to the provisions of 326 IAC 2-8-10 (a)(2) the permit is hereby administratively amended as follows (new language shown in bold and deleted language shown in strikeout):

1. The name changed from K & K Fiberglass to Tracy Boulas, dba K & K Fiberglass. All references to the source name have been revised as follows:

Tracy Boulas, dba K & K Fiberglass

2. Ms. Tracy Boulas replaces Mr. Greg Kreis as the Authorized Individual. Section A.1 has been revised to reflect this change and to update the phone number of the source as follows:

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

The Permittee owns and operates a stationary fiberglass reinforced boat component production facility.

Authorized Individual:	Greg Kreis Tracy Boulas, President
Source Address:	103 S. Tucker, Mentone, IN
Mailing Address:	P. O. Box 428, Mentone, IN 46539
Phone Number:	219 / 353 - 1512 574-353-1512
SIC Code:	3732, 3089
County Location:	Kosciusko
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

3. IDEM's address has also been revised as follows:

Compliance Data Section
Office of Air Quality
100 North Senate Avenue
~~P.O. Box 6015~~
Indianapolis, IN 46206-~~60154~~

4. All references to the IDEM, Office of Air Quality have been updated as follows:

Office of Air ~~Management~~ **Quality**

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 Cynthia Bymaster, at (800) 451-6027, press 0 and ask for Cynthia Bymaster or extension (3-2641), or dial (317) 233-2641.

Sincerely,

Original signed by

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

Attachments: Updated Pages

NJ/clb

cc: File -Kosciusko County
Kosciusko County Health Department
Air Compliance Section Inspector – Doyle Houser
Billing, Licensing and Training Section - Chet Bohannon
Permit Review Section 1 – Cynthia Bymaster



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

**FEDERALLY ENFORCEABLE STATE
 OPERATING PERMIT
 OFFICE OF AIR QUALITY**

**Tracy Boulas, dba K & K Fiberglass
 103 S. Tucker
 Mentone, IN 46539**

(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.: F085-10372-00082	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Management	Issuance Date: June 5, 2000 Expiration Date: June 5, 2005
First Reopening No.: R085-13062-00082	Issuance Date: October 9, 2001
First Administrative Amendment: 085-21885-00082	Pages Affected: 4, 27-31
Issued by: Nysa L. James, Section Chief Office of Air Quality	Issuance Date: Expiration Date: June 5, 2005

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)]

The Permittee owns and operates a stationary fiberglass reinforced boat component production facility.

Authorized individual: Tracy Boulas, President
Source Address: 103 S. Tucker, Mentone, IN
Mailing Address: P. O. Box 428, Mentone, IN 46539
Phone Number: 574-353-1512
SIC Code: 3732, 3089
County Location: Kosciusko
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

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) Two gelcoat spray guns, identified as SG₁ and SG₂, for gelcoating boat components, with a combined maximum capacity of 17.94 lb/hr, equipped with a dry filter DF₁, and exhausting at stack ST₁.
- (b) A lamination spray gun, identified as SG₃, for laminating boat components, with a maximum capacity of 83.3 lb/hr., equipped with a dry filter DF₂ and exhausting at stack ST₂.

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

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

- (a) Five natural gas-fired combustion sources with heat input equal to or less than 10 million Btu per hour.
- (b) A mold maintenance process, identified as MM, for molding boat components, with a maximum capacity of 0.274 lb/hr, with PTE VOC emissions less than 5 tons/year, PTE single HAP emissions less than 1 ton/year, and PTE combination HAP emissions less than 2.5 tons/year.
- (c) A band saw, chop saw, skill saw, jig saw, and table saw, all part of a woodworking process, identified as WW, with a maximum capacity of 15.0 lb/hr, with PTE particulate emissions less than 5 tons/yr.

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

**Federally Enforceable State Operating Permit (FESOP)
CERTIFICATION**

Source Name: Tracy Boulas, dba K & K Fiberglass
Source Address: 103 S. Tucker, Mentone, IN
Mailing Address: P. O. Box 428, Mentone, IN 46539
Part 70 Permit No.: F085 - 10372 - 00082

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 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/DEVIATION OCCURRENCE REPORT**

Source Name: Tracy Boulas, dba K & K Fiberglass
Source Address: 103 S. Tucker, Mentone, IN
Mailing Address: P. O. Box 428, Mentone, IN 46539
Part 70 Permit No.: F085 - 10372 - 00082

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 Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and C The 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
<input checked="" type="radio"/> 2.	This is a deviation, reportable per 326 IAC 2-7-5(3)(c) 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:

If any of the following are not applicable, mark N/A

Page 2 of 2

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 QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: Tracy Boulas, dba K & K Fiberglass
Source Address: 103 S. Tucker, Mentone, IN
Mailing Address: P. O. Box 428, Mentone, IN 46539
FESOP No.: F085-10372-00082
Facility: SG₁, SG₂, SG₃, and any styrene-emitting insignificant units
Parameter: Styrene
Limit: Less than 10 tons per 12 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: _____

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

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
SEMI-ANNUAL COMPLIANCE MONITORING REPORT**

Source Name: Tracy Boulas, dba K & K Fiberglass
Source Address: 103 S. Tucker, Mentone, IN
Mailing Address: P. O. Box 428, Mentone, IN 46539
FESOP No.: F085-10372-00082

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 semi-annually. 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.

Compliance Monitoring Requirement (eg. Permit Condition D.1.9)	Number of Deviations	Date of each Deviation

Form Completed By: _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.