INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
We Protect Hoosiers and Our Environment.

Mitchell E. Daniels Jr.
Governor

Thomas W. Easterly
Commissioner

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

TO: Interested Parties / Applicant

DATE: Jan. 25, 2010

RE: Harrison County Hospital / 061-28877-00020

FROM: Matthew Stuckey, Branch Chief
Permits Branch
Office of Air Quality

Notice of Decision: Revocation

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 IC 4-21.5-3-5(f) this revocation is effective fifteen (15) days after it is served. When served by U.S. mail, the order is effective eighteen (18) calendar days from the mailing of this notice pursuant to IC 4-21.5-3-2(e).

If you wish to challenge this decision, IC 4-21.5-3-7 and IC 13-15-7-3 require that you file a petition for administrative review. This petition describing your intent must be submitted to the Office of Environmental Adjudication, 100 North Senate Avenue, Government Center North, Suite N 501E, 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-REV.dot 1/2/08

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Mr. James Lawton
Harrison County Hospital
245 Atwood Street
Corydon, IN 47112

Jan. 25, 2010

Re: 061-28877-00020
Revocation of Source Specific Operating
Agreement No. S061-8493-00020

Dear Mr. Lawton:

Harrison County Hospital was issued a Source Specific Operating Agreement No. S061-8493-00020 on April 8, 1998, for a stationary external combustion operation located at 245 Atwood Street, Corydon, IN 47112. On January 14, 2010, the Office of Air Quality (OAQ) received a letter from the source requesting that the Source Specific Operating Agreement be revoked, since all emission units have been removed from the source and the source has ceased operation.

Pursuant to 326 IAC 2-1.1-9, any permit to construct or operate or any permit revision approval granted by the commissioner may be revoked for any cause that establishes in the judgment of the commissioner the fact that continuance of the permit or permit revision approval is not consistent with the purposes of 326 IAC 2. Since the source is no longer in operation, the Source Specific Operating Agreement is no longer required.

The Source Specific Operating Agreement No. S061-8493-00020 issued on April 8, 1998, is hereby revoked. Pursuant to IC 4-21.5-3-5(a) and (b), this revocation letter is effective in eighteen (18) days from the date of this letter.

Please be advised that once this revocation is effective the source will no longer have approval to operate any emission units at this source. In addition, if there is a need in the future to operate any units at this source, construction and operation approval will be necessary pursuant to Indiana's New Source Review regulations. Once effective, this revocation can not be withdrawn or rescinded.

A copy of the revocation is available on the Internet at: http://www.in.gov/ai/appfiles/idem-caats/. For additional information about air permits and how the public and interested parties can participate, refer to the IDEM's Guide for Citizen Participation and Permit Guide on the Internet at: www.idem.in.gov

If there are any questions about this revocation, please contact Pam K. Way at 317-234-4794 or at 1-800-451-6027 (ext 4-4794).

Sincerely,

Alfred C. Dumaual, Ph. D., Section Chief
Permits Branch
Office of Air Quality

ACD/pkw

cc: File - Harrison County
Harrison County Health Department
Compliance and Enforcement Branch
Billing, Licensing and Training Section

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SENT VIA U.S. MAIL: CONFIRMED DELIVERY AND SIGNATURE REQUESTED

TO: Jim Lawton
Harrison County Hospital
245 Atwood St.
Corydon IN 47112

DATE: Jan. 25, 2010

FROM: Matt Stuckey, Branch Chief
Permits Branch
Office of Air Quality

SUBJECT: Final Decision
Revocation
061-28877-00020

Enclosed is the final decision and supporting materials for the air permit application referenced above. Please note that this packet contains the original, signed, permit documents.

The final decision is being sent to you because our records indicate that you are the contact person for this application. However, if you are not the appropriate person within your company to receive this document, please forward it to the correct person.

A copy of the final decision and supporting materials has also been sent via standard mail to:
OAQ Permits Branch Interested Parties List

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178, or toll-free at 1-800-451-6027 (ext. 3-0178), and ask to speak to the permit reviewer who prepared the permit. If you think you have received this document in error, please contact Joanne Smiddie-Brush of my staff at 1-800-451-6027 (ext 3-0185), or via e-mail at jbrush@idem.IN.gov.

Final Applicant Cover letter.dot 11/30/07

Mail Code 61-53

IDEM Staff	BMILLER 1/25/2010 Harrison County Hospital 061-28877-00020 (final)			AFFIX STAMP HERE IF USED AS CERTIFICATE OF MAILING
Name and address of Sender	▶	Indiana Department of Environmental Management Office of Air Quality – Permits Branch 100 N. Senate Indianapolis, IN 46204	Type of Mail: **CERTIFICATE OF MAILING ONLY**	

Line	Article Number	Name, Address, Street and Post Office Address	Postage	Handing Charges	Act. Value (If Registered)	Insured Value	Due Send if COD	R.R. Fee	S.D. Fee	S.H. Fee	Rest. Del. Fee Remarks
1		Jim Lawton Harrison County Hospital 245 Atwood St Corydon IN 47112 (Source CAATS) ***Via Confirmed Delivery***									
2		Harrison County Commissioners 300 North Capital Corydon IN 47112 *(Local Official)*									
3		Harrison County Health Department 245 Atwood St, North Wing Corydon IN 47112-8402 *(Health Department)*									
4		Mr. Robert Bottom Paddlewheel Alliance P.O. Box 35531 Louisville KY 40232-5531 *(Affected Party)*									
5		Corydon Town Council 113 N. Oak St. Corydon IN 47112 *(Local Official)*									
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