


DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECOMMENDATION TO REVOKE AIR PERMIT MEMORANDUM

Date: 12/3/2018

To: Joanne Smiddie-Brush, Section Chief
Permits Administration Support Section
Permits Branch
Office of Air Quality

Thru: Phil Perry, Branch Chief
Compliance and Enforcement
Branch
Office of Air Quality

From: Erin Mara, EM2 
Marty Yeats, EE7
Compliance and Enforcement Branch
Office of Air Quality

Source Name: Chesapeake Pharmaceutical & Healthcare Packaging

Source ID: 163-00183

Source Location address: 15220 Foundation Ave

Operating Permit # to be revoked: 163-32053-00183

Based upon reviewing 326 IAC 2-1.1-9, a site visit, non-submittal of required reports, and a review of permit fee non-payment history, the source is permanently closed and the operating air permit for Chesapeake Pharmaceutical & Healthcare Packaging can be revoked. Please revoke the air permit and issue a Revocation and Notice of Decision.

___ Revocation and Notice of Decision should be mailed to:

Name: _____
Title: _____
Address: _____
City: _____
State: _____
Zip Code: _____

OR

☒ There is no person identified with the source to receive the Revocation. The Revocation should take the form of a Memo to File.

cc:

**Indiana Department of Environmental Management
Office of Air Quality
Air Permit Revocation Supporting Documentation Log**

Source Name	<u>Chesapeake Pharmaceutical & Healthcare Packaging</u>	OAQ Inspector	<u>E. Mara</u>
Source ID	<u>163-00183</u>	Date of Review	<u>12/3/2018</u>

Methods used to determine/verify source closure (Check all that apply.)

	Method (From Step 3 in SOP)	Verification	Comments
<input checked="" type="checkbox"/>	(a) Inspection/Site visit	Inspection Date: 11/28/2018	<u>Attempted compliance inspection, a different company performing different operations now owns the building</u>
<input type="checkbox"/>	(b) Corporate staff contact	Contact Date: Name: Title: Contact submitting information for Permit Revocation? Other Comments	_____ _____ _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	(c) Internet search (attach any article found)	Date of Search:	_____
<input type="checkbox"/>	(c) County Health Department	Contact & Date:	_____
<input type="checkbox"/>	(d) Secretary of State's website operating status	Operating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	(e) Commenced construction	Commenced within 18 months? Date of Issuance of Permit:	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
<input type="checkbox"/>	(f) Disconnected phone number?	Phone number: Date verified	_____ _____
<input type="checkbox"/>	(f) Returned U.S. Mail/Email	Document(s) type: Date(s) of returned mail:	_____ _____
<input checked="" type="checkbox"/>	(g) Non-payment of permit fees	Year(s) not paid	<u>2016, 2017, 2018</u>
<input checked="" type="checkbox"/>	(h) Non-submittal of Emission Statements, Quarterly Report, Annual Compliance Certifications, Annual Notifications	Year(s) not submitted	<u>2014, 2015, 2016, 2017 Annual Notifications (due 3/1 of the following year)</u>
<input type="checkbox"/>	Other Information	_____	_____

Comments: _____

**OFFICE OF AIR QUALITY
FIELD INSPECTION REPORT**

Shirley

SOURCE: Chesapeake Pharmaceutical & Healthcare Packaging
LOCATION: 15220 Foundation Ave
CITY: Evansville
COUNTY: Vanderburgh

PLANT ID NUMBER: 163-00183
INSPECTED BY: E. Mara
TIME IN: 9:35 CST TIME OUT: 10:40 CST
INSPECTION DATE: 11/28/2018
REPORTED BY: E. Mara
REPORT DATE: 12/7/2018
ACES NUMBER: 230640

COMPLAINT INVESTIGATION: YES ☐ NO ☒ COMPLAINT NUMBER: n/a

ATTAINMENT: ☒

NONATTAINMENT: ☐ SO₂ ☐ CO ☐ O₃ ☐ NO₂ ☐ Pb ☐ PM₁₀ ☐ PM_{2.5} ☐

PERMIT TYPE: MSOP
PERMIT NO: 163-32053-00183

CHECK IF APPLICABLE: NSPS ☐ NESHAP ☐ PSD ☐ OTHER (explain):

PERSONS/TITLE INTERVIEWED:

Name	Title	Phone Number	Email
n/a			

OBJECTIVES:

Compliance Monitoring Strategy	<input type="checkbox"/>	Commitment	<input checked="" type="checkbox"/>
Multimedia Screening	<input type="checkbox"/>	Surveillance	<input type="checkbox"/>
Complaint	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Mega-site: PCE <input type="checkbox"/> FCE <input type="checkbox"/>			

Announced Inspection: ☐

Unannounced Inspection: ☒

Were all relevant documents reviewed prior to the inspection: Yes ☒ No ☐ (explain)

DESCRIPTION OF SOURCE:

Source was a stationary printing operation, utilizing lithographic and flexographic presses.

BACKGROUND:

Source is currently operating under MSOP 163-32053-00183, issued 9/12/2012. The most recent inspection was conducted 8/28/2013, during which no violations were determined. There have been no formal or informal enforcement actions, and no complaints concerning this source.

PROCESS DESCRIPTION/FINDINGS/OBSERVATIONS:

I determined that Chesapeake Pharmaceutical and Healthcare Packaging is no longer operating at this location. Enviropas, Inc. purchased the building in 2015 and has been operating here since that time. While onsite I conducted an unpermitted source inspection at Enviropas, which is a plastics compounding and extruding facility.

GENERAL SOURCE ISSUES:

1. Does the permit accurately represent the emission units observed? Yes ☐ No ☐ N/A ☒
If no, explain:
2. Have violations been documented by photographs? Yes ☐ No ☐ N/A ☒
3. Were Pollution Prevention opportunities discussed? Yes ☐ No ☐ N/A ☒
4. Per the source, are they required to have a Risk Management Plan? Yes ☐ No ☐ N/A ☒
If yes, does the source have a plan? Yes ☐ No ☐ N/A ☒
Have the employees been trained? Yes ☐ No ☐ N/A ☒
5. Has the source submitted an acceptable Annual Compliance Certification for the current applicable year? Yes ☐ No ☐ N/A ☒

ADDITIONAL COMMENTS:

I have changed the source status to Closed in ACES and prepared the permit revocation paperwork.

CONCLUSIONS:

Chesapeake Pharmaceutical and Healthcare Packaging is permanently closed.

RECOMMENDATIONS:

I did not prepare an inspection summary letter as the source is closed.

EXIT INTERVIEW:

n/a

ATTACHMENTS:

Recommendation to Revoke Air Permit Memorandum, and supporting evidence.