

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

RECOMMENDATION TO REVOKE AIR PERMIT MEMORANDUM

Date: 6/13/2018

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: Christopher Cissell, Air Compliance Inspector *CC*
Roger Letterman, Section Chief
Compliance and Enforcement Branch
Office of Air Quality

Source Name: __Walsh Construction Company_____

Source ID: __097-05238_____

Source Location address: __4705 S. Bridgeport Road, Indianapolis, IN 46231_____

Operating Permit # to be revoked: __18033_____

Based upon reviewing 326 IAC 2-1.1-9, inspection, disconnected phone number, and non-submittal of annual notifications, the source is permanently closed and the operating air permit for Walsh Construction Company can be revoked. Please revoke the air permit and issue a Revocation and Notice of Decision.

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

cc: Christopher Cissell, Compliance Section 3, Office of Air Quality

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

| | | | |
|--------------------|-----------------------------------|-----------------------|----------------------------|
| Source Name | <u>Walsh Construction Company</u> | OAQ Inspector | <u>Christopher Cissell</u> |
| Source ID | <u>097-05238</u> | Date of Review | <u>6/13/2018</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: | <u>12/1/2016</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 checked="" type="checkbox"/> | (f) Disconnected phone number? | Phone number: Date verified | <u>317-246-5556</u> <u>12/1/2016 & 6/13/2018</u> |
| <input type="checkbox"/> | (f) Returned U.S. Mail/Email | Document(s) type: Date(s) of returned mail: | _____ _____ |
| <input type="checkbox"/> | (g) Non-payment of permit fees | Year(s) not paid | _____ |
| <input checked="" type="checkbox"/> | (h) Non-submittal of Emission Statements, Quarterly Report, Annual Compliance Certifications, Annual Notifications | Year(s) not submitted | <u>2004 to present.</u> |
| <input type="checkbox"/> | Other Information | _____ | _____ |
| <input type="checkbox"/> | Other Information | _____ | _____ |

Comments: _____