

**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, Compliance Inspector *CLC*  
Roger Letterman, Section Chief  
Compliance and Enforcement Branch  
Office of Air Quality

Source Name: Optical Disc Solutions

Source ID: 177-00002

Source Location address: 1751 Sheridan Street, Richmond, IN 47374

Operating Permit # to be revoked: Registration #30579

Based upon reviewing 326 IAC 2-1.1-9, site inspection, disconnected phone number, news article, and non-submittal of annual notifications, the source is permanently closed and the operating air permit for Optical Disc Solutions 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**

<b>Source Name</b>	<u>Optical Disc Solutions</u>	<b>OAQ Inspector</b>	<u>Christopher Cissell</u>
<b>Source ID</b>	<u>177-00002</u>	<b>Date of Review</b>	<u>6/13/2018</u>

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

	<b>Method (From Step 3 in SOP)</b>	<b>Verification</b>	<b>Comments</b>
<input checked="" type="checkbox"/>	(a) Inspection/Site visit	Inspection Date:	<u>8/15/2017</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 checked="" type="checkbox"/>	(c) Internet search (attach any article found)	Date of Search:	<u>8/17/2017</u>
<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>765-935-7574</u> <u>8/15/2017 and 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>No record of any submitted in VFC.</u>
<input type="checkbox"/>	Other Information	_____	_____
<input type="checkbox"/>	Other Information	_____	_____

Comments: \_\_\_\_\_