



OAQ GENERAL SOURCE DATA APPLICATION

GSD-01: Basic Source Level Information

State Form 50640 (R4 / 9-06)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



IDEM - Office of Air Quality - Permits Branch
 100 N. Senate Avenue, Indianapolis, IN 46204-2251
 Telephone: (317) 233-0178 or
 Toll Free: 1-800-451-6027 x30178 (within Indiana)
 Facsimile Number: (317) 232-6749
www.in.gov/idem/permits/air/index.html

NOTES:

- The purpose of GSD-01 is to provide essential information about the entire source of air pollutant emissions. GSD-01 is a required form.
- Detailed **instructions** for this form are available online at <http://www.in.gov/idem/permits/air/apps/instructions/>.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for public inspection.

PART A: Source / Company Location Information

1. Source / Company Name:		2. Plant ID: —	
3. Location Address:			
City:	State:	ZIP Code: —	
4. County Name:		5. Township Name:	
6. Geographic Coordinates:			
Latitude:		Longitude:	
7. Universal Transferal Mercadum Coordinates (if known):			
Zone:	Horizontal:	Vertical:	
8. Adjacent States: Is the source located within 50 miles of an adjacent state? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Indicate Adjacent State(s):</i> <input type="checkbox"/> Illinois (IL) <input type="checkbox"/> Michigan (MI) <input type="checkbox"/> Ohio (OH) <input type="checkbox"/> Kentucky (KY)			
9. Attainment Area Designation: Is the source located within a non-attainment area for any of the criteria air pollutants? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Indicate Nonattainment Pollutant(s):</i> <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> NO _x <input type="checkbox"/> O ₃ <input type="checkbox"/> PM <input type="checkbox"/> PM ₁₀ <input type="checkbox"/> PM _{2.5} <input type="checkbox"/> SO ₂			
10. Portable / Stationary: Is this a portable or stationary source? <input type="checkbox"/> Portable <input type="checkbox"/> Stationary			

PART B: Source Summary

11. Company Internet Address (optional):
12. Company Name History: Has this source operated under any other name(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Provide information regarding past company names in Part I, Company Name History.</i>
13. Portable Source Location History: Will the location of the portable source be changing in the near future? <input type="checkbox"/> Not Applicable <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Complete Part J, Portable Source Location History, and Part K, Request to Change Location of Portable Source.</i>
14. Existing Approvals: Have any exemptions, registrations, or permits been issued to this source? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>List these permits and their corresponding emissions units in Part M, Existing Approvals.</i>
15. Unpermitted Emissions Units: Does this source have any unpermitted emissions units? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>List all unpermitted emissions units in Part N, Unpermitted Emissions Units.</i>
16. New Source Review: Is this source proposing to construct or modify any emissions units? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>List all proposed new construction in Part O, New or Modified Emissions Units.</i>
17. Risk Management Plan: Has this source submitted a Risk Management Plan? <input type="checkbox"/> Not Required <input type="checkbox"/> No <input type="checkbox"/> Yes → Date submitted: _____ EPA Facility Identifier: — —

PART C: Source Contact Information

IDEM will send the original, signed permit decision to the person identified in this section. This person MUST be an employee of the permitted source.

18. Name of Source Contact Person:

19. Title (optional):

20. Mailing Address:

City:	State:	ZIP Code: -
-------	--------	-------------

21. Electronic Mail Address (optional):

22. Telephone Number: () -	23. Facsimile Number (optional): () -
-----------------------------	--

PART D: Authorized Individual/Responsible Official Information

IDEM will send a copy of the permit decision to the person indicated in this section, if the Authorized Individual or Responsible Official is different from the Source Contact specified in Part C.

24. Name of Authorized Individual or Responsible Official:

25. Title:

26. Mailing Address:

City:	State:	ZIP Code: -
-------	--------	-------------

27. Telephone Number: () -	28. Facsimile Number (optional): () -
-----------------------------	--

29. Request to Change the Authorized Individual or Responsible Official: Is the source officially requesting to change the person designated as the Authorized Individual or Responsible Official in the official documents issued by IDEM, OAQ? *The permit may list the title of the Authorized Individual or Responsible Official in lieu of a specific name.*

No Yes – **Change Responsible Official to:**

PART E: Owner Information

30. Company Name of Owner:

31. Name of Owner Contact Person:

32. Mailing Address:

City:	State:	ZIP Code: -
-------	--------	-------------

33. Telephone Number: () -	34. Facsimile Number (optional): () -
-----------------------------	--

35. Operator: Does the "Owner" company also operate the source to which this application applies?

No – Proceed to Part F below. Yes – Enter "SAME AS OWNER" on line 35 and proceed to Part G below.

PART F: Operator Information

36. Company Name of Operator:

37. Name of Operator Contact Person:

38. Mailing Address:

City:	State:	ZIP Code: -
-------	--------	-------------

39. Telephone Number: () -	40. Facsimile Number (optional): () -
-----------------------------	--

PART G: Agent Information

41. Company Name of Agent:		
42. Type of Agent: <input type="checkbox"/> Environmental Consultant <input type="checkbox"/> Attorney <input type="checkbox"/> Other (specify):		
43. Name of Agent Contact Person:		
44. Mailing Address:		
City:	State:	ZIP Code: -
45. Electronic Mail Address (optional):		
46. Telephone Number: () -	47. Facsimile Number (optional): () -	
48. Request for Follow-up: Does the "Agent" wish to receive a copy of the preliminary findings during the public notice period (if applicable) and a copy of the final determination? <input type="checkbox"/> No <input type="checkbox"/> Yes		

PART H: Local Library Information

49. Date application packet was filed with the local library:		
50. Name of Library:		
51. Name of Librarian (optional):		
52. Mailing Address:		
City:	State:	ZIP Code: -
53. Internet Address (optional):		
54. Electronic Mail Address (optional):		
55. Telephone Number: () -	56. Facsimile Number (optional): () -	

PART I: Company Name History (if applicable)

Complete this section only if the source has previously operated under a legal name that is different from the name listed above in Section A.

57. Legal Name of Company	58. Dates of Use
	to
	to
	to
	to
	to
	to
	to
	to
	to
	to
	to
59. Company Name Change Request: Is the source officially requesting to change the legal name that will be printed on all official documents issued by IDEM, OAQ? <input type="checkbox"/> No <input type="checkbox"/> Yes – Change Company Name to:	

PART L: Source Process Description

Complete this section to summarize the main processes at the source.

65. Process Description	66. Products	67. SIC Code	68. NAICS Code

PART M: Existing Approvals (if applicable)

Complete this section to summarize the approvals issued to the source since issuance of the main operating permit.

69. Permit ID	70. Emissions Unit IDs	71. Expiration Date

PART N: Unpermitted Emissions Units (if applicable)

Complete this section only if the source has emission units that are not listed in any permit issued by IDEM, OAQ.

72. Emissions Unit ID	73. Type of Emissions Unit	74. Actual Dates		
		Began Construction	Completed Construction	Began Operation

PART O: New or Modified Emissions Units (if applicable)

Complete this section only if the source is proposing to add new emission units or modify existing emission units.

75. Emissions Unit ID	76. NEW	77. MOD	78. Type of Emissions Unit	79. Estimated Dates		
				Begin Construction	Complete Construction	Begin Operation