

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECOMMENDATION TO REVOKE AIR PERMIT MEMORANDUM

Date: 5/24/2018

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

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

From: Christopher Cissell, AIR COMPLIANCE INSPECTOR *CLC*
Roger Letterman, SECTION CHIEF
Compliance and Enforcement Branch
Office of Air Quality

Source Name: Williamson Polishing and Plating Co., Inc.

Source ID: 097-00371

Source Location address: 2080 Dr. Andrew J Brown Avenue

Operating Permit # to be revoked: 31496

Based upon reviewing 326 IAC 2-1.1-9 and [method(s) to verify closure (on the Air Permit Revocation Supporting Documentation Log below)], the source is permanently closed and the operating air permit for Williamson Polishing and Plating 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

 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>Williamson Polishing & Plating Co., Inc.</u>	OAQ Inspector	<u>Christopher Cissell</u>
Source ID	<u>097-00371</u>	Date of Review	<u>5/24/2018</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:	8/1/2017: Surveillance determined that <u>2080 Dr. Andrew J Brown Ave. is shuttered and 2069 Columbia Ave. is now owned by Triangle Sheet Metal Supply Co.</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:	5/24/2018
<input type="checkbox"/>	(c) County Health Department	Contact & Date:	
<input checked="" type="checkbox"/>	(d) Secretary of State's website operating status	Operating?	Yes <input type="checkbox"/> No <input checked="" 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:	317-925-5581 5/24/2018
<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>2017 and 2018</u>
<input type="checkbox"/>	Other Information		

Comments: _____