

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECOMMENDATION TO REVOKE AIR PERMIT MEMORANDUM

Date: 1/07/2025

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

Thru: Janusz Johnson, Branch Chief
Compliance and Enforcement
Branch
Office of Air Quality

From: John Alexander, Air Compliance Inspector
Randy Hoffman, Section Chief
Compliance and Enforcement Branch
Office of Air Quality

Source Name: Holbrook-Patterson, Inc.

Source ID: 151-00050

Source Location address: 409 Hoosier Drive, Angola, Indiana 46703

Operating Permit # to be revoked: 9141

Based upon reviewing 326 IAC 2-1.1-9 and finding the business not operating at the location address, finding that the business was administratively dissolved and deemed inactive on 8/15/2002 according to the Indiana Secretary of State site, and not finding any annual notifications in the virtual file cabinet , the source is determined to be permanently closed and the operating air permit for Holbrook-Patterson, Inc. 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:

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: John Alexander

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

Source Name	Holbrook-Patterson, Inc.	OAQ Inspector	John Alexander
Source ID	151-00050	Date of Review	1/06/2025

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: 1/06/2025	A different company was operating at this address.
<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: 1/07/2025	No company information found.
<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"/> Administratively Dissolved
<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	219-665-3900 1/06/2025
<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	1997-2023
<input type="checkbox"/>	Other Information		
<input type="checkbox"/>	Other Information		