

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
RECOMMENDATION TO REVOKE AIR PERMIT MEMORANDUM

Date: 10/18/2022

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
Marty Yeates, Section Chief
Compliance and Enforcement Branch
Office of Air Quality

Source Name: Cox Cabinet, Inc.

Source ID: 033-00048

Source Location address: 1110 Fuller Drive, Garrett, Indiana 46738

Operating Permit # to be revoked: 25442

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 Cox Cabinet, 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:

Name:

Title:

Address:

City:

State:

Zip Code:

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	Cox Cabinet, Inc.	OAQ Inspector	John Alexander
Source ID	033-00048	Date of Review	10/18/2022

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: 10/17/2022	Building had a different company name on it and the door was locked.
<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 checked="" type="checkbox"/>	(d) Secretary of State's website operating status	Operating?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Admin dissolved 2/10/2015
<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: 260-357-6831 Date verified 10/18/2022	
<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	2009-2022 Annual Notifications
<input type="checkbox"/>	Other Information		
<input type="checkbox"/>	Other Information		