



State of Ohio Environmental Protection Agency

**Northwest District Office**

347 North Dunbridge Road  
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468  
www.epa.state.oh.us

Ted Strickland, Governor  
Lee Fisher, Lieutenant Governor  
Chris Korleski, Director

Seneca County  
Carmeuse Lime, Inc.  
Premise #0374000010  
NOV/HPF

October 5, 2007

**CERTIFIED MAIL**  
**7006 0100 0003 7708 3578**

Lindon Pierce  
Regional Environmental Manager  
Carmeuse Lime, Inc.  
1967 West County Road  
P.O. Box 708  
Bettsville, Ohio 44815

**Subject: Notice of Violation (High Priority Facility) regarding Second Quarter 2007  
COM downtime and immediate document request.**

Dear Mr. Pierce:

In the company's 2007 Second Quarter Deviation Report, received on August 6, 2007, Carmeuse Lime, Inc. disclosed that their continuous opacity monitor (COM) experienced 13,951 minutes of downtime during which time the kilns (emissions units P003 and P004) were operating. The downtime represented 10.65% of the total operating time of the source during the second quarter. Operating the kilns without the use of the continuous opacity monitoring system is a violation of PTI #03-13527, issued on October 14, 2003, the company's Title V permit, issued on January 29, 2004, and 40 CFR Part 63 (MACT), Subpart AAAAA.

Pursuant to MACT, Subpart AAAAA, 63.8 (c)(1)(iii), "the owner or operator of an affected source must develop a written startup, shutdown, and malfunction plan (SSMP) for CMS [continuous monitoring systems]". During periods of malfunction, including any time periods when the air pollution control and monitoring equipment are not operating in their normal or usual manner, the operator must follow the procedures outlined in their SSMP and document that those procedures were followed.

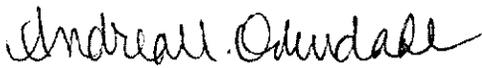
Northwest District Office (NWDO) is requesting that Carmeuse Lime, Inc. supply a copy of their written startup, shutdown, and malfunction plan that describes, in detail, procedures of operating and maintaining the source during periods of startup, shutdown, and malfunction; and a program of corrective action for malfunctioning process, air pollution control, and monitoring equipment used to comply with the relevant standard, as specified in §63.6 (e)(3). In addition, please provide NWDO with a copy of the appropriate recordkeeping requirements, in accordance with §63.10, that corresponds to the COM downtime listed in the report.

Mr. Lindon Pierce  
October 5, 2007  
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**Copies of the documents requested above shall be submitted immediately upon receipt of this letter by email or faxed to 419-352-8468.** The company's submission shall also include a written statement and signature from a responsible official verifying the accuracy of the documents.

Please be advised that the submission of information to respond to this letter does not constitute a waiver of Ohio EPA's authority to seek civil penalties pursuant to ORC section 3704.06. The Ohio EPA will make the decision on whether to pursue or decline to pursue such penalties regarding this matter at a later date. If you have any questions, concerns, or would like to discuss further what is being requested, please call me at (419) 373-3052. I may also be reached via email at [andrea.odendahl@epa.state.oh.us](mailto:andrea.odendahl@epa.state.oh.us).

Sincerely,



Andrea M. Odendahl  
Division of Air Pollution Control

/cs1

pc: Debbie Henderson, Ohio EPA, DAPC-NWDO  
Todd Brown, Ohio EPA, DAPC-CO  
Tom Kahlman, Ohio EPA, DAPC-CO  
Lisa Holscher, USEPA  
NWDO File

ec: Don Waltermeyer, Ohio EPA, DAPC-NWDO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Adult Signature</p> <p>B. Received by (Print Name) _____ Date of Delivery _____</p> <p>C. In delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>MR LINDON PIERCE REG ENV MGT CARMEUSE LIME INC 1967 WEST COUNTY RD PO BOX 708 BETTSVILLE OH 44815</p> <p>DAPC/Andrea O./cs1</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 0100 0003 7708 3578</p>