



ID Castings, LLC
1600 South 8th Street
Noblesville, IN 46060
Tel: 317-776-8000
idcastings.com

Received State of Indiana

MAY 23 2024 5/10

Department of Environmental Management
OFFICE OF AIR QUALITY

May 9, 2024

Indiana Department of Environmental Management
Compliance and Enforcement Branch, Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251

RE: Annual Compliance Certification for Reporting Year 2023
ID Castings, Noblesville, IN
Permit #: 057-44461-00002

To Whom It May Concern:

Please find attached the Annual Compliance Certification (ACC) for ID Castings, LLC located at 1600 South 8th St, Noblesville, IN 46060. Enclosed is the ACC for the permit associated with facility operations during 2023.

If you have any questions regarding this submittal, please contact Aaron Miller at 317-776-8000 or via e-mail at aaron.miller@idcastings.com.

Sincerely,
ID Castings, LLC

Tonja Gray
Director of EHS

Enclosures: 2023 Annual Compliance Certification

PART 70 / FESOP PERMIT- ANNUAL COMPLIANCE CERTIFICATION

This form can be used to satisfy the annual compliance certification requirements for Part 70 sources under 326 IAC 2-7-5, 326 IAC 2-7-6(5)(C) and FESOP sources under 326 IAC 2-8-5(g)(1)(C).

SOURCE INFORMATION				
(1) Source name:	ID Castings, LLC			
(2) Source address:	1600 S 8 th Street			
(3) City:	Noblesville	(4) State:	IN	(5) Zip code: 146060
(6) Mailing address: (if different from above)				
(7) Mailing City:		(8) Mailing State:		(9) Mailing Zip code:
(10) Permit numbers:	057-44461-00002	(11) Reporting Period:	1/1/2023-12/31/2023	
(12) Contact person:	Aaron Miller	(13) Email Address:	Aaron.miller@idcastings.com	
(14) Phone number:	317-776-8000	(15) Fax number:	317-776-8895	
(16) Comments:				

SOURCE COMPLIANCE INFORMATION

(17) CHECK THE BOX NEXT TO EITHER (A) OR (B) BELOW. (The terms "continuous compliance" and "intermittent compliance" are defined on the Definitions page).

(A) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose good work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit.	X
(B) This source was in INTERMITTENT COMPLIANCE with all of the permit terms and conditions that impose good work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit, except for the terms and conditions listed in the following table for which the source reported intermittent compliance	

IMPORTANT: If you select option (B), you must complete the following table in which you list any permit terms for which compliance was intermittent during the permit for the reporting period covered by this Compliance Certification.

(18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT

Source Name: D Castings LLC			Source Permit Number:
Permit Term/Condition	Description of Permit Condition	*Method Codes	Report Date/Comments

*Method Codes:

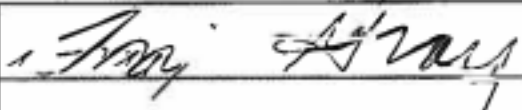
Monitoring methods: CEMS = continuous emissions monitoring system; COMS = continuous opacity monitoring system; ST = stack test;

VE = visible emissions; RK = record keeping; RR = review of records; MB = mass balance; EF = emissions factor; Insp = inspections; FA = fuel analysis; WP = work practice; PM = parametric monitoring;

Calc = calculations; O = other (specify in Comments)

For Part 70 sources: The submittal by the Permittee requires the certification by the "responsible official" as defined by 326 IAC 2-7-1(34).

For FESOP sources: The notification which shall be submitted by the Permittee requires the certification by the "authorized individual" as defined by 326 IAC 2-1.1-1 (1).

I certify that, based on information and belief formed as a reasonable inquiry, the statements and information in the document are true, accurate, and complete.			
Signature:		Title/Position:	Director of EHS
Printed Name:	Tonja Gray	Date:	5.9.24
Phone number:	419-629-2311 ext 12637	Email Address:	Tonja.Gray@crown.com

PLEASE NOTE: YOU MUST EITHER SIGN THIS FORM OR ATTACH THE CERTIFICATION FORM INCLUDED IN YOUR PERMIT.

CERTIFIED MAIL

rown Equipment Corporation
3w Bremen, OH 45859 USA



70 0 3160 0001 0350 127

dress Service Requested



Quotient

FIRST-CLASS MAIL

INT

\$008.93⁸

05/10/2024 DP 45859
043M02208964

US POSTAGE

Indiana Department of Environmental Management
Compliance and Enforcement Branch, Office of Air Quality
100 N. Senate Ave.
MC 61-53 16CN 1003
Indianapolis, IN 46204-2251



ID Castings, LLC
1600 South 8th Street
Noblesville, IN 46060
Tel: 317-776-8000
idcastings.com

CASTINGS

June 5, 2024

Indiana Department of Environmental Management
Compliance and Enforcement Branch, Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251

RE: ADual Compliance Certification Reporting Year 2023
ID Castings, Noblesville, IN
Permit #: 057-44461-00002, 057-46821-00002, 057-46897-00002

To Whom It May Concern:

Please find attached the Annual Compliance Certification (ACC) for ID Castings, LLC located at 1600 South 8th St., Noblesville, IN 46060. Enclosed is the ACC for the permit associated with facility operations during 2023.

If you have any questions regarding this submittal, please contact Aaron Miller at 317-776-8000 or via e-mail at aaron.miller@idcastings.com.

Sincerely,
ID Castings, L

Tonja Gray
Director of EHS

Enclosures: 2023 Annual Compliance Certification

PART 70 / FESOP PERMIT- ANNUAL COMPLIANCE CERTIFICATION

This form can be used to satisfy the annual compliance certification requirements for Part 70 sources under 326 IAC 2-7-5, 326 IAC 2-7-6(5)(C) and FESOP sources under 326 IAC 2-8-5(g)(1)(C).

SOURCE INFORMATION				
(1) Source name:	ID Castings LLC			
(2) Source address:	1600 S 8 th Street			
(3) City:	Noblesville	(4) State:	IN	(5) Zip code: 146060
(6) Mailing address: (if different from above)				
(7) Mailing City:		(8) Mailing State:		(9) Mailing Zip code:
(10) Permit numbers:	057-44461-00002, 057-46821-00002, 057-46897-00002		(11) Reporting Period:	1/1/2023-12/31/2023
(12) Contact person:	Aaron Miller		(13) Email Address:	Aaronmiller@idcastings.com
(14) Phone number:	317-776-8000		(15) Fax number:	317-776-8895
(16) Comments:				

SOURCE COMPLIANCE INFORMATION

(17) CHECK THE BOX NEXT TO EITHER (A) OR (B) BELOW. (The terms "continuous compliance" and "intermittent compliance" are defined on the Definitions page).

(A) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit.	X
(B) This source was in INTERMITTENT COMPLIANCE with all of the permit terms and conditions that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit, except for the terms and conditions listed in the following table for which the source reported intermittent compliance.	

IMPORTANT: If you select option (B), you must complete the following table in which you list any permit terms for which compliance was intermittent during the permit for the reporting period covered by this Compliance Certification.

(18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT

Source Name: D Castings LLC		Source Permit Number:	
Permit Term/Condition	Description of Permit Condition	*Method Codes	Report Date/Comments

*Method Codes:

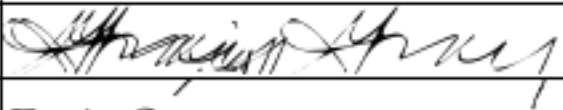
Monitoring methods: CEMS = continuous emissions monitoring system; COMS = continuous opacity monitoring system; ST = stack test;

VE = visible emissions; RK = record keeping; RR = review of records; MB = mass balance; EF = emissions factor; Insp = inspections; FA = fuel analysis; WP = work practice; PM = parametric monitoring;

Calc = calculations; O = other (specify in Comments)

For Part 70 sources: The submittal by the Permittee requires the certification by the "responsible official" as defined by 326 IAC 2-7-1(34).

For FESOP sources: The notification which shall be submitted by the Permittee requires the certification by the "authorized individual" as defined by 326 IAC 2-1.1-1(1).

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.			
Signature:		Title/Position:	Director of F&S
Printed Name:	Tonja Gray	Date:	6.5.24
Phone number:	419-629-2311 ext. 12637	Email Address:	Tonja.Gray@cmwn.com

PLEASE NOTE: YOU MUST EITHER SIGN THIS FORM OR ATTACH THE CERTIFICATION FORM INCLUDED IN YOUR PERMIT.

Title V / FESOP Annual Compliance Certification Review Sheet

To: IDEM Virtual File Cabinet	Through: Supervisor	Clark, Wyman	ACES ID:	297780
-------------------------------	---------------------	--------------	----------	--------

Source Information			
Source Name:	ID Castings, LLC	Plant ID:	057-00002
Permit Number(s):	057-44461-00002, 057-46821-00002, 057-46897-00002	County:	Howard
Certification Year:	2023	Date ACC postmarked:	5/10/2024
Reviewer:	Weston, Noah	Date compliance review started:	5/29/2024

Compliance Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was the ACC submitted late?
		If submitted late, what action will be taken? <input type="checkbox"/> Violation Letter <input type="checkbox"/> Enforcement Action Letter <input type="checkbox"/> Other:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any deviations in the ACC?
		If yes, has OAQ already addressed the identified deviations? If so, what actions were taken, including the date the action was taken (e.g., VL; EAL, other)? If no action was previously taken by OAQ, what action will be taken to follow-up (e.g., VL; EAL, other)?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did you identify any violations not reported in the ACC?
		If yes, describe the violation(s): What action has been/will be taken to address the violation(s) (e.g., VL; EAL, other)?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was a revised ACC required to be submitted?
		Date(s) the source submitted the revised ACC:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any emergencies in the ACC?
		If yes, does the reported emergency qualify as an emergency under 326 IAC 2-7-1(12)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the reported emergency does not qualify as an emergency under 326 IAC 2-7-1(12), or relevant federal regulation, what action has been/will be taken?
		Date compliance review completed
		Additional comments: Revision submitted to correct permit numbers