

**From:** [Jingyu Xiao](#)  
**To:** [IDEM OAQ Annual Compliance Certifications](#)  
**Cc:** [amyb@daveomara.com](mailto:amyb@daveomara.com); [Wesley Fleming](#); [Oliver Ware](#)  
**Subject:** RY2023 ACC for Source ID 079-05269  
**Date:** Thursday, June 27, 2024 3:20:53 PM  
**Attachments:** [ACC RY2023 Source ID 079-05269.pdf](#)

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To Whom It May Concern:

On behalf of Dave O'Mara Contractor Inc., KERAMIDA Inc. is submitting the enclosed Annual Compliance Certifications (ACC) covering the 2023 calendar year for the following facility:

- Plant 8: 6100 Base Road, Hayden, IN (source ID 47245 079-05269)

If you have any questions in regard to these ACCs, please contact Amy Boswell, Owner, Dave O'Mara Contractor Inc., at (812) 346-4135, or me at (317) 685-6600.

Sincerely,  
KERAMIDA Inc.

**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(a)(1)(C).

| SOURCE INFORMATION                                |                        |                        |                                      |                       |       |
|---|------------------------|------------------------|--------------------------------------|-----------------------|-------|
| (1) Source name:                                  | Dave O'Mara Contractor |                        |                                      |                       |       |
| (2) Source address:                               | 6100 Base Road         |                        |                                      |                       |       |
| (3) City:   | Hayden                 | (4) State:             | IN                                   | (5) Zip code:         | 47245 |
| (6) Mailing address:<br>(if different from above) | 1100 E O & M Ave       |                        |                                      |                       |       |
| (7) Mailing City:                                 | North Vernon           | (8) Mailing State:     | IN                                   | (9) Mailing Zip code: | 47265 |
| (10) Permit numbers:                              | F079-41849-05269       | (11) Reporting Period: | January 1, 2023 to December 31, 2023 |                       |       |
| (12) Contact person:                              | Amy Boswell            | (13) Email Address:    | amyb@daveomara.com                   |                       |       |
| (14) Phone number:                                | (812) 346-4135         | (15) Fax number:       |                                      |                       |       |
| (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 <b>CONTINUOUS COMPLIANCE</b> 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 <b>CONTINUOUS COMPLIANCE</b> 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, <b>except</b> 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: Dave O'Mara Contractor |                                 |               | Source Permit Number: F079-41849-05269 |
|-------------------------------------|---------------------------------|---------------|--|
| 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:  | <i>Amy Boswell</i> | Title/Position: | Owner              |
| Printed Name:   | Amy Boswell        | Date:           | 6/25/24            |
| Phone number:   | (812) 346-4135     | Email Address:  | amyb@daveomara.com |

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

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 OFFICE OF AIR QUALITY  
 COMPLIANCE BRANCH  
 100 North Senate Avenue  
 MC 61-53 IGCN 1003  
 Indianapolis, IN 46204-2251

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(18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT

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For FESOP sources; ( t k 1( C 1 C) A )t I

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| It ( |     | <i>Amy Boswell</i> |      |     |    |   | Owner   |      |
| A(   |     | Amy Boswell        | )t   |     |    |   | 6:25:24 |      |
| A F  |     | P                  | )    |     |    |   |         |      |

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



401 North College Avenue  
Indianapolis, Indiana 46202  
(317) 685-6600 • Fax (317) 685-6610  
1-800-508-8034  
Info@keramida.com • www.keramida.com

June 17, 2024

Indiana Department of Environmental Management  
Compliance & Enforcement Branch, Office of Air Quality  
100 North Senate Ave.  
MC 61-53 IGCN  
Indianapolis, Indiana 46204-2251

Received State of Indiana  
6-27  
JUL 01 2024  
Department of Environmental Management  
OFFICE OF AIR QUALITY

RE: Reporting Year 2023 Annual Compliance Certifications  
Dave O'Mara Contractor Inc. – Multiple Plants

To Whom It May Concern:

On behalf of Dave O'Mara Contractor Inc., KERAMIDA Inc. is submitting the enclosed Annual Compliance Certifications (ACC) covering the 2023 calendar year for the following facilities:

| Facility Name | Address  | Source ID |
|---------------|--|-----------|
| Plant 2       | 6494 S US Hwy 421, Versailles, IN 47042        | 777-03326 |
| Plant 3       | 992 S CR 800 E, Greensburg, IN 47240           | 777-05047 |
| Plant 6       | Junction SR 56 & SR 203, Scottsburg, IN 47170  | 143-03192 |
| Plant 7       | 519 South County Line Road, St. Paul, IN 47272 | 777-05227 |
| Plant 8       | 6100 Base Road, Hayden, IN 47245               | 079-05269 |
| Plant 9       | 1125 W State Road 252, Flat Rock, IN 47234     | 777-05372 |

If you have any questions in regard to these ACCs, please contact Amy Boswell, Owner, Dave O'Mara Contractor Inc., at (812) 346-4135, or me at (317) 685-6600.

Sincerely,  
KERAMIDA Inc.

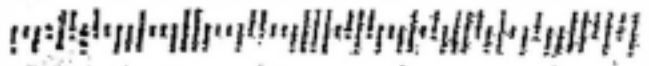
*Dennert Ware*

Oliver Ware  
Project Manager, EHS Compliances Services

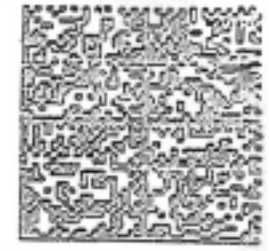
Enclosures

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Indiana Department of Environmental Management  
Compliance and Enforcement Branch, Office of Air Quality  
100 North Senate Ave.  
MC 61-53 GCN  
Indianapolis, Indiana 46204-2251

## Title V / FESOP Annual Compliance Certification Review Sheet

|                               |                     |               |          |        |
|-------------------------------|---------------------|---------------|----------|--------|
| To: IDEM Virtual File Cabinet | Through: Supervisor | Mark A. Amick | ACES ID: | 299066 |
|-------------------------------|---------------------|---------------|----------|--------|

| Source Information  |  |                                 |           |
|---------------------|--|---------------------------------|-----------|
| Source Name:        | Dave O'Mara Contractor, Inc - Plant #8 | Plant ID:                       | 079-05269 |
| Permit Number(s):   | 41849                                  | County:                         | Jennings  |
| Certification Year: | 2023                                   | Date ACC postmarked:            | 7/1/2024  |
| Reviewer:           | Hunt, Jeremiah V                       | Date compliance review started: | 7/3/2024  |

| Compliance Review            |  |   |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Was the ACC submitted late?   |
|                              |  | If submitted late, what action will be taken?<br><input type="checkbox"/> Violation Letter<br><input type="checkbox"/> Enforcement Action Letter<br><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 type="checkbox"/> Yes | <input checked="" 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)?<br><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?                             |
| 7/8/2024                     |  | Date compliance review completed  |
|                              |  | Additional comments:  |