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Department of Environnemal Management
OFFICE OF AIR QUALITY

March 20, 2024

Indiana Dept. of Environmental Management Office of Air Quality, Compliance Branch 100 North Senate Avenue Mail Code 61-53 IGCN 1003 Indianapolis, Indiana 46204-2251

Re:

2023 Annual Compliance Certification

Aerofab, Division of Tube Processing Corporation 604 LeGrande Avenue, Indianapolis, Indiana 46203

F097-3623B-00011

CEHS Project No.: 1955-16076-5B

#### Dear Sir/Madam:

Cornerstone Environmental, Health and Safety, LLC. is contracted to assist Aerofab, Division of Tube Processing Corporation (Aerofab) in preparing the 2022 Annual Compliance Certification, as required by Condition B.9 of Federally Enforceable State Operating Permit (FESOP) F097-3623B-000B2, issued April 26, 2016, and most recently revised as F097-45945-00011 on November 29, 2022, and then on December 15, 2023 as F097-4694B-00011.

Submitted on behalf of Aerofab, enclosed please find the 2023 Annual Compliance Certification signed by the Authorized Individual.

If you have guestions or comments, please do not hesitate to contact me directly at (317) 2BB-3B91 or gbaig@corner-enviro.com.

Best regards,

Qaiser Baig

Sr. Environmental Engineer, PE

Lain IB in

Enclosure

cc: Phil Martin, Logan Ault, and Tracy Gerth, Aerofab

Permit Reviewer: Tamera Wessel

Amended by: Daniel W. Pell

Page 37 of 42 F097-36238-00011

# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH

### FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP) CERTIFICATION

Source Name:

Aerofab, Division of Tube Processing Corporation

Source Address:

604 East LeGrande Avenue, Indianapolis, Indiana 46203

FESOP Permit No.: F097 36238 00011

This certification shall be included when submitting monitoring testing reports/results or other documents as required by this permit.				
	Please check what document is being certified:			
$\boxtimes$	Annual Compliance Certification 202.3			
	Test Result (specify)			
	Repod (specify)			
	Notification (specify)			
	Aff idavi(specify)			
	Other (specify)			
	×			
	il that, based on information and belief formed after reasonable inquiry, the statements information in the document are true, accurate, and complete.			
Signature: Nathure Jacobs				
Printed Name: Katherine Jacobsen				
Title/Position: CEO				
Date: $3/9 \%$				

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALI3 COMPLIANCE BRANCH 100 NoBh Senate Avenue MC 61-53 IGCN 1003 Indianapolis, IN 46204-2251

#### PART 70 / FESOP PERMIT-ANNUAL COMPLIANCE CERTIFICATION

This form can be used to satisw the annual compliance certiscation requirements for Part 70 sources under 326 AC 2-7-5, 326 AC 2-7-6(5)(C) and FESOP sources under 326 AC 2-8-5(a)(1)(iC)W.

Sources under 320 AC2	2-0-5(a <u>M</u> 1)(IC) VV.					
SOURCE INFORMATION						
(1) Source name:	Aerofab, Division of Tube Processing Corporation					
(2) Source address:	60 4 East LeGrande Avenue					
(3) City:	City: ndiana polis (4) State:		IN	(5) Zip code:	146203	
(6) Mailing address: (if direcent vom above)	60 4 East LeGrande Avenue					
(7) Mailing City:	ndianapolis	(8) Mailing State:	N	(g) Mailing Z.ocode:	146203	
(10) Permit numbers:	097-45945-00011 (to 12/15/23) and 097-46948-00011 (from 12/15/23)	(11) Report ing Period:	01/01/2023 - 1	2/31/2023		
(12) Contact person:	Logan Ault, EHS Manager	(13) Email Address:	iauit@aerogbV	tom		
(14) Phone number:	(317) 780-6169	(15) Fax number:				
(16) Comments:						

SOURCE COMPLIANCE INFORMATION					
(17) CHECK THE BOX NEXT TO E THER (A) OR (B) BELOW. (The terms "continuous compliance" and "intermitt encompliance" are defined on the Detnitions page)W.					
(A) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose a work practice or remission standard or requires perf ormancetesting, monitoring, record keeping or report ingbased on the monitoring methods in the permit	⊠				
(B) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose a work practice or remission standard or requires perf ormancetesting, monitoring, record keeping or report ing basedon the monitoring methods in the permit, except un the terms and conditions listed in the following table for which the source reported intermitt encomplianceW.					

IMPORTANT: | f you select option (B), you must complete the following table in which you list any permit terms for which compliance was intermitt enduring the permit for the report ingperiod covered by this Compliance Cert isoationW.

# (18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT

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

## (18) PERMIT TERMS FOR WHICH COMPLIANCE WAS INTERMITTENT (Continued)— Att achadditional sheets necessary

\*Method Co.des:

Source Nom	e:	Source Permit Number:		
Permit Term/ Condition	Description of Permit Condition	RepoD Dote/Comments		
3				
State State	8			
13 T	<i>₽</i>			

p onitorin c methodsCEMS = continuous e misions monitoring system; COMS = continuous op acity monitoring system; ST = stack test;

V2 visible e mistans; RK = record keep inc; RR = review of recons; MB = mass balance; EF = e missionsFctor; Insp = insp ect ionsFA= fuel analysis; WP= work p racticePM = p ara metriamonitoring;

Calc = = |culation r; O = other (sp ecifyin Co m ments)

For PoE 70 sources: The submittal by the Permitt eerequires the cetification by the "responsible off icial"as defined by 326 IAC 2-7-1(34).

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

I certiO that, based on ibeformation and belief formed alver reasonable inquiu, the statements and information in the document are true, accurate, and complete.						
Signature:	Katherise Xacco.	Title/Position:	CEO			
Printed Name:	Katherine Jacobsen	Date:	3/1924			
Phone number:	(317) 782-9555	Email Address:	kjacobsen@tubeproc.com			

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



(574) 308-8256

ILL SENDER

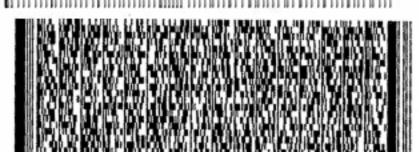
MC 61-53 ICGN 1003

IDEM-COMPLIANCE & ENFORCE AIR 100 NORTH SENATE AVENUE

INDIA NA POLIS IN 46204 (317) 233-0202 REF: AR QUALITY FESOP

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# Title V / FESOP Annual Compliance Certification Review Sheet

To: IDEM Virtual File Cabinet			Through: Supervisor	Kurt Graham	ACES ID:	295122		
Source Information								
Source Name: AeroFab		Div of Tube Processing Corp.		Plant ID:		097-00011		
Permit Number(s	3): 45945, 46	948		County:		Marion		
Certification Year	r: 2023			Date ACC postmarked:		March 21, 2024		
Reviewer.	Gordon, I	Erin R		Date compliance review started:		May 23, 2024		
Compliance	Review							
☐ Yes	⊠ No	Was the ACC su	bmitted late?					
			what action will be taken?					
		☐ Violation Lett	ter					
		☐ Enforcement	Action Letter					
		☐ Other:						
☐ Yes	⊠ No	Did the source id	dentify 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)?						
☐ Yes	⊠ No	Did you identify any violations not reported in the ACC?						
If yes, describe			he violation(s):					
		What action has been/will be taken to address the violation(s) (e.g., VL; EAL, other)?						
☐ Yes	⊠ No	Was a revised ACC required to be submitted?						
		Date(s) the source	ce submitted the revised AC	CC:				
☐ Yes	⊠ 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)?  Yes  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?						
June 14, 2024 Date comp			review completed					
		Additional comments:						