

Premier Cryogenic Services IN LLC
Delphi, Indiana
Permit Reviewer: Tessa Dedek

Page 30 of 36
F015-46143-00041

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: Premier Cryogenic Services IN LLC
Source Address: 1338 N Washington St, Delphi, Indiana 46923
FESOP Permit No.: F015-46143-00041

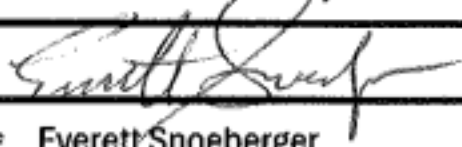
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- Annual Compliance Certification Letter
- Test Result (specify) _____
- Report (specify) Quarterly Compliance Report 2nd Quarter - April, May, June 2024
- Notification (specify) _____
- Affidavit (specify) _____
- Other (specify) _____

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:



Printed Name Everett Snoeberger

Title/Position: Engineer

Date: 6/9/2024

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

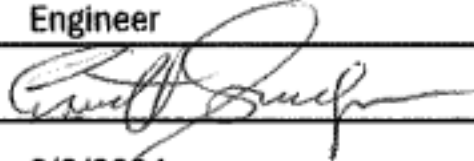
FESOP Quarterly Report

Source Name: Premier Cryogenic Services IN LLC
 Source Address: 1338 N Washington St, Delphi, Indiana 46923
 FESOP Permit No.: F015-46143-00041
 Facility: Spray Line Paint Booth PB-1
 Parameter: VOC Emissions
 Limit: The VOC input, including coatings, dilution solvents, and cleaning solvents to the Spray Line Paint Booth PB 1 shall be less than 99.00 tons per twelve (12) consecutive month period, with compliance determined at the end of each month

QUARTER: 2nd Quarter April-June YEAR: 2024

Month	Column 1	Column 2	Column 3
	VOC Emissions (tons)	VOC Emissions (tons)	VOC Emissions (tons)
	This Month	Previous 11 Months	12 Month Total
April 2024	0.0435	0.1865	0.23
May 2024	0.0972	0.23	0.3272
June 2024	0.0895	0.3272	0.4167

- No deviation occurred in this quarter.
- Deviation/s occurred in this quarter.
- Deviation has been reported on: _____

Submitted by: Everett Snoeberger
 Title / Position: Engineer
 Signature: 
 Date: 6/9/2024
 Phone: 765-412-1018

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR QUALITY
 COMPLIANCE AND ENFORCEMENT BRANCH
 FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
 QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

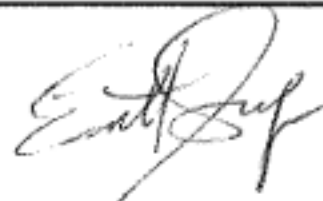
Source Name: Premier Cryogenic Services IN LLC
 Source Address: 1338 N Washington St, Delphi, Indiana 46923
 FESOP Permit No.: F015-46143-00041

Months: April to June Year: 2024

<p>This report shall be submitted quarterly based on a calendar year. Proper notice submittal under Section B - Emergency Provisions satisfies the reporting requirements of paragraph (a) of Section C- General Reporting. Any deviation from the requirements of this permit, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. A deviation required to be reported pursuant to an applicable requirement that exists independent of the permit, shall be reported according to the schedule stated in the applicable requirement and does not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".</p>	
<input checked="" type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD	
<input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTIN PERIOD	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed by: Everett Snoeberger
Title / Position: Engineer
Date: 6/9/2024
Phone: 765-412-1018

 6-9-2024