

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

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

Received State of Indiana
7-2
JUL 05 2024

Department of Environmental Management
OFFICE OF AIR QUALITY

Source Name: SCP Limited Holding, LLC
Source Address: 1700 South Indiana Ave., Auburn, Indiana 46706
1620 South Indiana Ave., Auburn, Indiana 46706
1732 South Indiana Ave., Auburn, Indiana 46706
FESOP Permit No.: F 033-44316-00107

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) _____

X Report (specify) Quarterly Report 2nd Quarter 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: Daniel D. Hartzler

Title/Position: Senior Vice President

Date: 6/31/2024

**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: SCP Limited Holding, LLC
Source Address: 1700 South Indiana Ave., Auburn, Indiana 46706
1620 South Indiana Ave., Auburn, Indiana 46706
1732 South Indiana Ave., Auburn, Indiana 46706
FESOP Permit No.: F 033-44316-00107

Months: January to March Year: 2024_____

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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".

☒ NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

☐ THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING 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: Daniel D. Hartzler

Title / Position: Senior Vice President

Date: 6/31/2024

Phone: 802-681-3873



CERTIFIED MAIL



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46204

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Indianapolis In 46204

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