

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
CERTIFICATION

Source Name: OFS Brands, Inc.
Source Address: 110 West 10th Street, Huntingburg, Indiana 46542
Part 70 Permit No.: T037-42458-00054, T037-45073-00054, T037-44902-00054

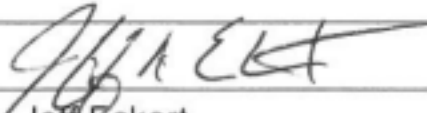
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- ☐ Annual Compliance Certification
- ☐ Test Result (specify)
- ☒ **Reports** - Single/Combined HAPS, Boiler Fuel Usage, VOC - Plt 1, P9 VOC for SB 10-12, and Qtly Dev. and Compliance
- ☐ 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: Jeff Eckert

Title/Position: Senior VP of Operations

Phone: 866-637-9328

Date: 07/11/2024

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

Part 70 Quarterly Report

Source Name: OFS Brands, Inc.
 Source Address: 110 West 10th Street, Huntingburg, Indiana 47542
 Part 70 Permit No.: T037 42458-00054
 Facility: Entire Source – Plants 1, 3, 4, 5, 6, 8, 9, 15, 18 and 21
 Parameter: Single HAP Input Usage
 Limit: The total input usage of each Single HAP to the surface coating operations at Plant 1 through Plant 21 shall be limited to **less than nine and five-tenths (9.5) tons per twelve (12) consecutive month** period with compliance determined at the end of each month.

QUARTER: 2nd

YEAR: 2024

Month		Column 1	Column 2	Column 1 + Column 2
TOLUENE		Single HAP Input Usage This Month	Single HAP Input Usage Previous 11 Months	Single HAP Input Usage 12 Month Total
Apr	PAP54	0.0810	0.8274	
	PAP102	0.1084	0.8765	
	Total:	0.1894	1.7039	1.8933
May	PAP54	0.0535	0.8255	
	PAP102	0.0967	0.9133	
	Total:	0.1503	1.7388	1.8890
Jun	PAP54	0.0676	0.7843	
	PAP102	0.0877	0.9188	
	Total:	0.1553	1.7031	1.8584

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.

Deviation has been reported on:

Submitted by: Brandee Mckim
 Title / Position: EHS Manager
 Date: 2024-07-11
 Phone: 1-866-637-9328 Ext. 7165

Signature: 

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

Part 70 Quarterly Report

Source Name: OFS Brands, Inc.
Source Address: 110 West 10th Street, Huntingburg, Indiana 47542
Part 70 Permit No.: T037 42458-00054
Facility: Entire Source – Plants 1, 3, 4, 5, 6, 8, 9, 15, 18 and 21
Parameter: Combined HAPs Input Usage
Limit: The total input usage of any **combination of HAPs** to the surface coating operations at Plant 1 through Plant 21 **shall be limited to less than twenty-four and five tenths (24.5) tons per twelve (12) consecutive month** period with compliance determined at the end of each month.

QUARTER: 2nd YEAR: 2024

Month		Column 1	Column 2	Column 1 + Column 2
	Combined	Combined HAP Input Usage This Month	Combined HAP Input Usage Previous 11 Months	Combined HAP Input Usage 12 Month Total
Apr	PAP54	0.1231	1.23176	
	PAP102	0.1608	1.2855	
	Total:	0.2838	2.5172	2.8011
May	PAP54	0.0842	1.2436	
	PAP102	0.1406	1.3498	
	Total:	0.2248	2.5934	2.8182
Jun	PAP54	0.0941	1.0776	
	PAP102	0.1197	1.3486	
	Total:	0.2138	2.4262	2.6400

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.

Deviation has been reported on:

Submitted by: Brandee Mckim
Title / Position: EHS Manager
Date: 2024-07-11
Phone: 1-866-637-9328 Ext. 7165

Signature: 

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

Part 70 Quarterly Report

Source Name: OFS Brands, Inc.
Source Address: 110 West 10th Street, Huntingburg, Indiana 47542
Part 70 Permit No.: T037-42458-00054, T037-45073-00054, T037-44902-00054
Facility: Plant 15: Boilers B-3 and B-6
Parameter: Wood usage
Limit: The wood fed into the two (2) Plant 15 Wood-Fired Boilers, identified as B-3 and B-6 shall not exceed a combined total of 9,000 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

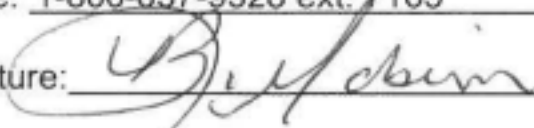
QUARTER: 2nd YEAR: 2024

Boiler 6 Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Apr-24	56.5	516.50	573.00
May-24	0	573.00	573.00
Jun-24	0	573.00	573.00

Boiler 3 Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Apr-24	8.5	706	714.5
May-24	0	688.5	688.5
Jun-24	0	688.5	688.5

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.
Deviation has been reported on:

Submitted by: Brandee Mckim
Title / Position: EHS Manager
Phone: 1-866-637-9328 ext. 7165
Signature: 
Date: 07/11/2024

Indiana Part 70 Quarterly Report

Indiana Part 70 Quarterly Report - 12 month rolling averages Emitted

Printed on 07/11/2024

End Date : 06/30/2024

By Facility : No

By Department: No

By Source : Yes

Show all chemicals

Do Not Include HazWaste adjustments

Use VOC control efficiency in calculations:

Yes

Use PM control efficiency in calculations:

Yes

Use building PM control efficiency in calculations: Yes

Capabilities And Reporting Annual Emissions On A Rolling Monthly Basis

Source Name FINISH

Source Address 4611 SOUTH 400 WEST
HUNTINGBURG State IN Country UNITED STATES ZIP/PC 47542

Mailing Address 4611 SOUTH 400 WEST
HUNTINGBURG State IN Country UNITED STATES ZIP/PC 47542

Permit No. T037-00054

Source FINISH (SURFACE COATING OPERATION)

Parameter VOC

Limit Less than 247.8 Tons/12 months

Source Summary Section

YEAR 2024

Month	Year	VOC Emitted		
		(ton)		
		This Month	Previous 11 Months	12 Month Total
Apr	2024	4.36962	46.16954	50.53915
May	2024	3.25900	46.27107	49.53006
Jun	2024	3.97904	44.02747	48.00651

☒ No deviation occurred in this quarter

☐ Deviation(s) occurred in this quarter

Deviation has been reported on:

Submitted By: Brandee Mckim

Title / Position Environmental Health and Safety

Signature

Date 07/11/2024

Phone 1-866-637-9328 / 7165

Capabilities And Reporting Annual Emissions On A Rolling Monthly Basis

Source Name PLT9-SB 10 11 12

Source Address 210 West Ninth
Huntingburg

State IN

Country UNITED STATES

ZIP/PC 47542-0100

Mailing Address 110 West 10th Street
Huntingburg

State IN

Country UNITED STATES

ZIP/PC 47542-0100

Permit No. T037-33004-00102

Source PLT9-SB 10 11 12 (PLT 9- SB 10 11 12 For quarterly report F166)

Parameter VOC

Limit The total VOC emissions for spray booths ~~SB9~~, SB10, SB11, and SB012, including coatings, dilution solvents and cleaning solvents shall not exceed 39.0 tons per twelve (12) consecutive month period, with compliance determined at the end of each month

Source Summary Section

YEAR 2024

Month	Year	VOC Emitted (ton)		
		This Month	Previous 11 Months	12 Month Total
Apr	2024	0.32602	3.81613	4.14215
May	2024	0.81473	3.65343	4.46816
Jun	2024	0.32201	4.24649	4.56850

☒ No deviation occurred in this quarter☐ Deviation(s) occurred in this quarter

Deviation has been reported on:

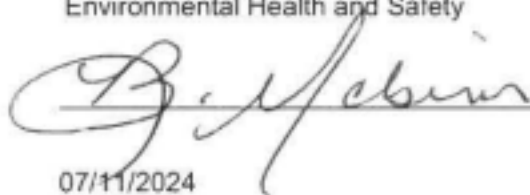
Submitted By:

Brandee Mckim

Title / Position

Environmental Health and Safety

Signature



Date

07/11/2024

Phone

1-866-637-9328 / 7165

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

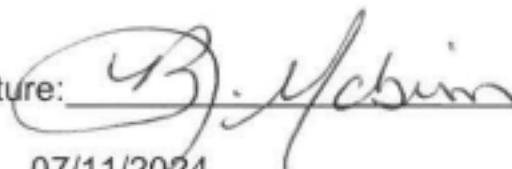
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Months: Apr to June Year: 2024

Page 1 of 1

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

Submitted by: Brandee Mckim
Title / Position: EHS Manager
Phone: 1-866-637-9328 ext. 7165

Signature: 

Date: 07/11/2024