



July 15, 2024

Indiana Department of Environmental Management
Compliance and Enforcement Branch, Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, IN 46204-2251

Re: Superior Industrial Solutions, Inc.
Elkhart, Indiana
Source ID: 039-00487
Quarterly Compliance Report (Q2 2024)

Attn:

Enclosed please find the Quarterly Compliance Report for Superior Industrial Solutions, Inc. located at 1030 All Pro Drive, Elkhart, Indiana. This report covers the second quarter of 2024.

If you have any questions or require any additional information please contact me at 317-781-4490 or via email at skumfer@relyonsuperior.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Samantha Kumfer'.

Samantha Kumfer
Regulatory Manager

Encl. – FESOP Quarterly Report, Report Certification, Quarterly Deviation
and Compliance Monitoring Report



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

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

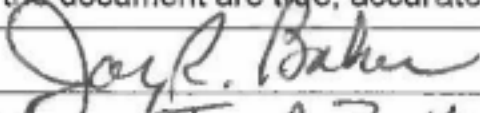
Source Name: Superior Industrial Solutions, Inc.
Source Address: 1030 All Pro Drive, Elkhart, Indiana 46514
FESOP Permit No.: F039-44465-00487

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 Report/Deviation & Compliance Monitoring Report (Q2 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: Jay R. Baker

Title/Position: Chief Operating Officer

Date: 7/12/24

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

FESOP Quarterly Report

Source Name: Superior Industrial Solutions, Inc.
 Source Address: 1030 All Pro Drive, Elkhart, Indiana 46514
 FESOP Permit No.: F039-44465-00487
 Facility: Solvent Truck Loading and Unloading Operation (EU-1)
 Parameter: VOC Emissions
 Limit: The VOC emissions from the solvent truck loading and unloading operation, identified as EU-1, shall not exceed 24.90 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

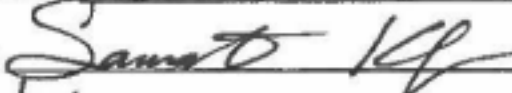
QUARTER: Q2 YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	(VOC Emissions) (tons)	(VOC Emissions) (tons)	(VOC Emissions) (tons)
	This Month	Previous 11 Months	12 Month Total
April	0.0435	0.466	0.509
May	0.046	0.429	0.474
June	0.042	0.473	0.515

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

Submitted by: Samantha Kumfer

Title / Position: Regulatory Manager

Signature: 

Date: 7/3/24

Phone: 317-181-4490

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

FESOP Quarterly Report

Source Name: Superior Industrial Solutions, Inc.
 Source Address: 1030 All Pro Drive, Elkhart, Indiana 46514
 FESOP Permit No.: F039-44465-00487
 Facility: Tank Truck Fan Blower
 Parameter: VOC Emissions
 Limit: The VOC emissions from the tank truck fan blower shall not exceed 24.90 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

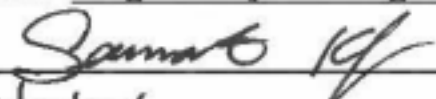
QUARTER: Q2 YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	(VOC Emissions) (tons)	(VOC Emissions) (tons)	(VOC Emissions) (tons)
	This Month	Previous 11 Months	12 Month Total
April	0.005	0.124	0.129
May	0.016	0.119	0.135
June	0.011	0.130	0.141

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

Submitted by: Samantha Kumfer

Title / Position: Regulatory Manager

Signature: 

Date: 7/3/24

Phone: 317-781-4490

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

FESOP Quarterly Report

Source Name: Superior Industrial Solutions, Inc.
 Source Address: 1030 All Pro Drive, Elkhart, Indiana 46514
 FESOP Permit No.: F039-44465-00487
 Facility: Solvent truck loading and unloading operation (EU-1), container filling operation (EU-2), resin container filling operation (EU-3), tote/drum solvent blending operation (EU-4), solvent storage tanks (T1-T12), solvent blend tanks (B2 & B3), electric tank truck fan blower, and electric tote fan blower
 Parameter: Combined VOC Emissions
 Limit: The combined VOC emissions from the solvent truck loading and unloading operation (EU-1), container filling operation (EU-2), resin container filling operation (EU-3), tote/drum solvent blending operation (EU-4), solvent storage tanks (T1 through T12), solvent blend tanks (B2 and B3), electric tank truck fan blower, and electric tote fan blower shall not exceed 99.0 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

QUARTER: Q2

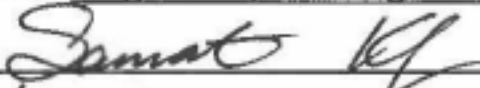
YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	(VOC Emissions) (tons)	(VOC Emissions) (tons)	(VOC Emissions) (tons)
	This Month	Previous 11 Months	12 Month Total
April	0.352	3.740	4.092
May	0.510	3.753	4.262
June	0.309	3.815	4.124

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

Submitted by: Samantha Kumfer

Title / Position: Regulatory Manager

Signature: 

Date: 7/3/24

Phone: 317-181-4490

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

FESOP Quarterly Report

Source Name: Superior Industrial Solutions, Inc.
 Source Address: 1030 All Pro Drive, Elkhart, Indiana 46514
 FESOP Permit No.: F039-44465-00487
 Facility: Solvent truck loading and unloading operation (EU-1), container filling operation (EU-2), resin container filling operation (EU-3), tote/drum solvent blending operation (EU-4), solvent storage tanks (T1-T12), solvent blend tanks (B2 & B3), electric tank truck fan blower, and electric tote fan blower
 Parameter: Single Highest HAP emissions
 Limit: The combined worst-case single HAP emissions from the solvent truck loading and unloading operation (EU-1), container filling operation (EU-2), resin container filling operation (EU-3), tote/drum solvent blending operation (EU-4), solvent storage tanks (T1 through T12), solvent blend tanks (B2 and B3), electric tank truck fan blower, and electric tote fan blower shall not exceed 9.0 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

QUARTER: Q2

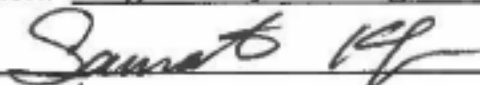
YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	(Single HAP Emissions) (tons)	(Single HAP Emissions) (tons)	(Single HAP Emissions) (tons)
	This Month	Previous 11 Months	12 Month Total
April	0.111	1.143	1.254
May	0.218	1.186	1.404
June	0.060	1.151	1.211

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

Submitted by: Samantha Kumfer

Title / Position: Regulatory Manager

Signature: 

Date: 7/3/24

Phone: 317-181-4490

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

FESOP Quarterly Report

Source Name: Superior Industrial Solutions, Inc.
 Source Address: 1030 All Pro Drive, Elkhart, Indiana 46514
 FESOP Permit No.: F039-44465-00487
 Facility: Solvent truck loading and unloading operation (EU-1), container filling operation (EU-2), resin container filling operation (EU-3), tote/drum solvent blending operation (EU-4), solvent storage tanks (T1-T12), solvent blend tanks (B2 & B3), electric tank truck fan blower, and electric tote fan blower
 Parameter: Total combined HAPs
 Limit: The total combined HAP emissions from the solvent truck loading and unloading operation (EU-1), container filling operation (EU-2), resin container filling operation (EU-3), tote/drum solvent blending operation (EU-4), solvent storage tanks (T1 through T12), solvent blend tanks (B2 and B3), electric tank truck fan blower, and electric tote fan blower shall not exceed 24.0 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

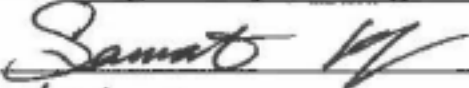
QUARTER: Q2 YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	(Total HAP Emissions) (tons)	(Total HAP Emissions) (tons)	(Total HAP Emissions) (tons)
	This Month	Previous 11 Months	12 Month Total
April	0.179	1.691	1.869
May	0.289	1.749	2.038
June	0.114	1.738	1.852

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

Submitted by: Samantha Kumfer

Title / Position: Regulatory Manager

Signature: 

Date: 7/3/24

Phone: 517-181-4490

**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: Superior Industrial Solutions, Inc.
 Source Address: 1030 All Pro Drive, Elkhart, Indiana 46514
 FESOP Permit No.: F039-44465-00487


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 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: Samantha Kumfer

Title / Position: Regulatory Manager

Date: 7/3/24 

Phone: 317-781-4490