

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

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

Source Name: Heidelberg Materials US Cement LLC
Source Address: 6330 Columbus Ave., Anderson, Indiana 46013
FESOP Permit No.: F095-46631-00161

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 Deviation and Compliance Monitoring Report
- 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: CR Lowe

Title/Position: Terminal Manager

Date: 4/11/2024

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

Source Name: Heidelberg Materials US Cement LLC
 Source Address: 6330 Columbus Ave., Anderson, Indiana 46013
 FESOP Permit No.: F095-46631-00161

Months: January to March 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>	
<p><input checked="" type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p>Permit Requirement (specify permit condition #)</p>	
Date of Deviation:	Duration of Deviation:
Number of Deviations :	
Probable Cause of Deviation:	
Response Steps Taken:	
<p>Permit Requirement (specify permit condition #)</p>	
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: CR Lowe

Title / Position: Terminal Manager

Date: 4/12/2024

Phone: 765-635-9846