

Received State of Indiana 7-8 JUL 09 2024

Department of Environmental Management OFFICE OF AIR QUALITY

July 8, 2024

Indiana Department of Environmental Management

Compliance Branch, Office of Air Quality

100 North Senate Avenue

MC 61-53 IGCN 1003

Indianapolis, IN 46204-2251

RE:

Quarterly Report Submittal CraftMark Bakery, LLC

Plant ID: 097-00746

To whom it may concern:

CraftMark Bakery, LLC (CraftMark) owns and operates a stationary baked goods production operation located at 5202 Exploration Drive in Indianapolis, Indiana. This facility currently operates under a Federally Enforceable State Operating Permit Renewal (FESOP) No. F097-45678-00746, which was issued on January 27, 2023.

The 2024 2nd Quarter Report, as required by Condition C.16 of the FESOP, is attached for the reporting period of April 1, 2024, to June 30, 2024.

If you have any questions regarding this report submittal, please feel free to contact Ms. Timberly Orlando at (623) 377-0861 or Ms. Christa Russell of Trinity Consultants at (317) 695-4644.

Sincerely,

Mike Bartikoski

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Chief Operating Officer



Enclosures

Cc:

Ms. Timberly Orlando (CraftMark) Ms. Christa O. Russell (Trinity Consultants)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY

Federally Enforceable State Operating Permit (FESOP) CERTIFICATION

Source Name:

CraftMark Bakery, LLC

Source Address:

5202 Exploration Dr, Indianapolis, IN 46421

Air Operating Permit No.:

F097-45678-00746

This certification shall be included when submitting monitoring, testing reports/results or other			
Please check what document is being certified:			
Annual Compliance Certification Letter		: ¥*	
Test Result (specify)		4	
Report (specify)	Quarterly 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: Mike Bartikoski) 	
Title/Position:	Chief Operating Officer		
Phone:	(616) 446-5640		
Date:	7-8-2024		

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

Year: ____2024

Source Name:

CraftMark Bakery, LLC

Source Address:

Telephone:

5202 Exploration Dr, Indianapolis, IN 46421

June 30

Air Operating Permit No.:

F097-45678-00746

(623) 377-0861

Months: April 1 to

the reporting requirements of par of each deviation, the probable of pursuant to an applicable require applicable requirement and does	arterly based on a calendar year. Proper notice submittal under Section B -Emergency Provisions satisfies agraph (a) of Section C-General Reporting. Any deviation from the requirements of this permit, the date(s) ause of the deviation, and the response steps taken must be reported. A deviation required to be reported ment that exists independent of the permit, shall be reported according to the schedule stated in the not need to be included in this report. Additional pages may be attached if necessary. If no deviations ox marked "No deviations occurred this reporting period".		
X NO DEVIATIONS OCCURR	ED THIS REPORTING PERIOD.		
THE FOLLOWING DEVIAT	IONS OCCURRED THIS REPORTING PERIOD		
Permit Requirement (specify po	ermit condition #}		
Date of Deviation:	Duration of Deviation:		
Number of Deviations:			
Probable Cause of Deviation:			
Response Steps Taken			
Form Completed by:	Timberly Orlando		
Title / Position:	Safety Director		
Date:			

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:

CraftMark Bakery, LLC

Source Address:

5202 Exploration Dr, Indianapolis, IN 46421

Air Operating Permit No.:

F097-45678-00746

Months: April 1 to June 30 Year: 2024

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X NO DEVIATIONS OCCU	RRED 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		
Form Completed by: Title / Position: Date: Telephone:	Timberly Orlando Safety Director 7 - 8 - 2 0 Z 1	

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SHIP DATE: 08JUL24 ACTWGT: 1,00 LB CAD: 10/8431834NET4535

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INDIANAPOLIS IN 46204

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