



2121 North Angelina Lane, Bloomington, IN 47404

Received State of Indiana

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Department of Environmental Management
OFFICE OF AIR QUALITY

July 9, 2024

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

RE: Quarterly VOC Report
Printpack Bloomington
Permit Amendment 105-42832-00046

Mr. Ison:

Please find enclosed the 2nd Quarter 2024 VOC Report for the Printpack, Inc. plant located in Bloomington, Indiana permit number F105 - 34794-00046, Administrative Amendment 105-42832-00046.

You can call my office at (219-712-7776) or reach out via email srosenbalm@printpack.com for any required further information.

Kind Regards,

A handwritten signature in black ink, appearing to read 'srosenbalm', written over a horizontal line.

Scott Rosenbalm
EHS Manager II

Enclosures

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

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION

Source Name: Printpack, Inc.
Source Address: 2121 N. Angelina Lane, Bloomington, Indiana 47404
FESOP Permit No.: F105-34794-00046

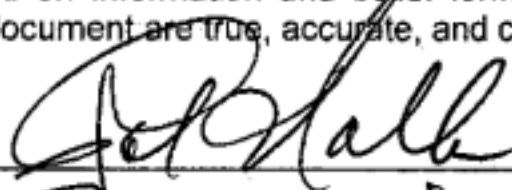
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- ☐ Annual Compliance Certification Letter
- ☒ Test Result (specify) 2nd OTR 2024 VOC Report
- ☒ Report (specify) _____
- ☐ 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:

ROBERT WALLER

Title/Position:

PLANT MANAGER

Date:

2/9/2024

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

FESOP Quarterly Report

Source Name: Printpack, Inc.
Source Address: 2121 N. Angelina Lane, Bloomington, Indiana 47404
FESOP Permit No.: F105-34794-00046
Facility: Printing Presses FP01, FP03, FP05, FP06, FP07 and FP08 and the photopolymer plate-making unit PH01
Parameter: Volatile Organic Compounds (VOC)
Limit: The total VOC input to printing presses FP01, FP03, FP05, FP06, FP07 and FP08 and the photopolymer plate-making unit PH01 shall be limited to 4,777.10 tons per twelve (12) consecutive month period, with compliance determined at the end of each month

QUARTER: 2 YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1	61.67	620.03	681.70
Month 2	60.53	610.37	670.90
Month 3	56.11	598.74	654.85

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: Scott Rosenbalm
Title / Position: ELHS Manager II
Signature: [Signature]
Date: 7/9/24
Phone: 219-712-7776

**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: Printpack, Inc.
Source Address: 2121 N. Angelina Lane, Bloomington, Indiana 47404
FESOP Permit No.: F105-34794-00046

Months April to June Year: 2024

Page 1 of 2

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: Scott Rosenblum
Title / Position: EHS Manager #11
Date: 7/5/24
Phone: 219-712-7776

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