

WB Frozen US, LLC
Brownsburg, Indiana
Permit Reviewer: Tamera Wessel/Paul Jump

Significant Permit Modification No.: 063-47138-00031
Modified by: Deena Levering

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T063-40955-00031

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

Source Name: WB Frozen US, LLC
Source Address: 50 Maplehurst Drive, Brownsburg, Indiana 46112
Part 70 Permit No.: T063-43158-00031

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 & 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: Matthew Fox

Title/Position: Plant Lead

Phone: 317-364-3281

Date: 7/17/24

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

Part 70 Quarterly Report

Source Name: WB Frozen US, LLC
 Source Address: 50 Maplehurst Drive, Brownsburg, Indiana 46112
 Part 70 Permit No.: T063-43158-00031
 Facility: Moline VI and Moline VII
 Parameter: Volatile Organic Compounds (VOC)
 Limit: 40.1 tons per 12 consecutive month period for Moline VI
 60.7 tons per 12 consecutive month period for Moline VII

Compliance with these VOC limits shall be determined by the following equation:

$$VOC = \sum_{m=1}^{12} \left(1.1 * \left(\frac{E_i * B_i}{2000lb / ton} \right) \right)_m$$

Where:

- VOC = The VOC emissions per twelve (12) consecutive month period;
- B_i = The amount of dough of type i produced during month m (tons/month);
- E_i = The VOC emission factor for type i bread shall equal 1.97 lb/ton; and
- m = Each calendar month within the twelve (12) consecutive month period.

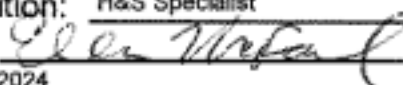
QUARTER : 2 YEAR: 2024

Unit ID	Month	Column 1	Column 2	Column 1 + Column 2
		This Month	Previous 11 Months	12 Month Total
Moline VI	April	1.12	9.58	10.70
Moline VII	April	1.90	24.48	26.38
Moline VI	May	0.82	10.01	10.83
Moline VII	May	2.19	24.63	26.82
Moline VI	June	0.94	9.82	10.76
Moline VII	June	2.30	23.72	26.02

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on:

Submitted by: Ellen McFaul
 Title / Position: H&S Specialist
 Signature: 
 Date: 7/17/2024
 Phone: 812-631-9551

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

Source Name: WB Frozen US, LLC
Source Address: 50 Maplehurst Drive, Brownsburg, Indiana 46112
Part 70 Permit No.: T063-43158-00031

Months: April to June Year: 2024

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<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: Ellen McFaul

Title / Position: H&S Specialist

Date: 7/17/2024

Phone: 812-631-9551