



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

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

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION

Source Name: Globe Industrial, LLC. /Globe Industries, LLC
Source Address: 335 S. Voyles Road, Pekin, Indiana 47165
FESOP Permit No.: F175-41808-00030

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) 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: Houston Andres

Title/Position: Director of Operations

Date: 7/19/24

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

FESOP Quarterly Report

Source Name: Globe Industrial LLC & Globe Industries LLC
 Source Address: 335 S. Voyles Road, Pekin, Indiana 47165
 FESOP Permit No.: F175-41808-00030
 Facility: Paint Booth EU003
 Parameter: Single HAP
 Limit: The total input of any single HAP to Paint Booth EU003, including coatings, dilution solvents, and cleaning solvents, shall not exceed 9 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

QUARTER: 2nd

YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	(<i>Single HAP</i>) (<i>tons</i>)	(<i>Single HAP</i>) (<i>tons</i>)	(<i>Single HAP</i>) (<i>tons</i>)
	This Month	Previous 11 Months	12 Month Total
Apr	0.11	0.83	0.95
May	0.05	0.73	0.78
June	0.15	0.71	0.86

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

Submitted by: Houston Andres

Title / Position: Director of Operations

Signature: 

Date: 7/19/24

Phone: (812) 301-2600

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

FESOP Quarterly Report

Source Name: Globe Industrial LLC & Globe Industries LLC
 Source Address: 335 S. Voyles Road, Pekin, Indiana 47165
 FESOP Permit No.: F175-41808-00030
 Facility: Paint Booth EU003
 Parameter: Total HAP
 Limit: The total input of combined HAPs to Paint Booth EU003, including coatings, dilution solvents, and cleaning solvents, shall not exceed 22 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

QUARTER 2nd

YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	(Total HAP) (tons)	(Total HAP) (tons)	(Total HAP) (tons)
	This Month	Previous 11 Months	12 Month Total
April	0.16	1.19	1.35
May	0.07	1.05	1.12
June	0.20	1.02	1.22

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

Submitted by: Houston Andres

Title / Position: Director of Operations

Signature: 

Date: 7/19/24

Phone: 812-301-2600

**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: Globe Industrial, LLC. /Globe Industries, LLC
Source Address: 335 S. Voyles Road, Pekin, Indiana 47165
FESOP Permit No.: F175-41808-00030

Months: April - June Year: 2024

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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:	

Form Completed by: Houston Andres

Title / Position: Director of Operations

7/19/24

Phone: 812-301-2600