

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

Source Name: Charleston Corporation
Source Address: 1849 and 1820 Dogwood Road, Bremen, Indiana 46506
Part 70 Permit No.: T099-46156-00037

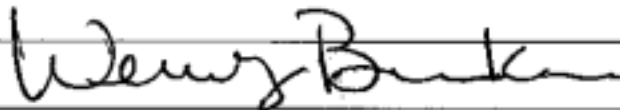
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- Annual Compliance Certification Letter
- Test Result (specify) _____
- Report (specify) 2024, 2nd Quarter 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: Wendy Booker

Title/Position: Operations Manager

Phone: 574-952-3170

Date: 07/22/2024

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

Part 70 Quarterly Report

Source Name: Charleston Corporation
Source Address: 1849 and 1820 Dogwood Road, Bremen, Indiana 46506
Part 70 Permit No.: T099-46156-00037
Facility: Seven (7) gel coat booths (GC1 through GC7), and five (5) resin chop booths (C1, C2, C3, C4 and C5), and two (2) portable chop guns (PC1 and PC2), resin transfer molding (RTM1, two (2) Glue Application Booths (RPC-A01 & RPC-A02), paint spray booths (SB1 & SB2), and mold preparation and cleanup operations (RTMMP)
Parameter: VOC Emissions
Limit: The total volatile organic compounds (VOCs) shall be less than 246.44 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
	VOC Input This Month (tons)	VOC Input Previous 11 Months (tons)	VOC Input 12 Month Total (tons)
April	0.0	12.262	12.262
May	0.0	9.697	9.697
June	0.0	5.568	5.568

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

Submitted by: Wendy Booker

Title / Position: Operations Manager

Signature: 

Date: 07/22/2024

Phone: 574-952-3170

**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: Charleston Corporation
Source Address: 1849 and 1820 Dogwood Road, Bremen, Indiana 46506
Part 70 Permit No.: T099-46156-00037

Months: April through 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 AUG 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: Wendy Booker

Title / Position: Operations Manager

Date: 07/22/2024

Phone: 574-952-3170