

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

**FEDERALY ENFORCEALBE STATE OPERATING PERMIT (FESOP)  
CERTIFICATION**

Source Name: Newlett, Inc. d/b/a Gemstone  
Source Address: 2040 Industrial Parkway, Elkhart, Indiana 46516  
Mailing Address: 2040 Industrial Parkway, Elkhart, Indiana 46516  
FESOP No.: F039-42245-00872

**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, 2<sup>nd</sup> 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: Edward Jarrett \_\_\_\_\_

Title/Position: General Manager \_\_\_\_\_

Date: July 25, 2024 \_\_\_\_\_

Newlett, Inc. d/b/a Gemstone  
Elkhart, Indiana

OP No.: F039-42245-00872

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

Source Name: **Newlett, Inc. d/b/a Gemstone**  
Source Address: **2040 Industrial Parkway, Elkhart, Indiana 46516**  
Mailing Address: **2040 Industrial Parkway, Elkhart, Indiana 46516**  
FESOP No: **039-42245-00872**  
Facility: **Counter Top Casting Operation (CTC1), Sink Casting Operation (SC1), Shower Base Casting Operation (SBC1), and Specialty Sink Casting Operation (SM1)**  
Parameter: **Combined HAP Emissions**  
Limit: **Shall not exceed a total of 23.0 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.**

Year: **2024**

<b>Month</b>	<b>Volatile Organic HAP Emissions (tons) This Month</b>	<b>Volatile Organic HAP Emissions (tons) Previous 11 Months</b>	<b>Volatile Organic HAP Emissions (tons) 12 Month Total</b>
<b>April</b>	0.580	3.322	3.902
<b>May</b>	0.602	3.288	3.890
<b>June</b>	0.326	3.554	3.880

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted By: **Edward Jarrett** \_\_\_\_\_

Title/Position: **General Manager** \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: **July 25, 2024** \_\_\_\_\_

Phone: **(574) 294-8899** \_\_\_\_\_

Attach a signed certification to complete this report.

Newlett, Inc. d/b/a Gemstone  
Elkhart, Indiana

OP No.: F039-42245-00872

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

Source Name: **Newlett, Inc. d/b/a Gemstone**  
Source Address: **2040 Industrial Parkway, Elkhart, Indiana 46516**  
Mailing Address: **2040 Industrial Parkway, Elkhart, Indiana 46516**  
FESOP No: **039-42245-00872**  
Facility: **Counter Top Casting Operation (CTC1), Sink Casting Operation (SC1), Shower Base Casting Operation (SBC1), and Specialty Sink Casting Operation (SM1)**  
Parameter: **Individual HAP Emissions**  
Limit: **Shall not exceed a total of 9.99 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.**

Year: **2024**

<b>Month</b>	<b>Volatile Organic HAP Emissions (tons) This Month</b>	<b>Volatile Organic HAP Emissions (tons) Previous 11 Months</b>	<b>Volatile Organic HAP Emissions (tons) 12 Month Total</b>
<b>April</b>	0.488	2.346	2.834
<b>May</b>	0.463	2.353	2.816
<b>June</b>	0.213	2.572	2.785

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted By: **Edward Jarrett** \_\_\_\_\_

Title/Position: **General Manager** \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: **July 23, 2024** \_\_\_\_\_

Phone: **(574) 294-8899** \_\_\_\_\_

Attach a signed certification to complete this report

Newlett. Inc. d/b/a Gemstone  
Elkhart, Indiana

OP No.: F039-42245-00872

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

Source Name: **Newlett. Inc. d/b/a Gemstone**  
Source Address: **2040 Industrial Parkway, Elkhart, Indiana 46516**  
Mailing Address: **2040 Industrial Parkway, Elkhart, Indiana 46516**  
FESOP No: **039-42245-00872**  
Facility: **Sink Casting Operation (SC1)**  
Parameter: **VOC Emissions**  
Limit: **Shall be less than a total of 25.00 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.**

Year: **2024**

<b>Month</b>	<b>Volatile Organic VOC Emissions (tons) This Month</b>	<b>Volatile Organic VOC Emissions (tons) Previous 11 Months</b>	<b>Volatile Organic VOC Emissions (tons) 12 Month Total</b>
<b>April</b>	0.938	6.225	7.163
<b>May</b>	1.055	6.385	7.440
<b>June</b>	0.734	6.901	7.635

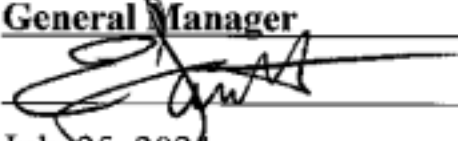
No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted By: **Edward Jarrett** \_\_\_\_\_

Title/Position: **General Manager** \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: **July 25, 2024** \_\_\_\_\_

Phone: **(574) 294-8899** \_\_\_\_\_

Attach a signed certification to complete this report.

**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**

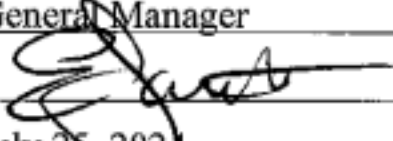
Source Name: Newlett, Inc. d/b/a Gemstone  
Source Address: 2040 Industrial Parkway, Elkhart, Indiana 46516  
Mailing Address: 2040 Industrial Parkway, Elkhart, Indiana 46516  
FESOP No.: F039-42245-00872

Months: April through June Year: 2024

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This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do 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".	
<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:	

<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

Form Completed By: Edward Jarrett  
Title/Position: General Manager  
Signature:   
Date: July 25, 2024  
Phone: (574) 294-8899

Attach a signed certification to complete this report.