



Via email 7-30-2024

Mary Place

Senior Project Manager
3807 Transportation Drive
Fort Wayne, Indiana 46818
Phone: (260)497-7645
m.place@sesadvantage.com

July 30, 2024

Indiana Department of Environmental Management
Office of Air Quality
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

*Re: 2nd Quarter 2024 FESOP Report
HomeMark Cabinets
4747 Western Avenue
Connersville, Indiana 47331
FESOP Permit No.: F 041-45274-00024*

To Whom It May Concern:

Enclosed please find the 2nd Quarter 2024 emissions report for the referenced site.

Please contact the undersigned with any questions, concerns, or requests for any additional information.

Sincerely,

SES Environmental

A handwritten signature in cursive script that reads "Mary Place".

Mary Place
Senior Project Manager



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

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: HomeMark Cabinets
Source Address: 4747 Western Avenue, Connersville, Indiana 47331
FESOP Permit No.: F041-45274-00024

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) 2nd Quarter 2024 FESOP Emissions 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: Kerim Memishi

Title/Position: CEO

Date: 7-30-2024

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

FESOP Quarterly Report

Source Name: HomeMark Cabinets
 Source Address: 4747 Western Avenue, Connersville, Indiana 47331
 FESOP Permit No.: F041-45274-00024
 Facility: PB1 through PB5 and PL-1
 Parameter: VOC Emissions
 Limit: less than 95 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 tons	VOC tons	VOC tons
	This Month	Previous 11 Months	12 Month Total
April	1.81	2.02	3.83
May	1.652	3.31	4.96
June	1.70	4.56	6.26

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

Submitted by: _____

Title / Position: _____

Signature: _____

Date: _____

Phone: _____

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

FESOP Quarterly Report

Source Name: HomeMark Cabinets
 Source Address: 4747 Western Avenue, Connersville, Indiana 47331
 FESOP Permit No.: F041-45274-00024
 Facility: PB1 through PB5 and PL-1
 Parameter: Total HAPs Emissions
 Limit: less than 24.5 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
	HAPs tons	HAPs tons	HAPs tons
	This Month	Previous 11 Months	12 Month Total
April	0.18140	0.30682	0.48822
May	0.16590	0.40822	0.57412
June	0.17100	0.50906	0.68006

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

Submitted by: _____

Title / Position: _____

Signature: _____

Date: _____

Phone: _____

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

FESOP Quarterly Report

Source Name: HomeMark Cabinets
 Source Address: 4747 Western Avenue, Connersville, Indiana 47331
 FESOP Permit No.: F041-45274-00024
 Facility: PB1 through PB5 and PL-1
 Parameter: Single HAP Emissions
 Limit: less than 9.5 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
	HAP tons	HAP tons	HAP tons
	This Month	Previous 11 Months	12 Month Total
April	0.09630	0.126	0.222
May	0.08810	0.176	0.265
June	0.09080	0.225	0.316

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

Submitted by: _____

Title / Position: _____

Signature: _____

Date: _____

Phone: _____

**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: HomeMark Cabinets
 Source Address: 4747 Western Avenue, Connersville, Indiana 47331
 FESOP Permit No.: F041-45274-00024

Months: April to June Year: 2024

<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: _____

Title / Position: _____

Date: _____

Phone: _____