

Mid-States Rubber Products, Inc.
Princeton, Indiana
Permit Reviewer: Hachem Ismaili Alaoui

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F051-42671-00021

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

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

Source Name: Mid-States Rubber Products, Inc.
Source Address: 1230 S. Race Street, Princeton, Indiana 47670
FESOP Permit No.: F051-42671-00021

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) VOC Quarterly, Single HAP Quarterly, Total HAP

☐ Notification (specify) Quarterly, Rubber Compounds Quarterly;

☐ Affidavit (specify) Deviation and Compliance Monitoring,

☐ Other (specify) Emergency Occurrence Report

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: Dale Fuesting

Printed Name: Dale Fuesting

Title/Position: Vice President

Date: 7/26/2024

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251
Phone: (317) 233-0178
Fax: (317) 233-6865**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY OCCURRENCE REPORT**

Source Name: Mid-States Rubber Products, Inc.
Source Address: 1230 S. Race Street, Princeton, Indiana 47670
FESOP Permit No.: F051-42671-00021

This form consists of 2 pages

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- ☐ This is an emergency as defined in 326 IAC 2-7-1(12)
- The Permittee must notify the Office of Air Quality (OAQ), within four (4) daytime business hours (1-800-451-6027 or 317-233-0178, ask for Compliance Section); and
 - The Permittee must submit notice in writing or by facsimile within two (2) working days (Facsimile Number: 317-233-6865), and follow the other requirements of 326 IAC 2-8-12

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation: N/A

Control Equipment: N/A

Permit Condition or Operation Limitation in Permit: N/A

Description of the Emergency: N/A

Describe the cause of the Emergency: N/A

If any of the following are not applicable, mark N/A

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Date/Time Emergency started: N/A
Date/Time Emergency was corrected: N/A
Was the facility being properly operated at the time of the emergency? N/A Y N
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other: N/A
Estimated amount of pollutant(s) emitted during emergency: N/A
Describe the steps taken to mitigate the problem: N/A
Describe the corrective actions/response steps taken: N/A
Describe the measures taken to minimize emissions: N/A
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: Dale Fuesting
Title / Position: Vice President
Date: 7/26/2024
Phone: 812-385-3473

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

FESOP Usage Report

(Submit Report Quarterly)

Source Name: Mid-States Rubber Products, Inc.
Source Address: 1230 S. Race Street, Princeton, Indiana 47670
FESOP Permit No.: F051-42671-00021
Facility: Two (2) surface coating stations, identified as U-06 and U-09
Parameter: VOC
Limit: The total input of VOC to the two (2) surface coating stations U-06 and U-09 shall be less than 45.00 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	0.10	1.05	1.15
May	0.08	1.14	1.22
June	0.06	1.11	1.17

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

Submitted by: Dale Fursting
Title / Position: Vice President
Signature: Dale Fursting
Date: 7/26/2024
Phone: 812-385-3473

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

FESOP Quarterly Report

Source Name: Mid-States Rubber Products, Inc.
Source Address: 1230 S. Race Street, Princeton, Indiana 47670
FESOP Permit No.: 051-42671-00021
Facility: Two (2) surface coating stations, identified as U-06 and U-09
Parameter: Single HAP
Limit: The total input of any single HAP to the two (2) surface coating stations U-06 and U-09 shall be less than 9.00 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 (tons)</i>	<i>Single HAP (tons)</i>	<i>Single HAP (tons)</i>
	This Month	Previous 11 Months	12 Month Total
April	0.04	0.28	0.32
May	0.02	0.31	0.33
June	0.03	0.31	0.34

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

Submitted by: Dale Fuesting
Title / Position: Vice President
Signature: Dale Fuesting
Date: 7/26/2024
Phone: 812-385-3473

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

FESOP Quarterly Report

Source Name: Mid-States Rubber Products, Inc.
Source Address: 1230 S. Race Street, Princeton, Indiana 47670
FESOP Permit No.: 051-42671-00021
Facility: Two (2) surface coating stations, identified as U-06 and U-09
Parameter: Total HAP
Limit: The total input of combined HAPs two (2) surface coating stations U-06 and U-09 shall be less than 11.7 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>Total HAP (tons)</i>	<i>Total HAP (tons)</i>	<i>Total HAP (tons)</i>
	This Month	Previous 11 Months	12 Month Total
April	0.06	0.48	0.54
May	0.04	0.53	0.57
June	0.04	0.53	0.57

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

Submitted by: Dale Fursting
Title / Position: Vice President
Signature: Dale Fursting
Date: 7/26/2024
Phone: 812-385-3473

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

FESOP Quarterly Report

Source Name: Mid-States Rubber Products, Inc.
Source Address: 1230 S. Race Street, Princeton, Indiana 47670
FESOP Permit No.: 051-42671-00021
Facility: Molding/curing hot presses, identified as U-08 and rubber curing ovens, identified as U-10 and U-11
Parameter: Rubber compound throughput (VOC and HAP)
Limit: Shall not exceed 4,747.92 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>Rubber Compounds (tons)</i>	<i>Rubber Compounds (tons)</i>	<i>Rubber Compounds (tons)</i>
	This Month	Previous 11 Months	12 Month Total
April	26.68	289.52	316.20
May	32.10	279.14	311.24
June	34.31	290.21	324.52

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

Submitted by: Dale Fuesting
Title / Position: Vice President
Signature: Dale Fuesting
Date: 7/26/2024
Phone: 812-385-3473

**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: Mid-States Rubber Products, Inc.
Source Address: 1230 S. Race Street, Princeton, Indiana 47670
FESOP Permit No.: 051-42671-00021

Months: April 1 to June 30 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: Dale Fuesting
Title / Position: Vice President
Date: 7/26/2024
Phone: 812-385-3473