

Mahoney Foundries, Inc. - dba Ward Aluminum Company
 Fort Wayne, Indiana
 Permit Reviewer: Maddison Hite

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 F003-46003-00198

**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: Mahoney Foundries, Inc. - dba Ward Aluminum Company
 Source Address: 642 Growth Avenue, Fort Wayne, Indiana 46808
 FESOP Permit No.: F003-46003-00198

Months: April to June 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>	
<p><input checked="" type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p>Permit Requirement (specify permit condition #)</p>	
Date of Deviation:	Duration of Deviation:
<p>Number of Deviations:</p>	
<p>Probable Cause of Deviation:</p>	
<p>Response Steps Taken:</p>	
<p>Permit Requirement (specify permit condition #)</p>	
Date of Deviation:	Duration of Deviation:
<p>Number of Deviations:</p>	
<p>Probable Cause of Deviation:</p>	
<p>Response Steps Taken:</p>	

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: Stephen Mahoney

Title / Position: President

Date: July 29, 2024

Phone: 260/426-8700