

The Country Wood Shop, LLC  
Goshen, Indiana  
Permit Reviewer: Don McQuigg

Significant Permit Revision No. 039-46389-00727  
Revised by: Zuhair Izzy

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F039-44712-00727

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

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

Source Name: The Country Wood Shop, LLC  
Source Address: 62870 CR 43, Goshen, Indiana 46528  
FESOP Permit No.: F039-44712-00727

**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) Q2 - 2024 Compliance Monitoring

☐ 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: Noah Bontrager

Title/Position: Owner

Date: 7/30/24

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

**FESOP Quarterly Report**

Source Name: The Country Wood Shop, LLC  
Source Address: 62870 CR 43, Goshen, Indiana 46528  
FESOP Permit No.: F039-44712-00727  
Facility: Surface coating booths, identified as S1 through S9  
Parameter: VOC  
Limit: The total VOC input to the surface coating booths, identified as S1 through S9, including coatings, dilution solvents, and cleaning solvents, shall not exceed 95.00 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	1.150	15.971	17.121
May	1.775	15.994	17.769
June	1.304	16.161	17.465

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

Submitted by: \_\_\_\_\_ Noah Bontrager

Title / Position: \_\_\_\_\_ Owner

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

Date: \_\_\_\_\_ 7/30/24

Phone: \_\_\_\_\_ 574-642-3681

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

**FESOP Quarterly Report**

Source Name: The Country Wood Shop, LLC  
Source Address: 62870 CR 43, Goshen, Indiana 46528  
FESOP Permit No.: F039-44712-00727  
Facility: Natural Gas Generators (NGG 1A and NGG-2)  
Parameter: NOx  
Limit: The total NOx emission from natural gas generators identified NGG 1A and NGG 2, shall not exceed 97.00 tons per twelve (12) consecutive month period, with compliance determined at the end of each month

Quarter: 2nd

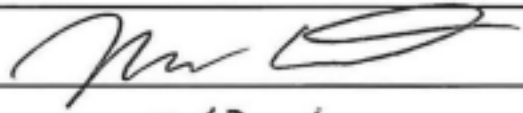
Year: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	NOx (tons)	NOx (tons)	NOx (tons)
	This Month	Previous 11 Months	12 Month Total
April	1.46	14.55	16.02
May	1.49	16.02	17.51
June	1.48	16.11	17.59

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

Submitted by: \_\_\_\_\_ Noah Bontrager

Title / Position: \_\_\_\_\_ Owner

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

Date: \_\_\_\_\_ 7/30/24

Phone: \_\_\_\_\_ 574-642-3681



**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: The Country Wood Shop, LLC  
Source Address: 62870 CR 43, Goshen, Indiana 46528  
FESOP Permit No.: F039-44712-00727

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

<b>Permit Requirement (specify permit condition #)</b>	
<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 (specify permit condition #)</b>	
<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 (specify permit condition #)</b>	
<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: Noah Bontrager  
Title / Position: Owner  
Date: 7/30/24  
Phone: 574-642-3681