



317.916.8000 • www.augustmack.com
1302 North Meridian Street, Suite 300 • Indianapolis, Indiana 46202

July 29, 2024

Indiana Department of Environmental Management
Compliance Data Section, Office of Air Quality
100 North Senate Avenue
Mail Code 61-53, IGCN 1003
Indianapolis, Indiana 46204-2251

**Re: 2024 Second Quarter Deviation and Compliance Monitoring Report
PacMoore Process Technologies
Mooresville, Indiana
Source ID No. 109-00062
August Mack Project Number JX3205.240**

Dear Sir or Madam:

August Mack Environmental, Inc. (August Mack) was retained by PacMoore Process Technologies (PacMoore) to prepare the enclosed 2024 Second Quarter Deviation and Compliance Monitoring Report. PacMoore operates under Federally Enforceable State Operating Permit (FESOP) No. F109-36436-00062. The Quarterly Compliance Monitoring Report and Certification forms are provided in Attachment A.

Please feel free to contact us if you have any questions or comments regarding this information at 317.916.8000.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Kyler', written over a light blue horizontal line.

Steve Kyler
Compliance Consultant

A handwritten signature in black ink, appearing to read 'Jennifer Richards', written over a light blue horizontal line.

Jennifer Richards
Senior Consultant

Attachment





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July 29, 2024

Mr. Anthony Engle
PacMoore Process Technologies
100 PacMoore Parkway
Mooresville, Indiana 46158

**Re: 2024 Second Quarter Deviation and Compliance Monitoring Report
PacMoore Process Technologies
Mooresville, Indiana
Source ID No. 109-00062
August Mack Project Number JX3205.240**

Dear Mr. Engle:

August Mack Environmental, Inc. (August Mack) has completed the 2024 Second Quarter Deviation and Compliance Monitoring Report for the PacMoore Process Technologies (PacMoore) facility located in Mooresville, Indiana. Please review the attached report. If the report meets with your approval, please sign and date in the designated locations. Keep one signed copy for PacMoore's files, send one signed copy to August Mack, and mail one signed copy via a preferred mail tracking system to the Indiana Department of Environmental Management (IDEM) at the address on the enclosed cover letter by **July 30, 2024**.

Please feel free to contact us if you have any questions or comments regarding this information at 317.916.8000.

Sincerely,

Steve Kyler
Compliance Consultant

Jennifer Richards
Senior Consultant

Attachment



ATTACHMENT A

Quarterly Compliance Monitoring Report & Certification Forms

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

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

Source Name: PacMoore Process Technologies
Source Address: 100 PacMoore Parkway, Mooresville, Indiana 46158
FESOP Permit No.: F109-36436-00062

**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 Report
- ☐ Test Result (specify) _____
- ☒ Report (specify) 2024 2nd Quarter Deviation and Compliance 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: Anthony Engle

Title/Position: EHS Manager

Date: 7-29-24

**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: PacMoore Process Technologies
Source Address: 100 PacMoore Parkway, Mooresville, Indiana 46158
FESOP Permit No.: F109-36436-00062

Months: April 1 to June 30 Year: 2024

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. 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".

☒ NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

☐ 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:

Form Completed by: Anthony Engle

Title / Position: EHS Manager

Date: 7-29-24

Phone: 317.402.0650