

HempRise, LLC  
 Jeffersonville, Indiana  
 Permit Reviewer: Tamara Haynes

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 F019-42952-00167

**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: HempRise, LLC  
 Source Address: 285 Paul Garrett Avenue, Jeffersonville, Indiana 47130  
 FESOP Permit No.: F019-42952-00167

Months: Jan to Mar Year: 2024

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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".

☒ 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:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

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

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Date/Time Emergency started:		
Date/Time Emergency was corrected:		
Was the facility being properly operated at the time of the emergency?	Y	N
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:		
Estimated amount of pollutant(s) emitted during emergency:		
Describe the steps taken to mitigate the problem:		
Describe the corrective actions/response steps taken:		
Describe the measures taken to minimize emissions:		
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: Matt Zigan  
Title / Position: EHS Specialist  
Date: 8/12/2024  
Phone: 513-470-7663

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

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

Source Name: HempRise, LLC  
Source Address: 285 Paul Garrett Avenue, Jeffersonville, Indiana 47130  
FESOP Permit No.: F019-42952-00167

**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) 1<sup>st</sup> Quarter 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: Matt Zigan

Printed Name: Matt Zigan

Title/Position: EHS Specialist

Date: 8/12/2024