

# REAL ALLOY



Real Alloy Recycling, LLC  
305 Dimension Avenue  
Wabash, IN 46992

October 11, 2024

Indiana Department of Environmental Management  
Compliance and Enforcement Branch, Office of Air Quality  
Compliance Branch  
100 North Senate Avenue  
MC 61-53 IGCN 1003  
Indianapolis, Indiana 46204-2251

Re: Real Alloy Recycling, LLC - Wabash, Indiana  
FESOP No.: F169-39645-00035  
Quarterly Deviation Report for Q3 2024

Dear Sir or Madam:

Real Alloy Recycling, LLC is herewith submitting a Quarterly Deviation Report under the above-referenced Federally Enforceable State Operating Permit (FESOP), issued July 23, 2018 and amended on March 4, 2022 covering the period of July 1, 2024 through September 30, 2024.

Please contact me at (260) 569-8282 or Gary Huddleston, Environmental Manager, at (260) 569-3203 should you have any questions regarding this Quarterly Report.

Sincerely,

A handwritten signature in black ink that reads "Phillip Brown". The signature is fluid and cursive.

Phillip Brown  
Plant Manager

Enclosures

Cc: Gary Huddleston  
Aaron Hampton  
Jennifer Zavoda  
Gary Reed

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
CERTIFICATION

Source Name: Real Alloy Recycling, LLC  
Source Address: 305 Dimension Ave., Wabash, IN. 46992-0466  
Mailing Address: P.O. Box 747, Wabash, Indiana 46992-0466  
FESOP Permit No.: F169-39645-00035

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) Quarterly Deviation 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: *Phillip Brown*

Printed Name: **Phillip W. Brown**

Title/Position: **Plant Manager**

Phone: **260-569-8282**

Date: **October 10, 2024**

**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: Real Alloy Recycling, LLC  
 Source Address: 305 Dimension Ave., Wabash, Indiana 46992  
 Mailing Address: P.O. Box 747, Wabash, Indiana 46992-0466  
 Part 70 Permit No.: F169-39645-00035

Months: July to September Year: 2024

<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	
<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>	
<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: Gary Huddleston

Title/Position: Environmental Manager

Date: October 4, 2024

Phone: 260.569.3203