



BUCKEYE TERMINALS, LLC

6161 Hamilton Blvd · Allentown, PA 18106 · Tel (610) 904-4000 · Fax (610) 904-4549

October 25, 2024

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

Re: Buckeye Terminals, LLC - Hartsdale Station (Title V Permit No. T089-44685-00291)
45 Division Street, Schererville, Indiana, 46375
*** Buckeye Terminals, LLC – Hammond Terminal (Title V Permit No. T089-43137-00239)
2400 Michigan Street, Hammond, Indiana 46320
Quarterly Deviation and Compliance Monitoring Report – 3rd Quarter 2024

Dear Sir/Madam,

Please find enclosed the Quarterly Deviation and Compliance Monitoring Reports for the following Buckeye Terminals, LLC facilities:

Hartsdale Station – T089-44685-00291
Hammond Terminal – T089-43137-00239

Please contact Mr. Dhaval Shah at (219) 796-8235, or at DS Shah2@buckeye.com if you have any questions regarding these reports.

Sincerely,

A handwritten signature in cursive script that reads "Jason Symington".

Jason Symington
Operations Manager
Buckeye Terminals, LLC

Enclosures

Cc: D. Shah (via email)
M. Cirjak (via email)
K. Pelt (via email)

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: Buckeye Terminals, LLC - Hartsdale Station
Source Address: 45 Division St., Schereville, Indiana 46375
FESOP No.: T089-44685-00291

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 and Compliance Monitoring Report**
July 1st to September 30th, 2024
- 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: Jason Symington
Printed Name: Jason Symington
Title/Position: Operations Manager
Phone: 219-629-8170
Date: 10/25/24

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR QUALITY
 COMPLIANCE AND ENFORCEMENT BRANCH
 PART 70 OPERATING PERMIT
 QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Buckeye Terminals, LLC - Hartsdale Station
 Source Address: 45 Division St., Schererville, Indiana 46375
 FESOP No.: T089-44685-00291

Months: July 1st to September 30th 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.	
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:	
Permit Requirement (specify permit condition #):	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed By: Jason Symington
 Title / Position: Operations Manager
 Signature: *Jason Symington*
 Date: 10/25/24
 Phone: 219-629-8170