

George O'day's Shop, Inc.
Hammond, Indiana
Permit Reviewer: Ryan Graunke

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F089-35129-00459

**OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH**

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

Source Name: George O'day's Shop, Inc.
Source Address: 19 E 143rd St., Hammond, Indiana 46327
FESOP Permit No.: F089-35129-00459

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) 3RD QUARTER 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: 

Printed Name: JASON LADWIG

Title/Position: PLANT MGR.

Date: 10/28/24

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

FESOP Quarterly Report

Source Name: George O'day's Shop, Inc.
Source Address: 19 E 143rd St., Hammond, Indiana 46327
FESOP Permit No.: F089-35129-00459
Facility: Two (2) powder coating booths (EU-03 and EU-04)
Parameter: PM₁₀ and PM_{2.5} emissions
Limit: Shall not exceed 80.0 tons per twelve consecutive month period

YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1 JULY	.02	.36	.38
Month 2 AUG	.01	.36	.37
Month 3 SEPT	.01	.34	.35

☒ No deviation occurred in this quarter.

☐ Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: JASON LAOWI
Title / Position: PLANT MGR
Signature: [Signature]
Date: 10/28/24
Phone: 219-537-6670

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: George O'day's Shop, Inc.
Source Address: 19 E 143rd St., Hammond, Indiana 46327
FESOP Permit No.: F089-35129-00459

Months: July to Sept 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:

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 LADWIG

Title / Position: PLANT MGR

Date: 10/28/24

Phone: 219-977-6670