

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

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

Source Name: Fiberglas and Plastic Fabricating, Inc.  
Source Address: 2832 N. Webster Avenue, Indianapolis, Indiana 46219  
FESOP Permit No.: F097-38708-00197

**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 FESOP Permit 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: **Gayle F. Richards**

Title/Position: **Compliance Officer**

Date: 10/24/2024

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE AND ENFORCEMENT BRANCH  
100 North Senate Avenue  
MC 61-53 IGCN 1003  
Indianapolis, Indiana 46204-2251  
Phone: (317) 233-0178  
Fax: (317) 233-6865**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
EMERGENCY OCCURRENCE REPORT**

Source Name: Fiberglas and Plastic Fabricating, Inc.  
Source Address: 2832 N. Webster Avenue, Indianapolis, Indiana 46219  
FESOP Permit No.: F097-38708-00197

**This form consists of 2 pages**

**Page 1 of 2**

- |  |
|--|
| <p><input type="checkbox"/> This is an emergency as defined in 326 IAC 2-7-1(12)</p> <ul style="list-style-type: none"><li>• The Permittee must notify the Office of Air Quality (OAQ), within four (4) daytime business hours (1-800-451-6027 or 317-233-0178, ask for Compliance Section); and</li><li>• The Permittee must submit notice in writing or by facsimile within two (2) working days (Facsimile Number: 317-233-6865), and follow the other requirements of 326 IAC 2-8-12</li></ul> |
|--|

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

Facility/Equipment/Operation: N/A
Control Equipment: N/A
Permit Condition or Operation Limitation in Permit: N/A
Description of the Emergency: N/A
Describe the cause of the Emergency: N/A

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

Page 2 of 2

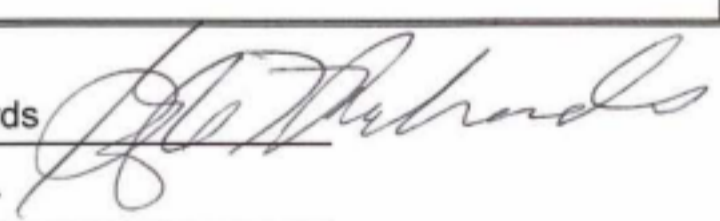
Date/Time Emergency started: N/A
Date/Time Emergency was corrected: N/A
Was the facility being properly operated at the time of the emergency?    Y    N Describe:  N/A
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other: N/A
Estimated amount of pollutant(s) emitted during emergency:  N/A
Describe the steps taken to mitigate the problem: N/A
Describe the corrective actions/response steps taken: N/A
Describe the measures taken to minimize emissions: N/A
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: Gayle F. Richards

Title / Position: Compliance Officer

Date: 10-24-2024

Phone: 317-549-1779



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

**FESOP Quarterly Report**

Source Name: Fiberglas and Plastic Fabricating, Inc.  
 Source Address: 2832 N. Webster Avenue, Indianapolis, Indiana 46219  
 FESOP Permit No.: F097-38708-00197  
 Facility: Gelcoat spray booth (Unit 001), Flowcoat booths (Unit 002 and Unit 003),  
 Flowcoat/chop booth (Unit 004), Manual resin application booth (Unit 005),  
 Closed resin mold  
 Parameter: Single HAP input  
 Limit: The total input of gel coats, resins, catalysts, coatings, adhesives, and solvents  
 by the gelcoat spray booth (Unit 001), flowcoat booths (Unit 002 and Unit 003),  
 flowcoat/chop booth (Unit 004) and manual resin application booth (Unit 005)  
 shall be limited such that the potential to emit (PTE) of any single Hazardous Air  
 Pollutant (HAP) shall not exceed 9.99 tons per twelve (12) consecutive month  
 period.

QUARTER: 3RD YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
July	0.1421	1.4841	1.6262
AUG	0.1587	1.4466	1.6053
Sept	0.1427	1.3689	1.5116

- No deviation occurred in this quarter.  
 Deviation/s occurred in this quarter.  
 Deviation has been reported on: \_\_\_\_\_

Submitted by: Gayle Richards  
 Title / Position: Compliance Officer  
 Signature: [Signature]  
 Date: 10-24-24  
 Phone: 317-549-1779

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

**FESOP Quarterly Report**

Source Name: Fiberglas and Plastic Fabricating, Inc.  
 Source Address: 2832 N. Webster Avenue, Indianapolis, Indiana 46219  
 FESOP Permit No.: F097-38708-00197  
 Facility: Gelcoat spray booth (Unit 001), Flowcoat booths (Unit 002 and Unit 003),  
 Flowcoat/chop booth (Unit 004) and Manual resin application booth (Unit 005),  
 Closed resin mold  
 Parameter: Total HAP input  
 Limit: The total input of gel coats, resins, catalysts, coatings, adhesives, and solvents  
 by the gelcoat spray booth (Unit 001), flowcoat booths (Unit 002 and Unit 003),  
 flowcoat/chop booth (Unit 004), finish booth (Unit 006) and manual resin  
 application booth (Unit 005) shall be limited such that the potential to emit (PTE)  
 of combination of all HAPs shall not exceed 24.98 tons per twelve (12)  
 consecutive month period.

QUARTER: 3rd YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
July	0.1421	1.4841	1.6262
Aug	0.1587	1.4466	1.6053
Sept	0.1427	1.3689	1.5116

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted by: Gayle Richards  
 Title / Position: Compliance Officer  
 Signature: [Signature]  
 Date: 10-24-24  
 Phone: 317-549-1779

**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: Fiberglas and Plastic Fabricating, Inc.  
 Source Address: 2832 N. Webster Avenue, Indianapolis, Indiana 46219  
 FESOP Permit No.: F097-38708-00197

Months: July to Sept 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</b> (specify permit condition #) N/A	
<b>Date of Deviation:</b> N/A	<b>Duration of Deviation:</b> N/A
<b>Number of Deviations:</b> N/A	
<b>Probable Cause of Deviation:</b> N/A	
<b>Response Steps Taken:</b> N/A	
<b>Permit Requirement</b> (specify permit condition #) N/A	
<b>Date of Deviation:</b> N/A	<b>Duration of Deviation:</b> N/A
<b>Number of Deviations:</b> N/A	
<b>Probable Cause of Deviation:</b> N/A	
<b>Response Steps Taken:</b> N/A	

Permit Requirement (specify permit condition #) N/A	
Date of Deviation: N/A	Duration of Deviation: N/A
Number of Deviations: N/A	
Probable Cause of Deviation: N/A	
Response Steps Taken: N/A	
Permit Requirement (specify permit condition #) N/A	
Date of Deviation: N/A	Duration of Deviation: N/A
Number of Deviations: N/A	
Probable Cause of Deviation: N/A	
Response Steps Taken: N/A	
Permit Requirement (specify permit condition #) N/A	
Date of Deviation: N/A	Duration of Deviation: N/A
Number of Deviations: N/A	
Probable Cause of Deviation: N/A	
Response Steps Taken: N/A	

Form Completed by: Gayle F. Richards

Title / Position: Compliance Officer

Date: 10-24-2024

Phone: 317-549-1779

