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October 25, 2024

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

Re: Cap Group LLC
2024 Q3 Quarterly Deviation and Compliance Monitoring Report

Dear Sir or Madam:

On behalf of Cap Group LLC (Cap Group), B-WISE Consulting LLC (B-WISE) is submitting the enclosed Quarterly Deviation and Compliance Monitoring Report for quarter 3 of 2024.

Thank you for your assistance with this matter. Please contact me via telephone at 317-509-2762 or via e-mail at cwise@b-wiseconsulting.com if you have any questions.

Sincerely,
B-WISE Consulting LLC

A handwritten signature in black ink that reads 'Cheryl Wise'.

Cheryl Wise
Co-Founder | C.E.O.

Enclosures

Cc: Kirbie Conrad, Cap Group LLC
Johnny Kemple, Cap Group LLC
Chris Doub, Cap Group LLC
Cindy Farmer, Cap Group LLC

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

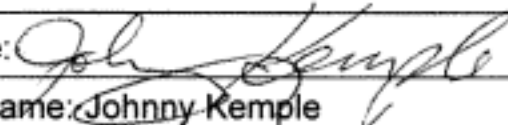
Source Name: Cap Group LLC
Source Address: 1005 4th Street, Bedford, Indiana 47421
Part 70 Permit No.: T093-47001-00044

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) 2024 Q3 Quarterly Deviation and Compliance Monitoring 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: 

Printed Name: Johnny Kemple

Title/Position: Plant Manager

Phone: 812-329-6063

Date: 10-25-2024

**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: Cap Group LLC
 Source Address: 1005 4th Street, Bedford, Indiana 47421
 Part 70 Permit No.: T093-47001-00044

Months: July 1 to September 30 Year: 2024

Page 1 of 2

<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>	
<p><input type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input checked="" type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p>Permit Requirement (specify permit condition #) C.18</p>	
<p>Date of Deviation: 7/30/2024</p>	<p>Duration of Deviation: One (1) day</p>
<p>Number of Deviations: One (1)</p>	
<p>Probable Cause of Deviation: The Quarterly Deviation and Compliance Monitoring Report was not submitted prior to the deadline of 7/30/2024.</p>	
<p>Response Steps Taken: The Quarterly Deviation and Compliance Monitoring Report was submitted on 9/17/2024.</p>	
<p>Permit Requirement (specify permit condition #) D.1.4</p>	
<p>Date of Deviation: 7/2/2024</p>	<p>Duration of Deviation: One (1) day</p>
<p>Number of Deviations: One (1)</p>	
<p>Probable Cause of Deviation: The source was required to conduct performance testing within 120 days of permit issuance on shot blasters SBS-1, SBS-2, SBN-1, and SBN-2. The device controls associated with these units were replaced and the ductwork for the new control devices is not complete.</p>	

Response Steps Taken: The ductwork will be completed by the contractor and a test date will be set as soon as the ductwork is complete.

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: Cheryl Wise

Title / Position: CEO, B-WISE Consulting, LLC

Date: 10/25/2024

Phone: (317) 509-2762