



2561 KENTUCKY AVENUE • P.O. BOX 421668 • (317) 247-6808 • INDIANAPOLIS, IN 46221

October 28, 2024

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

Re: Quarterly Deviation and Compliance Monitoring Report – 3rd Quarter 2024
Part 70 Operating Permit Number T031-45568-00023
Decatur Hills, Inc.

Dear Sir or Madam:

Decatur Hills, Inc. (Decatur Hills) respectfully submits this Quarterly Deviation and Compliance Monitoring Report, as required per Permit Condition C.9 of the Part 70 Operating Permit No. T031-45568-00023 which was issued to Decatur Hills on May 5, 2023. This Quarterly Deviation and Compliance Monitoring Report applies to the time period July 1, 2024 through September 30, 2024.

Attached to this correspondence is the responsible official certification required by General Condition B.8 of the Part 70 Operating Permit of the truth, accuracy, and completeness of the Quarterly Deviation and Compliance Monitoring Report. This certification states that "based on the information and belief formed after reasonable inquiry, the statements and information in this and the attached documents are true, accurate, and complete."

If you have questions regarding this report, please contact the undersigned at (317) 710-3534.

Sincerely,
Decatur Hills, Inc.

Curt Publow
Environmental Compliance Manager

Attachments Part 70 Operating Permit Certification
 Quarterly Deviation and Compliance Monitoring Report

Cc: Decatur Hills Files
 Weaver Consultants Group (electronic copy only)

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

Source Name: Decatur Hills Inc.
Source Address: 2090 South CR 280 East, Greensburg, Indiana, 47240
Part 70 Permit No.: T031-45568-00023

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 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: Michael Balkema

Title/Position: Vice President

Phone: 269-226-9200

Date: 10-29-24

**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: Decatur Hills Inc.
Source Address: 2090 South CR 280 East, Greensburg, Indiana, 47240
Part 70 Permit No.: T031-45568-00023

Months: July to September Year: 2024

Page 1 of 2

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 #) 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 #)	
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: Julie Hall – Weaver Consultants Group

Title / Position: Project Director

Date: October 28, 2024

Phone: (513) 254-9224