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

Source Name:	Faurecia Emissions Control Technologies, USA, LLC
Source Address:	950 West 450 South, Columbus, Indiana 47201
Part 70 Permit No .:	T005-44854-00080
This certificatio	n 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 Results (Specify	n
X Report (Specify)	2024 Q4 Quarterly Compliance and Deviation Report
Notification (Specify)	
Affidavit (Specify)	
Other (Specify)	
, , ,	on information and belief formed after reasonable inquiry, the statements and locument are true, accurate, and complete.
Signature:	1111/14
Printed Name:	Mark Wasserman
Title/Position:	Vice President, Engineering
Phone:	419-350-3768
Date:	116/2025
/	

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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 Phone: 317-233-0178 Fax: 317-233-6865

PART 70 OPERATING PERMIT EMERGENCY OCCURRENCE REPORT

Source Name:	Faurecia Emissions Control Technologies, USA, L	LC.
Source Address:	950 west 450 South, Columbus, Indiana 47201	
Part 70 Permit No.:	T005-44854-00080	

This form consists of 2 pages

Page 1 of 2

1 This is an emergency as defined in 326 IAC 2-7-1(12)

- The permittee must notify the Office of Air Management (OAM), within four (4) business hours (1-800-451-6027 or 317-233-0178, ask for Compliance Section); and
- 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 2-7-16

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

Facility/Equipment/Operation
Control Equipment
Permit Condition or Operation TATES THIS QUARTER
Description of the Emergency

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

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Page 2 of 2

Date/Time Emergenc	y started:			
Date/Time Emergenc	y was corrected:			
Was the facility being	operated at the time of the emergency? Y N			
Type of Pollutants Em	nitted: TSP, PM1-10, SO2,, VOC, Nox, CO, Pb, other: OUARTER			
Estimated monof				
Describe the steps tak	ken to mitigate the problem:			
Describe the correctiv	/e actions/response steps taken:			
Describe the measure	es taken to minimize emissions:			
	e the reasons why continued operation of the facilities are necessary to prevent imminent injury to age to equipment, substantial loss of capitol investment, or loss of product or raw mateials of value:			
	Form Completed By: LeAnn Scales Title/Position HSE Manager Date: i///e/2025 Phone: 812-657-4754			

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

Part 70 Quarterly Report

Source Name:	Faurecia Emissions Control Technologies USA, LLC
Source Address:	Road 450 South, Columbus, Indiana 47201
Part 70 Permit No.:	T 005-44854-00080
Facilities:	Engines in Exhaust Ststem Test Cells C-1 through C-6
Parameter:	Total volume of gasoline and gasoline equivalents (based on CO emissions).

Limit:

126,645 gallons of gasoline and gasoline equivalents per twelve (12) consecutive month period, with compliance determined at the end of each month.

2024

For purposes of determining compliance based on CO emissions:

Quarter

1.0 gallon of gasoline with catalytic converter = 0.100 gallons of gasoline.

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1.0 gallon of diesel fuel = 0.033 gallons of gasoline.

1.0 million cubic feet of natural gas burned = 21.3 gallons of gasoline, when using the exhaust simulator, and

1.0 million cubic feet of natural gas burned = 82.07 gallons of gasoline, when using the natural gas-fired engin

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Quarter.			IEAR		24		2024	
		Gallons of Gasoline	Gallons o	f Gasoline	Gallons of	Gasolin		

Month	and Gasoline Equivalents	and Gasoline Equivalents	and Gasoline Equivalents
	This Month	Previous 11 Months	12 Month Total
October	15.3	6395.9	6411.1
November	8.6	6411.1	6419.7
December	3.6	6419.7	6423.3

X

No deviation occurred in this quarter

Deviation/s occurred in this quarter. Deviation has been reported on:

Submitted by:	LeAnn Scales
Title / Position:	HSE Manager /)
Signature: Date: Phone:	12-657-4754

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

Part 70 Quarterly Report

Source Name: Faurecia Emissions Control Technologies USA, LLC

Source Address: 950 west 450 South, Columbus, Indiana 47201

Part 70 Permit No.: T005-44854-00080

Facilities: Engines in Exhaust System Test Cells C-7 through C-9

Parameter: Total volume of gasoline equivalents (based on CO emissions).

Limit: 126,396 gallons per twelve (12) consecutive month period, with compliance determined at the end of each month.

For purposes of determining compliance based on CO emissions:

1.0 gallon of gasoline with catalytic converter = 0.100 gallons of gasoline

1.0 gallon of diesel fuel = 0.033 gallons of gasoline

1.0 million cubic feet of natural gas burned = 21.3 gallons of gasoline, when using the exhaust simulator, and

1.0 million cubic feet of natural gas burned = 82.07 gallons of gasoline, when using the natural gas-fired engin

Quarter:	4	YEAR	2024	

	Gallons of Gasoline	Gallons of Gasoline	Gallons of Gasoline
Month	and Gasoline Equivalents	and Gasoline Equivalents	and Gasoline Equivalents
	This Month	Previous 11 Months	12 Month Total
October	481.6	2770.1	3251.7
November	8.4	2812.7	2821.1
December	180.6	2538.6	2719.2

X No deviation occurred in this quarter

Deviation/s occurred in this quarter. Deviation has been reported on:

Submitted by:	LeAnn Scales
Title / Position:	HSE Manager /
Signature: Date: Phone:	Hlsn, Seales 116/2025 812-657-4754

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

Part 70 Quarterly Report

Source Name:	Faurecia Emissions Control Technologies USA, LLC
Source Address:	950 West 450 South, Columbus, Indiana 47201
Part 70 Permit No.:	T005-44854-00080
Facilities:	Engines in Exhaust System Test Cell C-10
Parameter:	Total volume of gasoline and and gasoline equivalents (based on CO emissions).
	tons per year.
Limit:	50,254 gallons of gasoline and gasoline equivalents per twelve (12) consecutive month period,
	with compliance determined at the end of each month.

For purposes of determining compliance based on CO emissions:

1.0 gallon of gasoline with catalytic converter = 0.100 gallons of gasoline

- 1.0 gallon of diesel fuel = 0.033 gallons of gasoline
- 1.0 million cubic feet of natural gas burned = 21.3 gallons of gasoline, when using the exhaust simulator; and

1.0 million cubic feet of natural gas burned = 82.07 gallons of gasoline, when using the natural gas-fired engine.

Quarter: 4 YEAR 2024

	Gallons of Gasoline	Gallons of Gasoline	Gallons of Gasoline
Month	and Gasoline Equivalents	and Gasoline Equivalents	and Gasoline Equivalents
	This Month	Previous 11 Months	Previous 12 Months
October	0.0	15.0	15.0
November	0.0	7.0	7.0
December	0.0	2.9	2.9

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No deviation occurred in this quarter

Deviation/s occurred in this quarter. Deviation has been reported on:

Submitted by: Title / Position:

Signature: Date: Phone:

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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: Source Address: Part 70 Permit No.:

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Faurecia Emissions Control Technologies USA LLC 950 West 450 South, Columbus, Indiana 47201 T005-44854-00080

Months: October to December 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	on #)	
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		
Probable Cause of Deviation:		
Response Steps Taken:		
Permit Requirement (Specify permit condition	on #)	
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		
Probable Cause of Deviation:		
Response Steps Taken:		

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Form Completed By:	LeAnn Scales
Title/Position	HSE Manager
Date:	1114/2025
Phone:	812-657-4754