

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

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

Received State of Indiana

1-8

JAN 22 2025

Source Name: American Colloid Corporation
Source Address: 11645 State Road 545, Troy, Indiana 47588
FESOP Permit No.: F123-36539-00021

Department of Environmental Management
OFFICE OF AIR QUALITY

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) _____
- 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:

Tracy Coyle

Printed Name:

Tracy Coyle

Title/Position:

Plant Manager

Date:

1-8-2025

PART 70 / FESOP PERMIT- ANNUAL COMPLIANCE CERTIFICATION

This form can be used to satisfy the annual compliance certification requirements for Part 70 sources under 326 IAC 2-7-5, 326 IAC 2-7-6(5)(C) and FESOP sources under 326 IAC 2-8-5(a)(1)(C).

SOURCE INFORMATION				
(1) Source name:	American Colloid Company			
(2) Source address:	11645 Highway 545			
(3) City:	Troy	(4) State:	IN	(5) Zip code: 47588
(6) Mailing address: (if different from above)				
(7) Mailing City:		(8) Mailing State:		(9) Mailing Zip code:
(10) Permit numbers:	123-36539-00021	(11) Reporting Period:	January 1 to December 31, 2024	
(12) Contact person:	Tracey Coyle	(13) Email Address:	tracey.coyle@mineralstech.com	
(14) Phone number:	(812) 547-3567	(15) Fax number:		
(16) Comments:				

SOURCE COMPLIANCE INFORMATION	
(17) CHECK THE BOX NEXT TO EITHER (A) OR (B) BELOW. (The terms "continuous compliance" and "intermittent compliance" are defined on the Definitions page).	
(A) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit.	x
(B) This source was in CONTINUOUS COMPLIANCE with all of the permit terms and conditions that impose a work practice or emission standard or requires performance testing, monitoring, record keeping or reporting based on the monitoring methods in the permit, except for the terms and conditions listed in the following table for which the source reported intermittent compliance.	

IMPORTANT: If you select option (B), you must complete the following table in which you list any permit terms for which compliance was intermittent during the permit for the reporting period covered by this Compliance Certification.



7015 0640 0006 3422 8583



RDC 99



46204

CANREPLY
JAN 08, 2025

\$10.72

S2324N503546-10

Received State of Indiana

JAN 2 2025

Department of Environmental Management
OFFICE OF AIR QUALITY Management

DEM
COMPLIANCE & ENFORCEMENT
OFFICE OF QUALITY
100 N SENATE AVE
MC 61-53 IGCN 1003
INDIANAPOLIS, IN 46204

Title V / FESOP Annual Compliance Certification Review Sheet

To: IDEM Virtual File Cabinet	Through: Supervisor	NC	ACES ID:	305907
-------------------------------	---------------------	----	----------	--------

Source Information			
Source Name:	American Colloid Company	Plant ID:	123-00021
Permit Number(s):	123-36539-00021	County:	Perry
Certification Year:	2024	Date ACC postmarked:	1/8/2025
Reviewer:	Roos, Daniel	Date compliance review started:	2/10/2025

Compliance Review		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was the ACC submitted late?
		If submitted late, what action will be taken? <input type="checkbox"/> Violation Letter <input type="checkbox"/> Enforcement Action Letter <input type="checkbox"/> Other:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any deviations in the ACC?
		If yes, has OAQ already addressed the identified deviations? If so, what actions were taken, including the date the action was taken (e.g., VL; EAL, other)? If no action was previously taken by OAQ, what action will be taken to follow-up (e.g., VL; EAL, other)?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did you identify any violations not reported in the ACC?
		If yes, describe the violation(s): What action has been/will be taken to address the violation(s) (e.g., VL; EAL, other)?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was a revised ACC required to be submitted?
		Date(s) the source submitted the revised ACC:
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Did the source identify any emergencies in the ACC?
		If yes, does the reported emergency qualify as an emergency under 326 IAC 2-7-1(12)? <input type="checkbox"/> Yes <input type="checkbox"/> No If the reported emergency does not qualify as an emergency under 326 IAC 2-7-1(12), or relevant federal regulation, what action has been/will be taken?
2/10/2025		Date compliance review completed
		Additional comments: