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4-8  
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Department of Environmental Management  
OFFICE OF AIR QUALITY

**Novae LLC**

Via Registered Mail

April 8, 2025

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

Re: Novae LLC – 551 Novae Parkway, Markle, Indiana 46770  
Submission of Quarterly Air Deviation & Compliance Monitoring Report  
First Quarter 2025  
Operating Permit (FESOP) No. 069-47297-00110

Dear Sir or Madam:

Novae LLC (Novae) hereby submits the attached Quarterly Air Deviation and Compliance Monitoring Report for the above-referenced facility. The report is being presented in accordance with Condition C.18 of the terms and conditions contained in Novae's New Source Construction and Federally Enforceable State Operating Permit (FESOP) No. 069-47297-00110. No deviations occurred during this reporting period.

Please accept this information and correspondence on behalf of Novae LLC.

Sincerely,



Randy Hinojosa  
Corp. Environmental Compliance



1 Novae Parkway  
Markle, IN 46770



[www.sure-trac.com](http://www.sure-trac.com)



800.372.1755  
260.758.9838

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

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

Source Name: Novae LLC  
Source Address: 551 Novae Parkway, Markle, Indiana 46770  
FESOP Permit No.: 069-47297-00110

**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) Q1 Air Deviation Report 2025

☐ 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: Randy Hinojosa

Title/Position: Corp Environmental Consultant

Date: 4/8/2025

**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: Novae LLC  
Source Address: 551 Novae Parkway, Markle, Indiana 46770  
FESOP Permit No.: 069-47297-00110

**This form consists of 2 pages**

**Page 1 of 2**

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

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

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

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

Page 2 of 2

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

Title / Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**FESOP Usage Report**

(Submit Report Quarterly)

Source Name: Novae LLC  
Source Address: 551 Novae Parkway, Markle, Indiana 46770  
FESOP Permit No.: 069-47297-00110  
Facility: Touch-Up Paint Booth EU-1  
Parameter: VOC  
Limit: The VOC input to the Touch-Up Paint Booth EU-1 shall be less than fifteen (15) pounds per day of VOC, including coatings, dilution solvents, and cleaning solvents.

MONTH: Jan through Mar

YEAR: 2025

Day		Day	
1	Booth was not in operation during the entire	17	
2	fourth quarter. No Deviations.	18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

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

Submitted by: Randy Hinojosa

Title / Position: Corp Environmental Consultant

Signature: 

Date: 4/8/2025

Phone: 260-888-5355

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

**FESOP Quarterly Report**

Source Name: Novae LLC  
Source Address: 551 Novae Parkway, Markle, Indiana 46770  
FESOP Permit No.: 069-47297-00110  
Facility: Touch-Up Paint Booth EU-1  
Parameter: Single HAP  
Limit: The combined input of any single HAP, including coatings, dilution solvents, and cleaning solvents, to Touch-Up Paint Booth EU-1 shall be less than 9.50 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

QUARTER: 1

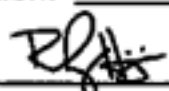
YEAR: 2025

Month	Column 1	Column 2	Column 1 + Column 2
	Combined Single HAP (tons)	Combined Single HAP (tons)	Combined Single HAP (tons)
	This Month	Previous 11 Months	12 Month Total
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

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

Submitted by: Randy Hinojosa

Title / Position: Corp Environmental Consultant

Signature: 

Date: 4/8/2025

Phone: 260-888-5355

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

**FESOP Quarterly Report**

Source Name: Novae LLC  
Source Address: 551 Novae Parkway, Markle, Indiana 46770  
FESOP Permit No.: 069-47297-00110  
Facility: Touch-Up Paint Booth EU-1  
Parameter: Combined HAP  
Limit: The input of any combination of HAPs, including coatings, dilution solvents, and cleaning solvents, to Touch-Up Paint Booth EU-1 shall be less than 24.50 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

QUARTER: 1 YEAR: 2025

Month	Column 1	Column 2	Column 1 + Column 2
	Combined Total HAP (tons)	Combined Total HAP (tons)	Combined Total HAP (tons)
	This Month	Previous 11 Months	12 Month Total
Oct	0	0	0
Nov	0	0	0
Dec	0	0	0

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

Submitted by: Randy Hinojosa

Title / Position: Corp Environmental Consultant

Signature: 

Date: 4/8/2025

Phone: 260-888-5355

**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: Novae LLC  
Source Address: 551 Novae Parkway, Markle, Indiana 46770  
FESOP Permit No.: 069-47297-00110

Months: Jan \_\_\_\_\_ to Mar \_\_\_\_\_ Year: 2025

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 #)

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:

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

Form Completed by: Randy Hinojosa 

Title / Position: Corp. Environmental Consultant

Date: 4/8/2025

Phone: 260-888-5355

Novae LLC

Via Registered Mail

April 8, 2025

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

Re: Novae LLC – 1 Novae Parkway, Markle, Indiana 46770  
Submission of Quarterly Air Deviation & Compliance Monitoring Report  
First Quarter 2025  
Operating Permit (FESOP) No. F069-41412-00066

Dear Sir or Madam:

Novae LLC (Novae) hereby submits the attached Quarterly Air Deviation and Compliance Monitoring Report for the above-referenced facility. The report is being presented in accordance with Condition C.18 of the terms and conditions contained in Novae's New Source Construction and Federally Enforceable State Operating Permit (FESOP) No. F069-41412-00066. No deviations occurred during this reporting period.

Please accept this information and correspondence on behalf of Novae LLC.

Sincerely,



Randy Hinojosa  
Corporate EHS Manager



1 Novae Parkway  
Markle, IN 46770



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MABLE, INDIANA 46770

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☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)\*

\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ( )

INDIANA DEPT of ENVIRONMENTAL MGMT  
COMPLIANCE & ENFORCEMENT BRANCH  
OFFICE of Air Quality  
100 NORTH SENATE AVE  
MC 61-53 IBLN 1003  
INDIANAPOLIS, IN 46204

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PO ZIP Code 46815	Scheduled Delivery Date (MM/DD/YY) 04/10/25	Postage \$ 31.40	
Date Accepted (MM/DD/YY) 04/08/25	Scheduled Delivery Time <input type="checkbox"/> 6:00 PM	Insurance Fee \$	COD Fee \$
Time Accepted 1200 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees 31.40	
Weight lbs. ozs.	Acceptance Employee Initials 05		

**DELIVERY (POSTAL SERVICE USE ONLY)**

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Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Employee Signature

LABEL 11-B, NOVEMBER 2023 PSN 7800-02-000-9096

PEEL FROM THIS CORNER