

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

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: CHaSE Manufacturing, LLC
Source Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Mailing Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Part 70 Permit No.: T039-47202-00770

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) 2025, 4th Quarter 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: **Zack Nickell**

Title/Position: **President**

Date: **January 26, 2026**

CHaSE Manufacturing
Nappanee, Indiana

OP No.: T039-47202-00770

**Indiana Department of Environmental Management
Office of Air Quality
Compliance and Enforcement Branch**

Part 70 Quarterly Report

Source Name: CHaSE Manufacturing, LLC
Source Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Mailing Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Part 70 Permit: T039-47202-00770
Facilities: Surface Coating Stations SS1, SS2, SS3, T1, T2, T3, T4, G1, G2, G3, and Flat Lines FL1 and FL2
Parameter: Total VOC Usage
Limitation: Total VOC input to the surface coating stations SS1, SS2, SS3, T1, T2, T3, T4, G1, G2, G3, and Flat Lines FL1 and FL2, including coatings, catalysts, sealants, cleaners, and thinners, shall be limited to less than 249.0 tons per twelve (12) consecutive month period, with compliance determined at the end of each month

QUARTER: 4th YEAR: 2025

Month	Total VOC (tons)	Total VOC (tons)	Total VOC (tons)
	This Month	Previous 11 Months	12 Month Total
October	8.974	77.881	86.855
November	8.539	78.843	87.382
December	3.938	81.422	85.360

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on _____

Submitted by: Zack Nickell
Title/Position: President
Signature: _____
Date: January 26, 2026
Phone: (574) 546-4776

Attach a signed certification to complete this report.

CHaSE Manufacturing
Nappanee, Indiana

OP No.: T039-47202-00770

**Indiana Department of Environmental Management
Office of Air Quality
Compliance and Enforcement Branch**

Part 70 Quarterly Report

Source Name: CHaSE Manufacturing, LLC
Source Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Mailing Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Part 70 Permit No: T039-47202-00770
Facilities: Surface Coating Stations SS1, SS2, SS3, T1, T2, T3, T4, G1, G2, G3, and Flat Lines FL1 and FL2
Parameter: Highest Single HAP Usage
Limitation: Total input of combined HAPs delivered to the surface coating stations SS1, SS2, SS3, T1, T2, T3, T4, G1, G2, G3, and Flat Lines FL1 and FL2, including coatings, catalysts, sealants, cleaners, and thinners, shall be limited to less than 9.90 tons per twelve (12) consecutive month period, with compliance determined at the end of each month

QUARTER: 4th YEAR: 2025

Month	Total VOC (tons)	Total VOC (tons)	Total VOC (tons)
	This Month	Previous 11 Months	12 Month Total
October	0.885	4.028	4.913
November	0.375	4.309	4.684
December	0.269	4.102	4.371

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on _____

Submitted by: Zack Nielsell
Title/Position: President
Signature: _____
Date: January 26, 2026
Phone: (574) 546-4776

Attach a signed certification to complete this report.

CHaSE Manufacturing
Nappanee, Indiana

OP No.: T039-47202-00770

**Indiana Department of Environmental Management
Office of Air Quality
Compliance and Enforcement Branch**

Part 70 Quarterly Report

Source Name: CHaSE Manufacturing, LLC
Source Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Mailing Address: 506 South Oakland Ave., Nappanee, Indiana 46550
Part 70 Permit No: T039-47202-00770
Facilities: Surface Coating Stations SS1, SS2, SS3, T1, T2, T3, T4, G1, G2, G3, and Flat Lines FL1 and FL2
Parameter: Combined HAP Usage
Limitation: Total input of combined HAPs delivered to the surface coating stations SS1, SS2, SS3, T1, T2, T3, T4, G1, G2, G3, and Flat Lines FL1 and FL2, including coatings, catalysts, sealants, cleaners, and thinners, shall be limited to less than 24.5 tons per twelve (12) consecutive month period, with compliance determined at the end of each month

QUARTER: 4th YEAR: 2025

Month	Total VOC (tons)	Total VOC (tons)	Total VOC (tons)
	This Month	Previous 11 Months	12 Month Total
October	1.615	10.179	11.794
November	0.883	10.801	11.684
December	0.531	10.736	11.267

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on _____

Submitted by: Zack Nickell
Title/Position: President
Signature: _____
Date: January 26, 2026
Phone: (574) 546-4776

Attach a signed certification to complete this report.

**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: CHaSE Manufacturing, LLC
 Source Address: 506 South Oakland Ave., Nappanee, Indiana 46550
 Mailing Address: 506 South Oakland Ave., Nappanee, Indiana 46550
 Part 70 Permit No.: T039-47202-00770

Months: October through December Year: 2025

<p>This report shall be submitted quarterly based on the calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do 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>	
<input checked="" type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.	
<input type="checkbox"/> 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:	

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: Zack Nickell
Title/Position: President
Date: 01/22/2026
Phone: (574) 546-4776

Attach a signed certification to complete this report.