

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

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

Source Name: OmniSource, LLC
Source Address: 2511 Taylor Street, Fort Wayne, Indiana 46802
FESOP Permit No.: F003-44876-00283

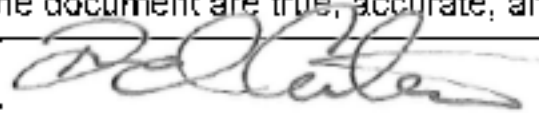
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- Annual Compliance Certification Letter
- Test Result (specify) _____
- Report (specify) Q4 - 2025 Quarterly Deviation/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: Dave Centeno

Title/Position: Corporate Environmental Manager

Date: 01/30/2026

**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: OmniSource, LLC
Source Address: 2511 Taylor Street, Fort Wayne, Indiana 46802
FESOP Permit No.: F003-44876-00283

Months: OCTOBER to DECEMBER Year: 2025

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:

Probable Cause of Deviation & Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Probable Cause of Deviation & Response Steps Taken:

Form Completed by: Eric Martinez

Title / Position: Environmental Manager

Date: 01/30/2026

Phone: 260-423-8665