

JUN 24 2024

Alternative Two, LLC
South Bend, Indiana
Permit Reviewer: Travis Flock

Dept of Environmental Mgmt
Office of Air Quality

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE AND ENFORCEMENT BRANCH
FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: Alternative Two, LLC
Source Address: 700 West Chippewa Ave, South Bend, Indiana 46614
FESOP Permit No.: F141-41670-00589

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) JAN-feb-March 2024

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: Ken Schumacher

Printed Name: Ken Schumacher

Title/Position: managing member

Date: 6/5/24

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: Alternative Two, LLC
Source Address: 700 West Chippewa Ave, South Bend, Indiana 46614
FESOP Permit No.: F141-41670-00589

This form consists of 2 pages

Page 1 of 2

<input type="checkbox"/> This is an emergency as defined in 326 IAC 2-7-1(12) <ul style="list-style-type: none">• The Permittee must notify the Office of Air Quality (OAQ), 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: N/A
Control Equipment: N/A
Permit Condition or Operation Limitation in Permit: N/A
Description of the Emergency: N/A
Describe the cause of the Emergency: N/A

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

Page 2 of 2

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

Form Completed by: Ken Schumacher
Title / Position: Managing member
Date: 6/5/24
Phone: 574-299-0559

**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: Alternative Two
Source Address: 700 West Chippewa Ave, South Bend, Indiana 46614
FESOP Permit No.: F141-41670-00589

Months: JAN to March 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 #)

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

Form Completed by: Ken Schumacher
Title / Position: managing member
Date: 6/5/24
Phone: 574-299-0559

Mail to: Permit Administration and Support Section
Office of Air Quality
100 North Senate Avenue
MC 61-53 IGCN 1003
Indianapolis, Indiana 46204-2251

Alternative Two, LLC
700 West Chippewa Ave
South Bend, Indiana 46614

Affidavit of Construction

I, _____, being duly sworn upon my oath, depose and say:
(Name of the Authorized Representative)

1. I live in _____ County, Indiana and being of sound mind and over twenty-one (21) years of age, I am competent to give this affidavit.
2. I hold the position of _____ for _____
(Title) (Company Name)
3. By virtue of my position with _____, I have personal
(Company Name)
knowledge of the representations contained in this affidavit and am authorized to make these representations on behalf of _____
(Company Name)
4. I hereby certify that Alternative Two 700 West Chippewa Ave, South Bend, Indiana 46614, completed construction of the Titan Reactor on _____ in conformity with the requirements and intent of the construction permit application received by the Office of Air Quality on July 5, 2019 and as permitted pursuant to Federally Enforceable State Operating Permit Renewal with New Source Review No. F141-41670-00589, Plant ID No. 141-00589 issued on _____.
5. Permittee, please cross out the following statement if it does not apply: Additional (operations/facilities) were constructed/substituted as described in the attachment to this document and were not made in accordance with the construction permit.

Further Affiant said not.

I affirm under penalties of perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Signature _____
Date _____

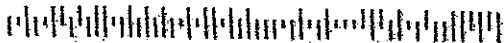
STATE OF INDIANA)
)SS

COUNTY OF _____)

Subscribed and sworn to me, a notary public in and for _____ County and State of Indiana
on this _____ day of _____, 20____. My Commission expires: _____.

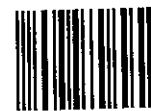
Signature _____
Name _____ (typed or printed)

N/A



W. Chippenwade Ave
South Bend, IN 46614

Retail



46204

RDC 99

U.S. POSTAGE PAID
FCM LG ENV
SOUTH BEND, IN 46614
JUN 21, 2024

\$2.59

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Received State of Indiana

JUN 24 2024

Department of Environmental Management
OFFICE OF AIR QUALITY

Indiana Dept of Environmental Management
Office of Air Quality
Compliance Branch
100 North Senate Ave
MC 61-53 IGCN 1003
Indianapolis, Indiana
46 204-2251