BrickCraft, Inc. Center Point, Indiana Permit Reviewer: Kristen Willoughby Administrative Amendment No. 021-42222-00054 Amended by: Michaela Hecox

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## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE AND ENFORCEMENT BRANCH PART 70 OPERATING PERMIT CERTIFICATION

Source Name:

BrickCraft, Inc.

Source Address:

200 North SR 59, Center Point, Indiana 47840

Part 70 Permit No.:

T021-36312-00054

- <del>10</del>	
This certification shall be included when submitting monitoring, testing documents as required by this permit.	reports/results or other
Please check what document is being certified:	
Annual Compliance Certification Letter	
☐ Test Result (specify)	
& Report (specify) 94 compliance mointosi	na Report
□ Notification (specify)	
☐ Affidavit (specify)	
Other (specify)	
I certify that, based on information and belief formed after reasonable inqui information in the document are true, accurate, and complete.	ry, the statements and
Signature: Role To me later	
Printed Name: Robert Wintosh	
Title/Position: ASS'S, PIT, MANAGES	
Phone: 812.835-2502	and the second second
Date: 1-3-24	

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

#### Part 70 Quarterly Report

Source Name:

BrickCraft, Inc.

Source Address:

200 North SR 59, Center Point, Indiana 47840

Part 70 Permit No.:

T021-36312-00054

Facility:

Dryinjection fabric filter (DIFF) controlling the tunnel kiln, lime silo, and sodium

bicarbonate silo

Parameter:

SO<sub>2</sub> emissions

Limit

Not to exceed 249 tons per twelve (12) consecutive month period, with

compliance determined at the end of each month

QUARTER:

YEAR: 2023

	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
Month 1			
	6,800	68.98'2	75.781
Month 2		*	
	6.642	69.094	75,736
Month 3			
*3	4.890	69.229	74.119

1						
4	No	deviation	occurred	in	this	uarter.

Deviation/s occurred in this quarter. Deviation has been reported on:

Submitted b	v: 47 alet mc	Litose	
Title / Positi	on: Assis, Olt. n		
Signature:_	Rate mound	L L	
Date:	1-3-24		
Phone:	812.835-2502		

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

#### Part 70 Quarterly Report

Source Name:

BrickCraft, Inc.

Source Address:

200 North SR 59, Center Point, Indiana 47840

Part 70 Permit No.:

T021-36312-00054

Facility:

Dryinjection fabric filter (DIFF) controlling the tunnel kiln, lime silo, and sodium

bicarbonate silo

Parameter.

HF emissions

Limit

Not be less than 10 tons per twelve (12) consecutive month period, with

compliance determined at the end of each month

QUARTER:

4

YEAR

2023

Manda	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
Month 1			
	0.098	0.993	1.091
Month 2			
	9.096	0,995	1.091
Month 3	•		
	0.070	0.997	1.067

1					
4	No deviation	occurred	In	this	uarter.

Deviation/s occurred in this quarter.

Deviation has been reported on:

Submitted	by: Robert mc Intosh	1.00
Title / Posit	ition: Assis, of manager	
Signature:	Labor mal ton	
Date:	1-3-24	
Phone:	812-835-2502	

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

#### Part 70 Quarterly Report

Source	Name:
OGG! OO	14001101

BrickCraft, Inc.

Source Address:

200 North SR 59, Center Point, Indiana 47840

Part 70 Permit No.:

T021-36312-00054

Facility:

Limit

Dryinjection fabric filter (DIFF) controlling the tunnel kiln, lime silo, and sodium

bicarbonate silo

Parameter:

Number of hours the DIFF may be bypassed (for routine maintenance) Maximum of 125 hours per twelve (12) consecutive month period, with

compliance determined at the end of each month

QUARTER:

4

YEAR:

2023

B	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
Month 1			
	0		0
Month 2			
	0	0	0
Month 3			
		9	. 8

1			
9	No deviation	occurred in	this quarter.

Deviation/s occurred in this quarter.
Deviation has been reported on:

Submitted by:	Kobert me	JaToSh	
Title / Position:	125 S P) T	manager	
Signature:	Kolen mall		
Date: /- 3	-24		
Phone:	- 24 2 - 835-2502		

BrickCraft, Inc. Center Point, Indiana Permit Reviewer: Kristen Willoughby Administrative Amendment No. 021-42222-00054 Amended by: Michaela Hecox

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# 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:

BrickCraft, Inc.

Source Address:

200 North SR 59, Center Point, Indiana 47840

Part 70 Permit No.:

T021-36312-00054

Months: October to December Vear: 2023

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 #) **Duration of Deviation: Date of Deviation:** Number of Deviations: Probable Cause of Deviation: Response Steps Taken:

BrickCraft, Inc. Center Point, Indiana Permit Reviewer: Kristen Willoughby

#### Administrative Amendment No. 021-42222-00054 Amended by: Michaela Hecox

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Permit Requirement (specify permit	condition #)	A=====
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:	2	
Permit Requirement (specify permit	condition #)	# had - No. 8
Date of Deviation:	Duration of Deviation:	
Number of Deviations:		i i
Probable Gause of Deviation:		
Response Steps Taken:		
	and the second	

Form Completed by: Robert Mc Totosh

Title / Position: Assis, Plt, manager

Date: /- 3.3024

Phone: 8/2.835-2502