

JUN 24 2024

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

Dept of Environmental Mgmt  
Office of Air Quality

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F141-41670-00589

**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) April-May-June 2024 Qtrly

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

- 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) 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

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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 <sub>2</sub> , VOC, NO <sub>x</sub> , 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: April to June 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 61-63 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 \_\_\_\_\_

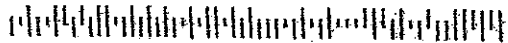
STATE OF INDIANA)  
)SS

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



to  
W. Chippewa 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**

S2324E501436-7

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