

Southwire Company Lafayette Plant, LLC
Lafayette, Indiana
Permit Reviewer: Daniel W. Pell

Minor Permit Revision 157-46857-00034
Revised by: Tamera Wessel

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F157-41088-00034

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

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

Source Name: Southwire Company Lafayette Plant, LLC
Source Address: 3400 Union Street, Lafayette, Indiana 47905
FESOP Permit No.: F157-41088-00034

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) Quarterly 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: Mike Humphrey

Title/Position: Plant Manager

Date: July 1, 2024

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

FESOP Quarterly Report

Source Name: Southwire Company Lafayette Plant, LLC
Source Address: 3400 Union Street, Lafayette, Indiana 47905
FESOP Permit No.: F157-41088-00034
Facility: Continuous Vulcanization Lines CV-1 through CV-8
Parameter: Annual Throughput Limit
Limit: The maximum source-wide Continuous Vulcanization Lines CV-1 through CV-8 throughput shall not exceed 15,000 tons per twelve (12) consecutive month period, with compliance determined at the end of each month.

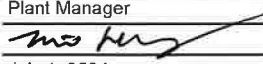
QUARTER: Q2 Apr-May-Jun YEAR: 2024

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
April	637.87	4914.76	5552.63
May	853.86	5098.90	5952.76
June	533.71	5479.63	6013.34

No deviation occurred in this quarter.

Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: Mike Humphrey
Title / Position: Plant Manager
Signature: 
Date: July 1, 2024
Phone: 317-833-3195

**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: Southwire Company Lafayette Plant, LLC
Source Address: 3400 Union Street, Lafayette, Indiana 47905
FESOP Permit No.: F157-41088-00034

Months: April to June Year: 2024

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<p>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".</p>	
<p><input checked="" type="checkbox"/> NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.</p>	
<p><input type="checkbox"/> THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD</p>	
<p>Permit Requirement (specify permit condition #)</p>	
<p>Date of Deviation:</p>	<p>Duration of Deviation:</p>
<p>Number of Deviations:</p>	
<p>Probable Cause of Deviation:</p>	
<p>Response Steps Taken:</p>	
<p>Permit Requirement (specify permit condition #)</p>	
<p>Date of Deviation:</p>	<p>Duration of Deviation:</p>
<p>Number of Deviations:</p>	
<p>Probable Cause of Deviation:</p>	
<p>Response Steps Taken:</p>	

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: Diane Jewell

Title / Position: EHS Manager

Date: July 1, 2024

Phone: 765-449-7335