DEPARTMENT OF ENVIRONMENTAL QUALITY

AIR QUALITY DIVISION

FCE Summary Report

Facility : Coding Products, A Division of Illinois Tool Works		**SRN :**	B6175
Location : 111 W. Park Dr.		**District :**	Gaylord
		County :	KALKASKA
City : KALKASKA **State:** MI **Zip Code :** 49646	**Compliance Status :**		Compliance
Source Class : MAJOR	**Staff :**		Becky Radulski
FCE Begin Date : 8/31/20	**FCE Completion Date :**		8/31/2021
Comments : FY scheduled inspection and records review			

List of Partial Compliance Evaluations :

Activity Date	Activity Type	Compliance Status	Comments
08/31/2021	On-site Inspection	Compliance	FY21 inspection and records review
03/11/2021	MAERS	Compliance	2020 MAERS, Check MAERS for any review comments
03/10/2021	ROP Annual Cert	Compliance	2020 Jan-Dec Annual Certification. Received on time, no issues.
03/10/2021	ROP SEMI 2 CERT	Compliance	Semi2 July-Dec 2020 Semi ROP Cert. Received on time, no issues.
03/10/2021	CAM Excursions/Exceedances	Compliance	Semi2 July - Dec 2020 CAM Excursions/Exceedances, no e/e reported
03/10/2021	CAM monitor downtime	Compliance	CAM Semi July-Dec 2020 monitor downtime reporting. No downtime reported. No issues.
03/10/2021	MACT (Part 63)	Compliance	Semi Annual reporting for 40 CFR Part 63 Subpart JJJJ - reporting was received on time, no deviations were reported. No issues with this submittal.
09/09/2020	CAM Excursions/Exceedances	Compliance	Semi annual CAM excursions/exceedances report - report received on time and properly certified. No deviations were reported.
09/09/2020	CAM monitor downtime	Compliance	Semi annual CAM monitor downtime report - report received on time and properly certified. No deviations were reported.

Activity Date	Activity Type	Compliance Status	Comments
09/09/2020	MACT (Part 63)	Compliance	Semi Annual reporting for 40 CFR Part 63 Subpart JJJJ - reporting was received on time, no deviations were reported. No issues with this submittal.
09/09/2020	ROP Semi 1 Cert	Compliance	received on time, no deviations reported, no issues

Name: _____   **Date:** _____   **Supervisor:** _____