Ohio Environmental Protection Agency
Deviation Reporting Form

Sig

TY NAME: BASF Corp.			
TY ID (PREMISE NUMBER): 02-47-04-0195			
TY ADDRESS: 120 Pine Street, Elyria, OH 44035			
e or most recent modification date: 07/27/01			
TERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From and To if this report does include semiannual deviation reporting)	
01/01/2015	To: 03/31/2015	From: NA	To: NA
ages in report, including this one: 23 pages			
list any supporting attachments			
ng deadline: 04/30/12015			

NOTE: The deviation reporting period shall be stated in the following format: Axx/xx/xx through zz/zz/zz@ where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

SIGNATURE FOR STATEMENT
This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes
a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

CERTIFICATION
Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this
Title V report are true, accurate and complete to the best of my knowledge.

TitleVDeviationReport_2ndQrt2013.doc

Authorized Signature _____Date _____

Name (Please Print) _____Title _____

Ohio Environmental Protection Agency
Section I- Page 1
Deviation Reporting

ACILITY NAME: BASF Corp.			
ACILITY ID (PREMISE NUMBER): 02-47-04-0195			
ACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
ssuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
rom: 01/01/2015	To: 03/31/2015	From: NA	To: NA
Reporting deadline: 04/30/2015			

Ohio Environmental Protection Agency
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate AN/A@ below in the AFr this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

SECTION I -
704.05(H), **PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)**
Mark the following box with an >X= if no General Terms and Conditions deviations occurred

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD

Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) **(Table2)**

PERMIT RM scription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIO PREVENTATIVE MEASURE
	Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

TITLEVDEVIATIONREPORT_2NDQRT2013.DOC 11/2005

Ohio Environmental Protection Agency
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate AN/A@ below in the AFr this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

PERMIT RM scription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIO PREVENTATIVE MEASURE
	Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

TITLEVDEVIATIONREPORT_2NDQRT2013.DOC 11/2005

Ohio Environmental Protection Agency
Section II- Page 1
Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 01/01/2015	To: 03/31/2015	From: NA	To: NA
Reporting deadline: 04/30/2015			

Section II - Part II Facility-wide Permit Requirement Reporting

Insignificant Emissions Unit Negative Declarations (Table1)

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A LE V PERMIT:
Tray Dryers, Littleford mixer
HC-11 Tanks
General Catalyst Dryers 4 and 5
Nitric Acid Dilution
ZR Sinter Furnace
Ammonia Stripper
Horne Tableting Machines
Kewanee Boiler, rated at 8.6 MMBTU/hr

Ohio Environmental Protection Agency
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Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 01/01/2015	To: 03/31/2015	From: NA	To: NA
Reporting deadline: 04/30/2015			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS **FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A LE V PERMIT:**

Kewanee Boiler, rated at 8.6 MMBTU/hr
Kewanee Boiler, rated at 8.6 MMBTU/hr
Kewanee Boiler, rated at 8.6 MMBTU/hr

Ohio Environmental Protection Agency
Section II- Page 3
Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 01/01/2015	To: 03/31/2015	From: NA	To: NA
Reporting deadline: 04/30/2015			

Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable) **(Table 2)**

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

r IEU T iption s for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUN WRIT REPOR DATE (If no reports state ANO R in the spac
	Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE / TIME START	DATE / TIME END						

Ohio Environmental Protection Agency
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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 01/01/2015	To: 03/31/2015	From: NA	To: NA
Reporting deadline: 04/30/2015			

r IEU T iption s for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUN WRIT REPOR DATE (If no reports state ANO R in the spac
	Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE / TIME START	DATE / TIME END						

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Ohio Environmental Protection Agency
Section III- Page 1
Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

Ohio Environmental Protection Agency
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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)
List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there no Semiannual Deviations - If an >X= is not indi the deviation(s) must be identified in Table2 b
	X	X
	X	X
	X	X
		X
		X
	X	X

Ohio Environmental Protection Agency
Section III- Page 2
Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X

TitleVDeviationReport_1stQrt2014.doc

Ohio Environmental Protection Agency
Section III- Page 3
Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

	X	X
		X
	X	X
		X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X

TitleVDeviationReport_1stQrt2014.doc

Ohio Environmental Protection Agency
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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
		X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
	Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION				
				DATE/TIME START	DATE/TIME END					
B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	01/16/15 0800	01/16/15 1700	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
Y R	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	01/25/15 0800	01/25/15 1900	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Calciner taken offline	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
Y R	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	02/01/15 1600	02/02/15 0030	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
Y R	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	02/03/15 0500	02/03/15 1300	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

Ohio Environmental Protection Agency
Section III- Page 9
Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
/ R	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	01/16/15 0800	01/16/15 1700	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
/ R	B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	01/25/15 0800	01/25/15 1900	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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From: 10/01/14	To: 12/31/14	From: NA	To: NA
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		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
R	B.II.2- The scrubber liquor liquid must be maintained within the range of 10 to 12 s.u. is in operation.	X		pH readings of the Trimer scrubber	01/06/15 2100	01/07/15 0100	pH greater than 12 s.u.	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	

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Deviation Reporting

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From: 10/01/14	To: 12/31/14	From: NA	To: NA
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s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
R	B.II.2- The scrubber liquor liquid must be maintained within the range of 10 to 12 s.u. is in operation.	X		pH readings of the Trimer scrubber	01/12/15 2100	01/12/15 2300	pH greater than 12 s.u.	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
R	B.II.2- The scrubber liquor liquid must be maintained within the range of 10 to 12 s.u. is in operation.	X		pH readings of the Trimer scrubber	03/27/15 0400	03/27/15 2030	pH greater than 12 s.u.	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
R	B.II.2- The scrubber liquor liquid must be maintained within the range of 10 to 12 s.u. is in operation.	X		pH readings of the Trimer scrubber	03/28/15 0200	03/28/15 0500	pH greater than 12 s.u.	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i v R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
/ R	B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 0.6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	01/06/15 2100	01/13/15 2300	ΔP greater than 0.6"WC across first stage	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
/ R	B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 0.6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	03/20/15 0000	03/22/15 1100	ΔP greater than 0.6"WC across first stage	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
V R	B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 0.6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	03/2515 0000	03/25/15 2000	ΔP greater than 0.6"WC across first stage	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w R the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
/ R	B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 0.6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	03/27/15 0400	03/29/15 0200	ΔP greater than 0.6"WC across first stage	Permit condition issue associated with P080	Corrective action plan submitted to the Ohio EPA.	No	No	
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/02/15 1900	01/03/15 0500	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/12/15 2100	01/12/14 2300	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/13/15 2300	01/14/15 1100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/16/15 0000	01/16/15 0800	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/17/15 0400	01/17/15 2100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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Reporting deadline: 01/31/15			

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		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/18/15 0500	01/18/15 0800	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/31/15 1330	01/31/15 1500	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	02/05/15 1100	02/05/15 1900	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	02/07/15 2000	02/07/15 2300	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MA R (i w the
		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	02/08/15 1200	02/08/15 2000	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	02/18/15 2003	02/19/15 0000	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	01/11/15 1300	01/11/15 2100	pH meter readings less than 6 s.u..	Caustic feed	Caustic flow increased	No	No	No
s	A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than 1" WC.	X		Pressure drop readings	11/04/14 0200	11/05/14 0500	ΔP less than 1"WC across first stage	Scrubber water flow rate/air flow issues	Lines flushed	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than 1" WC.	X		Pressure drop readings	11/13/14 0600	11/15/14 0600	ΔP less than 1"WC across first stage	Scrubber water flow rate/air flow issues	Lines flushed	No	No	No
	Pressure drop across the baghouse shall be maintained between 1 to 4" WC while the unit is in operation.	X		Daily pressure readings across the baghouse	01/10/15 0115	01/11/15 2300	ΔP readings below 1 "WC	Low flow	Adjusted	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	Pressure drop across the baghouse shall be maintained between 1 to 4" WC while the unit is in operation.	X		Daily pressure readings across the baghouse	03/27/15 0400	03/28/15 0200	ΔP readings below 1 "WC	Low flow	Adjusted	No	No	No
	Pressure drop across the baghouse shall be maintained between 1 to 4" WC while the unit is in operation.	X		Daily pressure readings across the baghouse	03/29/15 0200	03/31/15 0200	ΔP readings below 1 "WC	Low flow	Adjusted	No	No	No

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		**SEMIANNUAL** Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
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		Quarterly	Semi-Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	Pressure drop across the baghouse shall be maintained between 1 to 4" WC while the unit is in operation.	X		Daily pressure readings across the baghouse	01/20/15 0400	01/21/15 0300	ΔP readings above 4 "WC	Filter media requires cleaning	Media cleaned	No	No	No
	A.III.1-Visible Emissions	X		Observed by employee	01/02/15 1150	01/02/15 1205	Visible emissions	pH to low in scrubber	pH adjusted up	No	No	No

See page 3 of the instructions A**SECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE**@ for guidance on this table.

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