

DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF AIR POLLUTION CONTROL

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NOTICE OF INTENT (NOI) FOR DIVISION OF AIR POLLUTION CONTROL PERMIT-BY-RULE (PBR)

0683956

	FACILIT	TY INFORMATION			
Organization's legal na	ame				
Mu	MI ADU LIQUINON				
Facility name (if differen	nt from legal name)				
MILLYO	hu Exovers 48	5562	1		
Site address (St./Rd./H	wy.)	County name			
1 310 Wint	ieto annexuu	SPUILL			
City	TO VISCOS POR TO	Zip code			
Sevieni	He.	378102			
Problem Color	CONTACT INFORMAT	TON (RESPONSIE	BLE PERSON)		
Responsible person/A	thorized contact	Phone number with area code			
Krystal Torr	E4		070 Le77/01/10		
Mailing address (St./Rd	./Hŵy.)		Fax number with area code		
PU 100 (73	00		258		
City	State	Zip code	Email address		
DIWIND	CONTACTINEC	RMATION (TECH	Krystal terrellamurphyuon cm		
Principal technical con	The state of the s	KWATION (TECH	Phone number with area code		
	ijschke		5703159487		
Mailing address (St./Rd	./Hwy.)		Fax number with area code		
PO BOV 73					
City	State	Zip code	Email address		
ENOO AOO	AR	71731	lovad weinischkan mur onwioal.com		
	YPE OF NOTIFICATION OF	AUTHORIZATION			
New Construction	Existing Source w/o Permit		isting Permit Change of Ownership		
			with PBR Emission Source Reference Number:		
Construction Clarting Dat	C.	Emission of	Emission Source Reference Number.		
Construction Completion	Date:		Existing Permit Number:		
			83956		
Describe changes and/o	or modifications that have be	en made, since tl	he last permit application or NOI:		

PERMIT-BY-RULE CATEGORY									
For which PBR category is an NOA being requested? Potentially eligible categories are listed at Tenn. Comp. R. & Regs. 1200-03-0907(5).									
Gasoline Dispensing Facility	Yes No	If Auto Body refinishing facility is not subject to 40 CFR 63 Subpart HHHHHH Miscellaneous Surface Coating and Paint Stripping rele (6H							
Auto body refinishing subject to 6h	Yes No	rule), complete Opt-Out petition instead of this							
Stationary emergency engine	Yes No No	form							
CERTIFICATION OF ELIGIBILITY									
potential to emit 100 tons per ye	e is located does not have the ear or greater of any air pollutant aken limits to reduce its potential to	Agree 🔯	Disagree						
potential to emit ten (10) tons per air pollutant or twenty-five (25)	e is located does not have the year or more of a single hazardous tons per year or more of any utants and has not taken limits to nese thresholds.	Agree 📈	Disagree						
The facility is/is not located in a or extreme non-attainment for ozo	county designated serious, severe, ne.	ls 🔲	Is Not						
serious, severe, or extreme non-	s located is in a county designated attainment for ozone, this source lit ten (10) tons per year or more of compounds.	Agree 🛱	Disagree						
	SOURCE-SPECIFIC INFORM	MATION							
Gasoline Dispensing Facilities	Maximum monthly throughput in ga								
List Pollution Control Devices (equipment such as submerged fill or Stage I vapor controls. If equipment details are known, list them. If not, list if submerged fill or Stage I vapor controls are present)		× 1							
Auto Body Refinishing (If facility is not subject to 6H, complete Opt-Out petition instead of this form)	Methylene chloride used?	Yes [□ No K						
List Pollution Control Devices (include paint booths, HVLP, and similar pollution control devices)			*						

Emerger additiona	ncy Stationary En I room is needed,	gine(s) – Please comple please attach a separate	ete the following in page with the ren	nformation for all naining engines a	emergency sta and required in	ationary engines. If formation.	
Number of Engines	Brief Description of Engine Purpose	Operated only during emergencies ¹	Engine Manufacture Date(s) (approximate) ²	Engine Capacity in Horsepower ³	Engine Fuel Type(s)	List Pollution Control Devices (such as low NOX burner)	
		Yes No					
		Yes No					
		Yes No	- v.		e e		
	-	Yes No		_		-	
		Yes No					
		Yes No					
	s. y	Yes No					
If an engine having to a	e is known to be n pproximate the ma	non-emergency operation nanufactured prior to Apr anufactured date. ator, be sure to list the <u>en</u>	il 2005, you may i	ndicate 'manufac	tured prior to A	April 2005' without	
mentioned :	facility, certify tha the best of my k	d belief formed after a t the information contain nowledge. As specified	ed in this applica	tion and any atta	ched application	on(s) is accurate	
Responsib	le person signati	ure (application must be	signed before it w	rill be processed)	Date		
Responsible person printed name Title					Phone r	Phone number with	
	LIPWELL		Me Spein	ril (x+	area co		



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