

State of Tennessee  
 Department of Environment and Conservation  
 Division of Air Pollution Control  
 William R. Snodgrass Tennessee Tower  
 312 Rosa L. Parks Avenue, 15<sup>th</sup> Floor  
 Nashville, TN 37243  
 Telephone: (615) 532-0554



APC 100

EG-1

### NON-TITLE V PERMIT APPLICATION FACILITY IDENTIFICATION

Please type or print and submit in duplicate for each emission source. Attach appropriate source description forms.				
SITE INFORMATION				
1. Organization's legal name <b>CLEVELAND TN HOSPITAL CO., LLC</b>		For APC use only	APC Company point no.	
2. Site name (if different from legal name) <b>SKIDGE MEDICAL CENTER</b>			APC Log/Permit no.	
3. Site address (St./Rd./Hwy.) <b>2305 CHAMBUSS AVE., NW</b>		County name <b>BRADLEY</b>		
City or distance to nearest town <b>CLEVELAND, TN</b>		Zip code <b>37320</b>	4. NAICS or SIC code <b>N/A</b>	
5. Site location (in lat./long.)	Latitude <b>35° 10' 41"</b>	Longitude <b>84° 52' 13"</b>		
CONTACT INFORMATION (RESPONSIBLE PERSON)				
6. Responsible person/Authorized contact <b>JEFF PRINE</b>		Phone number with area code <b>615-559-6016</b>		
Mailing address (St./Rd./Hwy.) <b>SAME AS ABOVE</b>		Fax number with area code		
City	State	Zip code	Email address <b>JEFF_PRINE@CHS.NET</b>	
CONTACT INFORMATION (TECHNICAL)				
7. Principal technical contact <b>JEFF PRINE</b>		Phone number with area code <b>SAME AS ABOVE</b>		
Mailing address (St./Rd./Hwy.) <b>SAME AS ABOVE</b>		Fax number with area code		
City	State	Zip code	Email address <b>SAME AS ABOVE</b>	
CONTACT INFORMATION (BILLING)				
8. Billing contact <b>JEFF PRINE</b>		Phone number with area code <b>SAME AS ABOVE</b>		
Mailing address (St./Rd./Hwy.) <b>SAME AS ABOVE</b>		Fax number with area code		
City	State	Zip code	Email address <b>SAME AS ABOVE</b>	
EMISSION SOURCE INFORMATION				
9. Emission source no. (number which uniquely identifies this source) <b>999</b>				
10. Brief description of emission source <b>1500 KW DIESEL FIRED EMERGENCY GENERATOR</b>				
11. Normal operation:	Hours/Day <b>1</b>	Days/Week <b>1</b>	Weeks/Year <b>52</b>	Days/Year <b>2.2</b>
12. Percent annual throughput	Dec. - Feb. <b>25%</b>	March - May <b>25%</b>	June - August <b>25%</b>	Sept. - Nov. <b>25%</b>

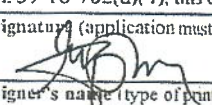
TYPE OF PERMIT REQUESTED				
13. Operating permit (✓)	Date construction started 2009	Date completed 2009	Last permit no. 966489P	Emission source reference number 999
Construction permit ( )	Last permit no.		Emission source reference number	
If you choose Construction permit, then choose either New Construction, Modification, or Location transfer				
	New Construction ( )	Starting date	Completion date	
	Modification ( )	Date modification started or will start	Date completed or will complete	
	Location transfer ( )	Transfer date	Address of last location	
14. Describe changes that have been made to this equipment or operation since the last construction or operating permit application:  NONE				
SIGNATURE				
Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application and any attached application(s) is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.				
15. Signature (application must be signed before it will be processed)			Date	
			9-16-13	
Signer's name (type or print) JEFF PRUE		Title DPO	Phone number with area code 423-559-6016	

Table of Pollution Reduction Device or Method Codes

Note: For cyclones, settling chambers, wet scrubbers, and electrostatic precipitators; the efficiency ranges correspond to the following percentages:  
 High: 95-99+%      Medium: 80-95%      And Low: Less than 80%  
 If the system has several pieces of connected control equipment, indicate the sequence. For example: 003'010.97%  
 If none of the below codes fit, use 999 as a code for other and specify in the comments.

No Equipment.....	000	Limestone Injection - Dry.....	041
Activated Carbon Adsorption.....	048	Limestone Injection - Wet.....	042
Afterburner - Direct Flame.....	021	Liquid Filtration System.....	049
Afterburner - Direct Flame with Heat Exchanger.....	022	Mist Eliminator - High Velocity.....	014
Afterburner - Catalytic.....	019	Mist Eliminator - Low Velocity.....	015
Afterburner - Catalytic with Heat Exchanger.....	020	Process Change.....	046
Alkalinized Alumina.....	040	Process Enclosed.....	054
Catalytic Oxidation - Flue Gas Desulfurization.....	039	Process Gas Recovery.....	060
Cyclone - High Efficiency.....	007	Settling Chamber - High Efficiency.....	004
Cyclone - Medium Efficiency.....	008	Settling Chamber - Medium Efficiency.....	005
Cyclone - Low Efficiency.....	009	Settling Chamber - Low Efficiency.....	006
Dust Suppression by Chemical Stabilizers or Wetting Agents.....	062	Spray Tower (Gaseous Control Only).....	052
Electrostatic Precipitator - High Efficiency.....	010	Sulfuric Acid Plant - Contact Process.....	043
Electrostatic Precipitator - Medium Efficiency.....	011	Sulfuric Acid Plant - Double Contact Process.....	044
Electrostatic Precipitator - Low Efficiency.....	012	Sulfur Plant.....	045
Fabric Filter - High Temperature.....	016	Vapor Recovery System (Including Condensers, Hooding and Other Enclosures).....	047
Fabric Filter - Medium Temperature.....	017	Venturi Scrubber (Gaseous Control Only).....	053
Fabric Filter - Low Temperature.....	018	Wet Scrubber - High Efficiency.....	001
Fabric Filter - Metal Screens (Cotton Gins).....	039	Wet Scrubber - Medium Efficiency.....	002
Flaring.....	023	Wet Scrubber - Low Efficiency.....	003
Gas Adsorption Column - Packed.....	050	Wet Suppression by Water Sprays.....	061
Gas Adsorption Column - Tray Type.....	051		
Gas Scrubber (General Not Classified).....	013		

Table of Emission Estimation Method Codes

Not application / Emissions are known to be zero.....	0
Emissions based on source testing.....	1
Emissions based on material balance using engineering expertise and knowledge of process.....	2
Emissions calculated using emission factors from EPA publications No. AP-42 Compilation of Air Pollution Emissions Factors.....	3
Judgment.....	4
Emissions calculated using a special emission factor different from that in AP-42.....	5
Other (Specify in comments).....	6



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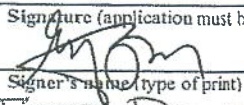


APC 100

EG-2

### NON-TITLE V PERMIT APPLICATION FACILITY IDENTIFICATION

Please type or print and submit in duplicate for each emission source. Attach appropriate source description forms.				
SITE INFORMATION				
1. Organization's legal name <b>CLEVELAND TN HOSPITAL CO., LLC</b>		For APC use only	APC Company point no.	
2. Site name (if different from legal name) <b>SKYRIDGE MEDICAL CENTER</b>			APC Log/Permit no.	
3. Site address (St./Rd./Hwy.) <b>2305 CHAMBLISS AVE., NW</b>		County name <b>BRADLEY</b>		
City or distance to nearest town <b>CLEVELAND, TN</b>		Zip code <b>37320</b>		4. NAICS or SIC code <b>N/A</b>
5. Site location (in lat./long.)	Latitude <b>35° 10' 41"</b>	Longitude <b>84° 52' 13"</b>		
CONTACT INFORMATION (RESPONSIBLE PERSON)				
6. Responsible person/Authorized contact <b>JEFF PRINE</b>		Phone number with area code <b>423-559-6016</b>		
Mailing address (St./Rd./Hwy.) <b>SAME AS ABOVE</b>		Fax number with area code		
City	State	Zip code	Email address <b>JEFF_PRINE@CHS.NET</b>	
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Mailing address (St./Rd./Hwy.) <b>SAME AS ABOVE</b>		Fax number with area code		
City	State	Zip code	Email address <b>SAME AS ABOVE</b>	
CONTACT INFORMATION (BILLING)				
8. Billing contact <b>JEFF PRINE</b>		Phone number with area code <b>SAME AS ABOVE</b>		
Mailing address (St./Rd./Hwy.) <b>SAME AS ABOVE</b>		Fax number with area code		
City	State	Zip code	Email address <b>SAME AS ABOVE</b>	
EMISSION SOURCE INFORMATION				
9. Emission source no. (number which uniquely identifies this source) <b>999</b>				
10. Brief description of emission source <b>800 KW DIESEL FIRED EMERGENCY GENERATOR</b>				
11. Normal operation:	Hours/Day <b>1</b>	Days/Week <b>1</b>	Weeks/Year <b>52</b>	Days/Year <b>2.2</b>
12. Percent annual th throughput	Dec. - Feb. <b>25%</b>	March - May <b>25%</b>	June - August <b>25%</b>	Sept. - Nov. <b>25%</b>

TYPE OF PERMIT REQUESTED				
13. Operating permit (✓)	Date construction started 2009	Date completed 2009	Last permit no. 966724P	Emission source reference number 999
Construction permit ( )	Last permit no.		Emission source reference number	
If you choose Construction permit, then choose either New Construction, Modification, or Location transfer				
	New Construction ( )	Starting date	Completion date	
	Modification ( )	Date modification started or will start	Date completed or will complete	
	Location transfer ( )	Transfer date	Address of last location	
14. Describe changes that have been made to this equipment or operation since the last construction or operating permit application: NONE				
SIGNATURE				
Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application and any attached application(s) is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.				
15. Signature (application must be signed before it will be processed)			Date	
			9-16-13	
Signer's name (type of print) JEFF PRIME		Title DPO	Phone number with area code 423-559-6016	

#### Table of Pollution Reduction Device or Method Codes

Note: For cyclones, settling chambers, wet scrubbers, and electrostatic precipitators, the efficiency ranges correspond to the following percentages:  
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If the system has several pieces of connected control equipment, indicate the sequence. For example 008'010.97%  
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Electrostatic Precipitator - Medium Efficiency.....	011	Sulfuric Acid Plant - Double Contact Process.....	044
Electrostatic Precipitator - Low Efficiency.....	012	Sulfur Plant.....	045
Fabric Filter - High Temperature.....	016	Vapor Recovery System (Including Condensers, Flooding and Other Enclosures).....	047
Fabric Filter - Medium Temperature.....	017	Venturi Scrubber (Gaseous Control Only).....	053
Fabric Filter - Low Temperature.....	018	Wet Scrubber - High Efficiency.....	001
Fabric Filter - Metal Screens (Cotton Gins).....	059	Wet Scrubber - Medium Efficiency.....	002
Flaring.....	023	Wet Scrubber - Low Efficiency.....	003
Gas Adsorption Column - Packed.....	050	Wet Suppression by Water Sprays.....	061
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Gas Scrubber (General: Not Classified).....	013		

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Emissions calculated using emission factors from EPA publications No. AP-42 Compilation of Air Pollution Emissions Factors.....	3
Judgment.....	4
Emissions calculated using a special emission factor different from that in AP-42.....	5
Other (Specify in comments).....	6





NOT TO BE USED FOR TITLE V APPLICATIONS

PERMIT APPLICATION

APC 20

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH EMISSION SOURCE. ATTACH APPROPRIATE SOURCE DESCRIPTION FORMS.

<b>1. ORGANIZATION'S LEGAL NAME</b> Cleveland TN Hospital Co., LLC			/// FOR	APC COMPANY--POINT NO.
<b>2. MAILING ADDRESS (ST/RD/P.O. BOX)</b> P.O. Box 3060			/// APC	APC LOG/PERMIT NO.
<b>CITY</b> Cleveland	<b>STATE</b> TN	<b>ZIP CODE</b> 37320	<b>PHONE WITH AREA CODE</b> (423) 559-6000	
<b>3. PRINCIPAL TECHNICAL CONTACT</b> Jeff Prine			<b>PHONE WITH AREA CODE</b> (423) 559-6016	
<b>4. SITE ADDRESS (ST/RD/HWY)</b> 2305 Chambliss Ave NW			<b>COUNTY NAME</b> Bradley	
<b>CITY OR DISTANCE TO NEAREST TOWN</b> Cleveland		<b>ZIP CODE</b> 37311	<b>PHONE WITH AREA CODE</b> (423) 559-6000	
<b>5. EMISSION SOURCE NO. (NUMBER WHICH UNIQUELY IDENTIFIES THIS SOURCE)</b> 06-0056-01		<b>PERMIT RENEWAL</b> YES ( ) NO (x )		

**6. BRIEF DESCRIPTION OF EMISSION SOURCE**

Emergency generator used during power outages. It is run 1 day a week for 30 minutes no load, 1 day a month for 30 minutes under load and once annually for 4 hour load bank test.

Generator - #1 CAT

<b>7. TYPE OF PERMIT REQUESTED</b>				
CONSTRUCTION	STARTING DATE	COMPLETION DATE	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
OPERATING (x )	DATE CONSTRUCTION STARTED 1994	DATE COMPLETED 1994	LAST PERMIT NUMBER N/A	EMISSION SOURCE REFERENCE NUMBER 06-0056-01
LOCATION TRANSFER ( )	TRANSFER DATE		LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
ADDRESS OF LAST LOCATION				

**8. DESCRIBE CHANGES THAT HAVE BEEN MADE TO THIS EQUIPMENT OR OPERATION SINCE THE LAST CONSTRUCTION OR OPERATING PERMIT APPLICATION.**

<b>9. SIGNATURE (APPLICATION MUST BE SIGNED BEFORE IT WILL BE PROCESSED)</b> 		<b>DATE</b> 8/10/12
<b>10. SIGNER'S NAME (TYPE OR PRINT)</b> Jeff Prine	<b>TITLE</b> Facilities Director	<b>PHONE WITH AREA CODE</b> (423) 559-6016

COPY



NOT TO BE USED FOR TITLE V APPLICATIONS

## EMISSION POINT DESCRIPTION

APC 22

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH STACK OR EMISSION POINT. ATTACH TO THE PERMIT APPLICATION.						
1. ORGANIZATION NAME Cleveland TN Hospital Co., LLC					///	APC COMPANY POINT NO.
2. EMISSION SOURCE NO. (FROM APPLICATION) 06-0056-01					///	APC SEQUENCE NO.
3. LOCATION:					FOR	
LATITUDE 35° 10' 41"		LONGITUDE 84° 52' 13"		UTM VERTICAL N/A	UTM HORIZONTAL N/A	
4. BRIEF EMISSION POINT DESCRIPTION (ATTACH A SKETCH IF APPROPRIATE): Emergency generators used during power outages. They are run 1 day a week on no load, 1 day a month under load and annually load banked. <i>Generator - CAT #1</i>					DISTANCE TO NEAREST PROPERTY LINE (FT) 15'	
COMPLETE LINES 5 AND 6 IF DIFFERENT FROM THAT ON THE PROCESS OR FUEL BURNING SOURCE DESCRIPTION (APC 21)						
5. NORMAL OPERATION:	HOURS/DAY 1	DAYS/WEEK 1	WEEK/YEAR 52	DAYS/YEAR 1		
6. PERCENT ANNUAL THROUGHPUT:	DEC.-FEB. 25%	MARCH-MAY 25%	JUNE-AUG. 25%	SEPT.-NOV. 25%		
7. STACK OR EMISSION POINT DATA:	HEIGHT ABOVE GRADE ( FT ) 32'	DIAMETER (FT) 12"	TEMPERATURE (°F) 300	% OF TIME OVER 125°F 100%	DIRECTION OF EXIT (UP, DOWN OR HORIZONTAL) Up	
DATA AT EXIT CONDITIONS:	FLOW (ACTUAL FT <sup>3</sup> /MIN.) N/A	VELOCITY (FT/SEC) N/A	MOISTURE (GRAINS/FT <sup>3</sup> ) N/A		MOISTURE (PERCENT) N/A	
DATA AT STANDARD CONDITIONS:	FLOW (DRY STD. FT <sup>3</sup> /MIN) N/A	VELOCITY (FT/SEC) N/A	MOISTURE (GRAINS/FT <sup>3</sup> ) N/A		MOISTURE (PERCENT) N/A	
8. AIR CONTAMINANTS	ACTUAL EMISSIONS			EMISSIONS* EST. METHOD	CONTROL DEVICES*	CONTROL EFFICIENCY%
	EMISSIONS (LBS/HR)	CONCENTRATION	AVG. EMISSIONS (TONS/YR)			
	AVERAGE	MAXIMUM				
PARTICULATES			**			
SULFUR DIOXIDE			***			
CARBON MONOXIDE			PPM			
ORGANIC COMPOUNDS			PPM			
NITROGEN OXIDES			PPM			
FLUORIDES						
OTHER( SPECIFY )						
OTHER( SPECIFY )						

( OVER )

9. CHECK TYPES OF MONITORING AND RECORDING INSTRUMENTS THAT ARE ATTACHED:  
OPACITY MONITOR ( ☐ ), SO<sub>2</sub> MONITOR ( ☐ ), NO<sub>x</sub> MONITOR ( ☐ ), OTHER (SPECIFY IN COMMENTS) ( ☐ )
10. COMMENTS

11. SIGNATURE 	DATE 8/10/12
--	-----------------

- \* REFER TO THE BACK OF THE PERMIT APPLICATION FORM FOR ESTIMATION METHOD AND CONTROL DEVICE CODES.
- \*\* EXIT GAS PARTICULATE CONCENTRATION UNITS: PROCESS — GRAINS/DRY STANDARD FT<sup>3</sup> ( 70°F ); WOOD FIRED BOILERS — GRAINS/DRY STANDARD FT<sup>3</sup> ( 70°F ); ALL OTHER BOILERS — LBS/MILLION BTU HEAT INPUT.
- \*\*\* EXIT GAS SULFUR DIOXIDE CONCENTRATIONS UNITS: PROCESS — PPM BY VOLUME, DRY BASES; BOILERS — LBS/MILLION BTU HEAT INPUT.





NOT TO BE USED FOR TITLE V APPLICATIONS

## PROCESS OR FUEL BURNING SOURCE DESCRIPTION

APC21(& 24)

PLEASE TYPE OR PRINT, SUBMIT IN DUPLICATE AND ATTACH TO THE PERMIT APPLICATION.

1. ORGANIZATION NAME Cleveland TN Hospital Co., LLC		/// FOR	APC COMPANY-POINT NO.
2. EMISSION SOURCE NO. (AS ON PERMIT APPLICATION) 06-0056-01		SIC CODE /// APC	APC PERMIT/LOG NO.
3. DESCRIPTION OF PROCESS OR FUEL BURNING UNIT Emergency generators used during power outages. They are run 1 day a week no load, 1 day a month under load and once annually load banked.			
<i>Generator - CAT #1</i>			
4. NORMAL OPERATION: →	HOURS/DAY 1	DAYS/WEEK 1	WEEKS/YEAR 52
5. PERCENT ANNUAL THROUGHPUT: →	DEC.-FEB. 25%	MARCH-MAY 25%	JUNE-AUG. 25%
6. TYPE OF PERMIT APPLICATION			(CHECK BELOW ONE ONLY)
PROCESS SOURCE: APPLY FOR A SEPARATE PERMIT FOR EACH SOURCE. (CHECK AT RIGHT, AND COMPLETE LINES 7, 8, 13, AND 14).			( )
PROCESS SOURCE WITH IN-PROCESS FUEL: PRODUCTS OF COMBUSTION CONTACT MATERIALS HEATED. APPLY FOR A SEPARATE PERMIT FOR EACH SOURCE. (CHECK AT RIGHT, AND COMPLETE LINES 7, 8, AND 10 THROUGH 14)			( )
NON-PROCESS FUEL BURNING SOURCE: PRODUCTS OF COMBUSTION DO NOT CONTACT MATERIALS HEATED. COMPLETE THIS FORM FOR EACH BOILER OR FUEL BURNER AND COMPLETE AN EMISSION POINT DESCRIPTION FORM (APC 22) FOR EACH STACK. (CHECK AT RIGHT, AND COMPLETE LINES 9 TO 14)			( x )
7. TYPE OF OPERATION: CONTINUOUS, ( )		BATCH ( )	NORMAL BATCH TIME
8. PROCESS MATERIAL INPUTS AND IN-PROCESS SOLID FUELS		DIAGRAM* REFERENCE	INPUT RATES (POUNDS/HOUR) DESIGN ACTUAL
A.			/ /
B.			/ /
C.			/ /
D.			/ /
E.			/ /
F.			/ /
G.			/ /
TOTALS			/ /

\* A SIMPLE PROCESS FLOW DIAGRAM MUST BE ATTACHED.

( OVER )



9. BOILER OR BURNER DATA: ( COMPLETE LINES 9 TO 14 USING A SEPARATE FORM FOR EACH BOILER )					
BOILER NUMBER	STACK NUMBER**	TYPE OF FIRING***	RATED BOILER HORSEPOWER	RATED INPUT CAPACITY (10 <sup>6</sup> BTU/HR)	OTHER BOILER RATING (SPECIFY CAPACITY AND UNITS)
N/A	N/A	N/A	N/A	N/A	N/A
BOILER SERIAL NO.		DATE CONSTRUCTED	DATE OF LAST MODIFICATION (EXPLAIN IN COMMENTS BELOW).		
N/A		N/A	N/A		

\*\* BOILERS WITH A COMMON STACK WILL HAVE THE SAME STACK NUMBER.

\*\*\* CYCLONE, SPREADER ( WITH OR WITHOUT REINJECTION ), PULVERIZED ( WET OR DRY BOTTOM, WITH OR WITHOUT REINJECTION ), OTHER STOKER ( SPECIFY TYPE ), HAND FIRED, AUTOMATIC, OR OTHER TYPE ( DESCRIBE BELOW IN COMMENTS ).

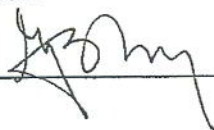
10. FUEL DATA: ( COMPLETE FOR A PROCESS SOURCE WITH IN-PROCESS FUEL OR A NON-PROCESS FUEL BURNING SOURCE )							
PRIMARY FUEL TYPE( SPECIFY )				STANDBY FUEL TYPE( S )( SPECIFY )			
Fuel Oil #2 (Diesel)				N/A			
FUELS USED	ANNUAL USAGE	HOURLY USAGE		% SULFUR	% ASH	BTU VALUE OF FUEL	(FOR APC ONLY) SCC CODE
		DESIGN	AVERAGE				
NATURAL GAS:	10 <sup>6</sup> CUFT	CUFT	CUFT	///	///	1,000	
				///	///		
#2 FUEL OIL:	10 <sup>3</sup> GAL	GAL	GAL		///		
Diesel	1200	165	3.65		///		
#5 FUEL OIL:	10 <sup>3</sup> GAL	GAL	GAL		///		
					///		
#6 FUEL OIL:	10 <sup>3</sup> GAL	GAL	GAL		///		
					///		
COAL:	TONS	LBS	LBS				
WOOD:	TONS	LBS	LBS	///	///		
				///	///		
LIQUID PROPANE:	10 <sup>3</sup> GAL	GAL	GAL	///	///	85,000	
				///	///		
OTHER (SPECIFY TYPE & UNITS.):							

11. IF WOOD IS USED AS A FUEL, SPECIFY TYPES AND ESTIMATE PERCENT BY WEIGHT OF BARK

12. IF WOOD IS USED WITH OTHER FUELS, SPECIFY PERCENT BY WEIGHT OF WOOD CHARGED TO THE BURNER.

13. COMMENTS

14. SIGNATURE



DATE

8/10/12



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## PERMIT APPLICATION

APC 20

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH EMISSION SOURCE. ATTACH APPROPRIATE SOURCE DESCRIPTION FORMS.

1. ORGANIZATION'S LEGAL NAME Cleveland TN Hospital Co., LLC			// /	APC COMPANY--POINT NO.
2. MAILING ADDRESS (ST/RD/P.O. BOX) P.O. Box 3060			// /	APC LOG/PERMIT NO.
CITY Cleveland	STATE TN	ZIP CODE 37320	PHONE WITH AREA CODE (423) 559-6000	
3. PRINCIPAL TECHNICAL CONTACT Jeff Prine			PHONE WITH AREA CODE (423) 559-6016	
4. SITE ADDRESS (ST/RD/HWY) 2305 Chambliss Ave NW			COUNTY NAME Bradley	
CITY OR DISTANCE TO NEAREST TOWN Cleveland		ZIP CODE 37311	PHONE WITH AREA CODE (423) 559-6000	
5. EMISSION SOURCE NO. (NUMBER WHICH UNIQUELY IDENTIFIES THIS SOURCE) 06-0056-01		PERMIT RENEWAL YES ( ) NO (x )		

6. BRIEF DESCRIPTION OF EMISSION SOURCE

Emergency generator used during power outages. It is run 1 day a week for 30 minutes no load, 1 day a month for 30 minutes under load and once annually for 4 hour load bank test.


Generator - #2 CAT

7. TYPE OF PERMIT REQUESTED

CONSTRUCTION	STARTING DATE	COMPLETION DATE	LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER
OPERATING (x )	DATE CONSTRUCTION STARTED 2008	DATE COMPLETED 2009	LAST PERMIT NUMBER N/A	EMISSION SOURCE REFERENCE NUMBER 06-0056-01
LOCATION TRANSFER ( )	TRANSFER DATE		LAST PERMIT NUMBER	EMISSION SOURCE REFERENCE NUMBER

ADDRESS OF LAST LOCATION

8. DESCRIBE CHANGES THAT HAVE BEEN MADE TO THIS EQUIPMENT OR OPERATION SINCE THE LAST CONSTRUCTION OR OPERATING PERMIT APPLICATION.

9. SIGNATURE (APPLICATION MUST BE SIGNED BEFORE IT WILL BE PROCESSED) 		DATE 8/10/12
10. SIGNER'S NAME (TYPE OR PRINT) Jeff Prine	TITLE Facilities Director	PHONE WITH AREA CODE (423) 559-6016

COPY





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## EMISSION POINT DESCRIPTION

APC 22

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH STACK OR EMISSION POINT.  
ATTACH TO THE PERMIT APPLICATION.

1. ORGANIZATION NAME Cleveland TN Hospital Co., LLC				/// FOR	APC COMPANY POINT NO.
2. EMISSION SOURCE NO. (FROM APPLICATION) 06-0056-01		FLOW DIAGRAM POINT NUMBER N/A		/// APC	APC SEQUENCE NO.
3. LOCATION:	LATITUDE 35° 10' 41"	LONGITUDE 84° 52' 13"	UTM VERTICAL N/A	UTM HORIZONTAL N/A	
4. BRIEF EMISSION POINT DESCRIPTION (ATTACH A SKETCH IF APPROPRIATE):  Emergency generators used during power outages. They are run 1 day a week no load, 1 day a month under load and annually load banked.  <i>Generator - CAT #2</i>				DISTANCE TO NEAREST PROPERTY LINE (FT)	

COMPLETE LINES 5 AND 6 IF DIFFERENT FROM THAT ON THE PROCESS OR FUEL BURNING SOURCE DESCRIPTION (APC 21)

5. NORMAL OPERATION:	HOURS/DAY 1	DAYS/WEEK 1	WEEK/YEAR 52	DAYS/YEAR 1		
6. PERCENT ANNUAL THROUGHPUT:	DEC.-FEB. 25%	MARCH-MAY 25%	JUNE-AUG. 25%	SEPT.-NOV. 25%		
7. STACK OR EMISSION POINT DATA:	HEIGHT ABOVE GRADE ( FT ) 32'	DIAMETER (FT) 10"	TEMPERATURE (°F) 520	% OF TIME OVER 125°F 100%	DIRECTION OF EXIT (UP, DOWN OR HORIZONTAL) Up	
DATA AT EXIT CONDITIONS:	FLOW (ACTUAL FT³/MIN. ) N/A	VELOCITY (FT/SEC) N/A	MOISTURE (GRAINS/FT³) N/A		MOISTURE (PERCENT) N/A	
DATA AT STANDARD CONDITIONS:	FLOW (DRY STD. FT³/MIN) N/A	VELOCITY (FT/SEC) N/A	MOISTURE (GRAINS/FT³) N/A		MOISTURE (PERCENT) N/A	
8. AIR CONTAMINANTS	ACTUAL EMISSIONS			EMISSIONS* EST. METHOD	CONTROL DEVICES*	CONTROL EFFICIENCY%
	EMISSIONS (LBS/HR) AVERAGE	CONCENTRATION	AVG. EMISSIONS (TONS/YR)			
PARTICULATES		**				
SULFUR DIOXIDE		***				
CARBON MONOXIDE		PPM				
ORGANIC COMPOUNDS		PPM				
NITROGEN OXIDES		PPM				
FLUORIDES						
OTHER( SPECIFY )						
OTHER( SPECIFY )						

( OVER )

APC 22

9. CHECK TYPES OF MONITORING AND RECORDING INSTRUMENTS THAT ARE ATTACHED:  
OPACITY MONITOR ( ☐ ), SO2 MONITOR ( ☐ ), NOX MONITOR ( ☐ ), OTHER (SPECIFY IN COMMENTS) ( ☐ )

10. COMMENTS

11. SIGNATURE



DATE

8/10/12

\* REFER TO THE BACK OF THE PERMIT APPLICATION FORM FOR ESTIMATION METHOD AND CONTROL DEVICE CODES.

\*\* EXIT GAS PARTICULATE CONCENTRATION UNITS: PROCESS — GRAINS/DRY STANDARD FT3 ( 70°F ); WOOD FIRED BOILERS — GRAINS/DRY STANDARD FT3 ( 70°F ); ALL OTHER BOILERS — LBS/MILLION BTU HEAT INPUT.

\*\*\* EXIT GAS SULFUR DIOXIDE CONCENTRATIONS UNITS: PROCESS — PPM BY VOLUME, DRY BASES; BOILERS — LBS/MILLION BTU HEAT INPUT.





NOT TO BE USED FOR TITLE V APPLICATIONS

**PROCESS OR FUEL BURNING  
SOURCE DESCRIPTION**

APC21(& 24)

PLEASE TYPE OR PRINT, SUBMIT IN DUPLICATE AND ATTACH TO THE PERMIT APPLICATION.

1. ORGANIZATION NAME Cleveland TN Hospital Co., LLC		/// FOR	APC COMPANY-POINT NO.	
2. EMISSION SOURCE NO. (AS ON PERMIT APPLICATION) 06-0056-01		SIC CODE	/// APC	APC PERMIT/LOG NO.
3. DESCRIPTION OF PROCESS OR FUEL BURNING UNIT Emergency generators used during power outages. They are run 1 day a week no load, 1 day a month under load and once annually load banked.				
<i>Generator - CAT #2</i>				
4. NORMAL OPERATION: →	HOURS/DAY 1	DAYS/WEEK 1	WEEKS/YEAR 52	DAYS/YEAR 1
5. PERCENT ANNUAL THROUGHPUT: →	DEC.-FEB. 25%	MARCH-MAY 25%	JUNE-AUG. 25%	SEPT.-NOV. 25%
6. TYPE OF PERMIT APPLICATION				(CHECK BELOW ONE ONLY)
PROCESS SOURCE: APPLY FOR A SEPARATE PERMIT FOR EACH SOURCE. (CHECK AT RIGHT, AND COMPLETE LINES 7, 8, 13, AND 14).				( )
PROCESS SOURCE WITH IN-PROCESS FUEL: PRODUCTS OF COMBUSTION CONTACT MATERIALS HEATED. APPLY FOR A SEPARATE PERMIT FOR EACH SOURCE. (CHECK AT RIGHT, AND COMPLETE LINES 7, 8, AND 10 THROUGH 14)				( )
NON-PROCESS FUEL BURNING SOURCE: PRODUCTS OF COMBUSTION DO NOT CONTACT MATERIALS HEATED. COMPLETE THIS FORM FOR EACH BOILER OR FUEL BURNER AND COMPLETE AN EMISSION POINT DESCRIPTION FORM (APC 22) FOR EACH STACK. (CHECK AT RIGHT, AND COMPLETE LINES 9 TO 14)				( x )
7. TYPE OF OPERATION: CONTINUOUS, ( )		BATCH ( )	NORMAL BATCH TIME	NORMAL BATCHES/DAY
8. PROCESS MATERIAL INPUTS AND IN-PROCESS SOLID FUELS		DIAGRAM* REFERENCE	INPUT RATES (POUNDS/HOUR) DESIGN ACTUAL	(FOR APC USE ONLY) SCC CODE
A.				/
B.				/
C.				/
D.				/
E.				/
F.				/
G.				/
TOTALS				/

\* A SIMPLE PROCESS FLOW DIAGRAM MUST BE ATTACHED.

( OVER )

9. BOILER OR BURNER DATA: ( COMPLETE LINES 9 TO 14 USING A SEPARATE FORM FOR EACH BOILER )					
BOILER NUMBER	STACK NUMBER**	TYPE OF FIRING***	RATED BOILER HORSEPOWER	RATED INPUT CAPACITY (10 <sup>6</sup> BTU/HR)	OTHER BOILER RATING (SPECIFY CAPACITY AND UNITS)
N/A	N/A	N/A	N/A	N/A	N/A
BOILER SERIAL NO.		DATE CONSTRUCTED	DATE OF LAST MODIFICATION (EXPLAIN IN COMMENTS BELOW).		
N/A		N/A	N/A		

\*\* BOILERS WITH A COMMON STACK WILL HAVE THE SAME STACK NUMBER.

\*\*\* CYCLONE, SPREADER ( WITH OR WITHOUT REINJECTION ), PULVERIZED ( WET OR DRY BOTTOM, WITH OR WITHOUT REINJECTION ), OTHER STOKER ( SPECIFY TYPE ), HAND FIRED, AUTOMATIC, OR OTHER TYPE ( DESCRIBE BELOW IN COMMENTS ).

10. FUEL DATA: ( COMPLETE FOR A PROCESS SOURCE WITH IN-PROCESS FUEL OR A NON-PROCESS FUEL BURNING SOURCE )							
PRIMARY FUEL TYPE ( SPECIFY )				STANDBY FUEL TYPE( S )( SPECIFY )			
Fuel Oil #2 (Diesel)				N/A			
FUELS USED	ANNUAL USAGE	HOURLY USAGE		% SULFUR	% ASH	BTU VALUE OF FUEL	(FOR APC ONLY) SCC CODE
		DESIGN	AVERAGE				
NATURAL GAS:	10 <sup>6</sup> CUFT	CUFT	CUFT	///	///	1,000	
				///	///		
#2 FUEL OIL:	10 <sup>3</sup> GAL	GAL	GAL		///		
Diesel	512	57	2.5		///		
#5 FUEL OIL:	10 <sup>3</sup> GAL	GAL	GAL		///		
					///		
#6 FUEL OIL:	10 <sup>3</sup> GAL	GAL	GAL		///		
					///		
COAL:	TONS	LBS	LBS				
WOOD:	TONS	LBS	LBS	///	///		
				///	///		
LIQUID PROPANE:	10 <sup>3</sup> GAL	GAL	GAL	///	///	85,000	
				///	///		
OTHER (SPECIFY TYPE & UNITS):							

11. IF WOOD IS USED AS A FUEL, SPECIFY TYPES AND ESTIMATE PERCENT BY WEIGHT OF BARK

12. IF WOOD IS USED WITH OTHER FUELS, SPECIFY PERCENT BY WEIGHT OF WOOD CHARGED TO THE BURNER.

13. COMMENTS

14. SIGNATURE	DATE
	8/10/12