

From: [Air.Pollution Control](#)
To: [APC Permitting](#)
Subject: FW: [EXTERNAL] NOI for Air pollution Control PBR - Gateway stores, Inc.
Date: Tuesday, September 20, 2022 3:48:13 PM
Attachments: [NOI Air pollution PBR Gateway Stores.pdf](#)

Created 75-0897

From: Dhara Chaudhary <dhara@shankus.com>
Sent: Tuesday, September 20, 2022 12:34 PM
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Subject: [EXTERNAL] NOI for Air pollution Control PBR - Gateway stores, Inc.

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Good afternoon,

Attached please find Notice of Intent for Air pollution Control PBR for Gateway Stores, Inc.

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Thanks and Regards,
Dhara Chaudhary
615-692-9586



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF AIR POLLUTION CONTROL
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 15th Floor, Nashville, TN 37243
 Telephone: (615) 532-0554, Email: Air.Pollution.Control@TN.gov

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

FACILITY INFORMATION				
Organization's legal name Gateway Stores, Inc.				
Facility name (if different from legal name) Bizee Mart # 107				
Site address (St./Rd./Hwy.) 3127 Medical Center Parkway, Suit B1			County name Rutherford	
City Murfreesboro			Zip code 37129	
CONTACT INFORMATION (RESPONSIBLE PERSON)				
Responsible person/Authorized contact Mukesh Chaudhary			Phone number with area code 615-216-6011	
Mailing address (St./Rd./Hwy.) 212 South Horton Parkway			Fax number with area code	
City Chapell Hill,	State TN	Zip code 37034	Email address dhara@shankus.com	
CONTACT INFORMATION (TECHNICAL)				
Principal technical contact David Hayes			Phone number with area code 731-968-8540	
Mailing address (St./Rd./Hwy.)			Fax number with area code	
City	State	Zip code	Email address	
TYPE OF NOTIFICATION OF AUTHORIZATION (NOA) REQUESTED				
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Existing Source w/o Permit	<input type="checkbox"/> Replace Existing Permit with PBR	<input type="checkbox"/> Change of Ownership	
Construction Starting Date: Oct 17 2022		Emission Source Reference Number:		
Construction Completion Date:		Existing Permit Number:		
Describe changes and/or modifications that have been made, since the 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. 1200-03-09-.07(5).			
Gasoline Dispensing Facility	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Other _____ _____
Auto body refinishing	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Stationary emergency engine	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
CERTIFICATION OF ELIGIBILITY			
The facility at which this source is located does not have the potential to emit 100 tons per year or greater of any air pollutant subject to regulation and has not taken limits to reduce its potential to emit below this threshold.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The facility at which this source is located does not have the potential to emit ten (10) tons per year or more of a single hazardous air pollutant or twenty-five (25) tons per year or more of any combination of hazardous air pollutants and has not taken limits to reduce its potential to emit below these thresholds.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The facility is/is not located in a county designated serious, severe, or extreme <u>non-attainment</u> for ozone.		Is <input type="checkbox"/>	Is Not <input checked="" type="checkbox"/>
If the facility at which this source is located is in a county designated serious, severe, or extreme <u>non-attainment</u> for ozone, this source does not have the potential to emit ten (10) tons per year or more of nitrogen oxides or volatile organic compounds.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
SOURCE-SPECIFIC INFORMATION			
Gasoline Dispensing Facilities	Maximum monthly throughput in gallons 200,000 gallons		
List Pollution Control Devices			
Auto Body Refinishing	Methylene chloride used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Pollution Control Devices			

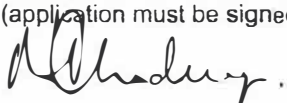
Emergency Stationary Engine(s) – Please complete the following information for all emergency stationary engines. If additional room is needed, please attach a separate page with the remaining engines and required information.

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
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				

¹ A maximum of 100 hours of non-emergency operation per calendar year as allowed within the provisions of the rule.

² If an engine is known to be manufactured prior to April 2005, you may indicate 'manufactured prior to April 2005' without having to approximate the manufactured date.

³ If the engine serves a generator, be sure to list the engine power output, not the generator electrical output.

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.		
Responsible person signature (application must be signed before it will be processed)		Date
		09/20/2022
Responsible person printed name	Title	Phone number with area code
Mukesh Chaudhary	President	615-216-6011