

Aemilia Hamel

From: Air.Pollution Control
Sent: Wednesday, 17 November, 2021 10:26
To: APC Permitting
Subject: FW: [EXTERNAL] Source 18-0086-12 Application for Permit Renewal
Attachments: 20211117, Source 18-0086-12, APC 100.pdf

From: Michael Briggs <mbriggs@crossvilleinc.com>
Sent: Wednesday, November 17, 2021 10:18 AM
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Subject: [EXTERNAL] Source 18-0086-12 Application for Permit Renewal

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

Michael Briggs
EHS Manager
mbriggs@crossvilleinc.com
p 931-456-3947



Crossville, Inc. | <https://www.crossvilleinc.com>
346 Sweeney Drive, Crossville, TN 38555





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

APC 100

**NON-TITLE V PERMIT APPLICATION
FACILITY IDENTIFICATION**

Type or print and submit. Attach appropriate source description forms.			
SITE INFORMATION			
1. Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)] Crossville, Inc.			
2. Site name (if different from legal name) Plant 1			
3. Is a construction permit application fee being submitted? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (see instructions for appropriate fee to submit)			
4. Site address (St./Rd./Hwy.) 346 Sweeney Drive			County name Cumberland
City Crossville		Zip code 38555	5. NAICS or SIC code 327122
6. Site location (in lat. /long.)	Latitude	Longitude	
CONTACT INFORMATION (RESPONSIBLE PERSON)			
7. Responsible person/Authorized contact Greg Mather			Phone number with area code 931-484-2110
Mailing address (St./Rd./Hwy.) P.O. Box 1168			Fax number with area code
City Crossville	State TN	Zip code 38557	Email address gmather@crossvilleinc.com
CONTACT INFORMATION (TECHNICAL)			
8. Principal technical contact Mike Briggs			Phone number with area code 931-456-3947
Mailing address (St./Rd./Hwy.) P.O. Box 1168			Fax number with area code
City Crossville	State TN	Zip code 38557	Email address mbriggs@crossvilleinc.com
CONTACT INFORMATION (BILLING)			
9. Billing contact Beth Lee			Phone number with area code 931-484-2110
Mailing address (St./Rd./Hwy.) P.O. Box 1168			Fax number with area code
City Crossville	State TN	Zip code 38557	Email address blee@crossvilleinc.com

AIR CONTAMINANT SOURCE(S) INFORMATION

10. Description of air contaminant source(s) and Unique Source ID(s). List, identify, and briefly describe process emission sources, fuel burning installations, and incinerators that are contained in this application and include a Unique Source ID for each source. The Unique Source ID is a name/number/letter, which uniquely identifies the air contaminant source(s), like Boiler #1, Paint Line #1, Engine #1, etc. (see instructions for more details)

Natural gas-fired spray dryer for ceramic/clay press body with cyclone and wet scrubber control.

11. Is the air contaminant source(s) in a nonattainment area? If "Yes", then minor source BACT must be addressed. Yes ☐ No ☒

12. Normal operation:	Hours/Day 24	Days/Week 6	Weeks/Year 50	Days/Year 300
13. Percent annual throughput	Dec. – Feb. 25	March – May 25	June – August 25	Sept. – Nov. 25

TYPE OF PERMIT REQUESTED (check appropriate box)

14. Operating permit <input checked="" type="checkbox"/>	Date construction started	Date completed	Date of ownership change (if applicable)
	Last permit number(s) 066746P	Emission Source Reference Number(s) 18-0086-12	
Construction permit <input type="checkbox"/>	Last permit number(s)	Emission Source Reference Number(s)	

If you chose Construction permit above, then choose either New Construction, Modification, or Location Transfer

New Construction <input type="checkbox"/>	Starting date	Completion date
Modification <input type="checkbox"/>	Date modification started or will start	Date completed or will complete
Location Transfer <input type="checkbox"/>	Transfer date	Address of last location

15. Describe changes that have been made to this equipment or operation(s) since the last construction or operating permit application:

This equipment has not been modified.

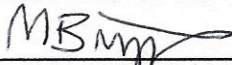
16. Comments

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 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.

17. Signature (application must be signed before it will be processed)

Date



November 17, 2021

Signer's name (type or print)

Title

Phone number with area code

Mike Briggs

Director of Engineering

931-456-3947