

From: [Air.Pollution Control](#)
To: [APC Permitting](#)
Subject: FW: [EXTERNAL] Permit Renewals for Crossville, Inc. Plant 1, Source 18-0086
Date: Wednesday, December 30, 2020 12:47:18 PM
Attachments: [RSImage.png](#)
[RSImage.png](#)
[RSImage.png](#)
[Form APC 100 Source 18-0086-11.pdf](#)
[Form APC 100 Source 18-0086-13.pdf](#)
[Form APC 100 Source 18-0086-16.pdf](#)
[Form APC 100 Source 18-0086-23.pdf](#)
[Form APC 100 Source 18-0086-24.pdf](#)
[Form APC 100 Source 18-0086-26.pdf](#)
[Form APC 100 Source 18-0086-28.pdf](#)
[Form APC 100 Source 18-0086-29.pdf](#)
[Form APC 100 Source 18-0086-30.pdf](#)

From: Michael Briggs <mbriggs@crossvilleinc.com>
Sent: Wednesday, December 30, 2020 12:36
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Cc: Joseph Cannon <joseph.cannon@tn.gov>; Brian McDonald <bmcDonald@crossvilleinc.com>
Subject: [EXTERNAL] Permit Renewals for Crossville, Inc. Plant 1, Source 18-0086

I have attached APC 100 permit renewal applications for the following nine (9) sources at our Plant 1 facility:

18-0086-11
18-0086-13
18-0086-16
18-0086-23
18-0086-24
18-0086-26
18-0086-28
18-0086-29
18-0086-30

Earlier this year our sources 18-0086-03 and 18-0086-04 were consolidated under permit number 075669. If possible, we would like to consolidate all these sources under a single permit.

Regards,

Mike Briggs

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

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



We are open, healthy, and committed to servicing you daily.





**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)

Dust Collector F4

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

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12. Normal operation:	Hours/Day 24	Days/Week 7	Weeks/Year 52	Days/Year 365
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) 063340P		Emission Source Reference Number(s) 18-0086-11
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

December 30, 2020

Signer's name (type or print)

Mike Briggs

Title

EHS Manager

Phone number with area code

931-456-3947



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

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Natural Gas-Fired Roller Kiln #4

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

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12. Normal operation:	Hours/Day 24	Days/Week 7	Weeks/Year 52	Days/Year 365
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) 063490P	Emission Source Reference Number(s) 18-0086-13	
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

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

MBriggs

Date

December 30, 2020

Signer's name (type or print)

Mike Briggs

Title

EHS Manager

Phone number with area code

931-456-3947



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FACILITY IDENTIFICATION**

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Vertical talc silo with fabric filter bin vent

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 7	Weeks/Year 52	Days/Year 365
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) 063341P		Emission Source Reference Number(s) 18-0086-16
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.

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MBriggs

Date

December 30, 2020

Signer's name (type or print)

Mike Briggs

Title

EHS Manager

Phone number with area code

931-456-3947



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

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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
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One Mori natural gas-fired roller kiln

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

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12. Normal operation:	Hours/Day 24	Days/Week 7	Weeks/Year 52	Days/Year 365
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) 063467P		Emission Source Reference Number(s) 18-0086-23
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

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MBriggs

Date

December 30, 2020

Signer's name (type or print)

Mike Briggs

Title

EHS Manager

Phone number with area code

931-456-3947



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

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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)			
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CONTACT INFORMATION (BILLING)			
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One Siti natural gas-fired roller kiln

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

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12. Normal operation:	Hours/Day 24	Days/Week 7	Weeks/Year 52	Days/Year 365
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) 063406P		Emission Source Reference Number(s) 18-0086-24
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

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

MBriggs

Date

December 30, 2020

Signer's name (type or print)

Mike Briggs

Title

EHS Manager

Phone number with area code

931-456-3947



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

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City Crossville	Zip code 38555		5. NAICS or SIC code 327122
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Three (3) tile presses and two (2) tile glazing lines with baghouse 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 7	Weeks/Year 52	Days/Year 365
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) 063407P		Emission Source Reference Number(s) 18-0086-26
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

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Mike Briggs

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Four (4) tile glazing lines with four (4) baghouses

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 7	Weeks/Year 52	Days/Year 365
13. Percent annual throughput	Dec. – Feb. 25	March – May 25	June – August 25	Sept. – Nov. 25

TYPE OF PERMIT REQUESTED (check appropriate box)

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	Last permit number(s) 063491P		Emission Source Reference Number(s) 18-0086-28
Construction permit <input type="checkbox"/>	Last permit number(s)		Emission Source Reference Number(s)

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MBriggs

Date

December 30, 2020

Signer's name (type or print)

Mike Briggs

Title

EHS Manager

Phone number with area code

931-456-3947



**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)

kiln #4 loading operation and three glaze application operations (glazing line at entrance to Kiln #4, Press #6 tile glazing booth, and Trim Press #1 glazing booth) with one baghouse

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

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12. Normal operation:	Hours/Day 24	Days/Week 7	Weeks/Year 52	Days/Year 365
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) 064984P		Emission Source Reference Number(s) 18-0086-29
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)

MBriggs

Date

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Stain milling operation with one baghouse

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

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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) 064134P		Emission Source Reference Number(s) 18-0086-30
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
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