From: <u>Air.Pollution Control</u>
To: <u>APC Permitting</u>

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 18-0086-29.pdf
Form APC 100 Source 18-0086-29.pdf
Form APC 100 Source 18-0086-30.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.









APC 100

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

	Type or print and submit. Attach appropriate source description forms.								
			SITE	INFO	ORMATION				
1. Orga	anization's legal	name and SOS	ontrol n	umb	er [as registe	ered	with the TN	Secretary of State (SOS)]	
Crossville	e, Inc.								
2. Site	name (if differer	nt from legal nam	e)						
Plant 1									
	•	rmit application appropriate fee to		g su	bmitted?	Yes	No	✓	
4. Site	address (St./Rd./	/Hwy.)						County name	
346 Swee	eney Drive							Cumberland	
City				Zip	code			5. NAICS or SIC code	
Crossville	9			385	55			327122	
	location it. /long.)	Latitude				L	Longitude		
		CONTACT I	NFORMA	OITA	N (RESPONS	IBLE	PERSON)		
7. Resp	onsible person	/Authorized con	tact			Р	hone numbe	er with area code	
Greg Mather						93	931-484-2110		
Mail	ing address (St./	/Rd./Hwy.)				F	ax number v	vith area code	
P.O. Box	•								
City			State		Zip code	E	mail address	S	
Crossville	9		TN		38557	gr	gmather@crossvilleinc.com		
		CONT	ACT INF	ORM	IATION (TEC	HNI	CAL)		
8. Prin	cipal technical o	contact				Р	hone numbe	er with area code	
Mike Brig	ggs					93	931-456-3947		
Mail	ing address (St./	/Rd./Hwy.)				F	Fax number with area code		
P.O. Box	1168	3 .							
City			State		Zip code		Email address		
Crossville	9		TN		38557	m	briggs@cros	ssvilleinc.com	
		CON	NTACT IN	IFOR	MATION (BI	LLIN	lG)		
	ng contact					P	hone numbe	er with area code	
Beth Lee						93	31-484-2110		
Mail P.O. Box	ing address (St.) 1168	/Rd./Hwy.)				F	ax number v	vith area code	
City			State		Zip code	F	mail address	<u> </u>	
Crossville	2		TN		38557	blee@crossvilleinc.com			

			AIR CONTAI	ΛΙΝΑΝ	T SOU	RCE(S) INI	FORMATION		
pro and uni	cess emiss d include a	ion sourd Unique S tifies the	es, fuel burning ir ource ID for each air contaminant s	nstallat source	ions, a . The l	nd inciner Jnique So	e ID(s). List, identify, a rators that are contain urce ID is a name/nun Paint Line #1, Engine #	ed in this application nber/letter, which	
Dust Col	llector F4								
	ne air cont ressed. Y			onatta	inmen	t area? If	"Yes", then minor so	ource BACT must be	
auu	ressed.	es No]						
12. Nor ope	mal ration:	Hour 24	rs/Day	Days/ 7	/Week		Weeks/Year 52	Days/Year 365	
	cent annua	al Dec. 25	– Feb.	Marcl 25	h – May	/	June – August 25	Sept. – Nov. 25	
tnrc	oughput	25	TVDE OF DEDMI		IFCTED	(ala a al c a		23	
44 0:00		Data	TYPE OF PERMIT					-h (:f : - -)	
14. Ope	- I.		construction star	tea	Date C	ompleted	Date of ownership	change (if applicable)	
		Last	permit number(s))		Emissi	on Source Reference N	Number(s)	
		0633	40P			18-0086-11			
Con perr	struction C	Last	permit number(s))		Emissi	on Source Reference N	Number(s)	
If you ch	hose Const	ruction p	ermit above, then	choos	e eithe	r New Cor	struction, Modificatio	n, or Location Transfer	
New Co	nstruction	Starting	date			Completion date			
Modifica	ation	Date mo	dification started	or will	start	Date completed or will complete			
Location	n Transfer	Transfer	date			Address of last location			

or operating permit application:	ade to this equipment or op-	eration(s) since the last construction
This equipment has not been modified.		
16. Comments		
	SIGNATURE	
Based upon information and belief formed		s the responsible person of the above
mentioned facility, certify that the informati knowledge. As specified in TCA Section 39-1		
17. Signature (application must be signed	pefore it will be processed)	Date
		December 30, 2020
Signer's name (type or print)	Title	Phone number with area code
Mike Briggs	EHS Manager	931-456-3947



APC 100

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

	Type or print and submit. Attach appropriate source description forms.								
			SITE	INFO	ORMATION				
1. Orga	anization's legal	name and SOS	ontrol n	umb	er [as registe	ered	with the TN	Secretary of State (SOS)]	
Crossville	e, Inc.								
2. Site	name (if differer	nt from legal nam	e)						
Plant 1									
	•	rmit application appropriate fee to		g su	bmitted?	Yes	No	✓	
4. Site	address (St./Rd./	/Hwy.)						County name	
346 Swee	eney Drive							Cumberland	
City				Zip	code			5. NAICS or SIC code	
Crossville	9			385	55			327122	
	location it. /long.)	Latitude				L	Longitude		
		CONTACT I	NFORMA	OITA	N (RESPONS	IBLE	PERSON)		
7. Resp	onsible person	/Authorized con	tact			Р	hone numbe	er with area code	
Greg Mather						93	931-484-2110		
Mail	ing address (St./	/Rd./Hwy.)				F	ax number v	vith area code	
P.O. Box	•								
City			State		Zip code	E	mail address	S	
Crossville	9		TN		38557	gr	gmather@crossvilleinc.com		
		CONT	ACT INF	ORM	IATION (TEC	HNI	CAL)		
8. Prin	cipal technical o	contact				Р	hone numbe	er with area code	
Mike Brig	ggs					93	931-456-3947		
Mail	ing address (St./	/Rd./Hwy.)				F	Fax number with area code		
P.O. Box	1168	3 .							
City			State		Zip code		Email address		
Crossville	9		TN		38557	m	briggs@cros	ssvilleinc.com	
		CON	NTACT IN	IFOR	MATION (BI	LLIN	lG)		
	ng contact					P	hone numbe	er with area code	
Beth Lee						93	31-484-2110		
Mail P.O. Box	ing address (St.) 1168	/Rd./Hwy.)				F	ax number v	vith area code	
City			State		Zip code	F	mail address	<u> </u>	
Crossville	2		TN		38557	blee@crossvilleinc.com			

		AIR CONTA	MINANT SOU	RCE(S) INF	ORMATION		
prod and unic insti	cess emiss include a luely iden ructions fo	of air contaminant source sion sources, fuel burning i Unique Source ID for each tifies the air contaminant s or more details) Roller Kiln #4	installations, an source. The	nd incinera Unique Sou	ators that are containe urce ID is a name/num	ed in this application ber/letter, which	
	e air cont essed. Y	aminant source(s) in a n es No	onattainmen	it area? If	"Yes", then minor so	ource BACT must be	
	L						
12. Norn oper	nal ation:	Hours/Day 24	Days/Week 7		Weeks/Year 52	Days/Year 365	
	ent annua ughput	Dec. – Feb. 25	March – Ma 25	у	June – August 25	Sept. – Nov. 25	
		TYPE OF PERMI	T REQUESTED	(check ap	propriate box)		
14. Oper perm	<u> </u>	✓ Date construction sta	rted Date o	completed	Date of ownership	change (if applicable)	
		Last permit number(s 063490P	5)	Emissio 18-0086	on Source Reference N 5-13	lumber(s)	
perm		Last permit number(s			on Source Reference N	.,	
If you ch	ose Const	ruction permit above, ther	n choose eithe			n, or Location Transfer	
New Con	struction	Starting date		Completio	n date		
Modificat	tion	Date modification started	or will start	Date completed or will complete			
				Address of last location			

15. Describe changes that have been n	nade to this equipment or op	eration(s) since the last construction
or operating permit application:		
This equipment has not been modified.		
16 Commonts		
16. Comments		
	SIGNATURE	
Based upon information and belief former	d after a reasonable inquiry, I, a	·
Based upon information and belief former mentioned facility, certify that the information knowledge. As specified in TCA Section 39	d after a reasonable inquiry, I, a tion contained in this application	on is accurate and true to the best of my
mentioned facility, certify that the information knowledge. As specified in TCA Section 39	d after a reasonable inquiry, I, a tion contained in this application 16-702(a)(4), this declaration is	on is accurate and true to the best of my
mentioned facility, certify that the information knowledge. As specified in TCA Section 39 17. Signature (application must be signed)	d after a reasonable inquiry, I, a tion contained in this application 16-702(a)(4), this declaration is before it will be processed)	on is accurate and true to the best of my made under penalty of perjury.
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APC 100

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

	Type or print and submit. Attach appropriate source description forms.								
			SITE	INFO	ORMATION				
1. Orga	anization's legal	name and SOS	ontrol n	umb	er [as registe	ered	with the TN	Secretary of State (SOS)]	
Crossville	e, Inc.								
2. Site	name (if differer	nt from legal nam	e)						
Plant 1									
	•	rmit application appropriate fee to		g su	bmitted?	Yes	No	✓	
4. Site	address (St./Rd./	/Hwy.)						County name	
346 Swee	eney Drive							Cumberland	
City				Zip	code			5. NAICS or SIC code	
Crossville	9			385	55			327122	
	location it. /long.)	Latitude				L	Longitude		
		CONTACT I	NFORMA	OITA	N (RESPONS	IBLE	PERSON)		
7. Resp	onsible person	/Authorized con	tact			Р	hone numbe	er with area code	
Greg Mather						93	931-484-2110		
Mail	ing address (St./	/Rd./Hwy.)				F	ax number v	vith area code	
P.O. Box	•								
City			State		Zip code	E	mail address	S	
Crossville	9		TN		38557	gr	gmather@crossvilleinc.com		
		CONT	ACT INF	ORM	IATION (TEC	HNI	CAL)		
8. Prin	cipal technical o	contact				Р	hone numbe	er with area code	
Mike Brig	ggs					93	931-456-3947		
Mail	ing address (St./	/Rd./Hwy.)				F	Fax number with area code		
P.O. Box	1168	3 .							
City			State		Zip code		Email address		
Crossville	9		TN		38557	m	briggs@cros	ssvilleinc.com	
		CON	NTACT IN	IFOR	MATION (BI	LLIN	lG)		
	ng contact					P	hone numbe	er with area code	
Beth Lee						93	31-484-2110		
Mail P.O. Box	ing address (St.) 1168	/Rd./Hwy.)				F	ax number v	vith area code	
City			State		Zip code	F	mail address	<u> </u>	
Crossville	2		TN		38557	blee@crossvilleinc.com			

			AIR CONTAI	/INAN	IT SOU	RCE(S) IN	FORMATION	
pro and unid inst	cess emiss I include a quely ident cructions fo	ion Uni tifie or m	ir contaminant source sources, fuel burning ir que Source ID for each s the air contaminant so nore details)	nstalla source	tions, a e. The l	nd inciner Jnique So	ators that are containe urce ID is a name/num	ed in this application ber/letter, which
vertical t	talc silo wit	n ta	abric filter bin vent					
			inant source(s) in a no	natta	inmen	t area? If	"Yes", then minor so	urce BACT must be
add	ressed. Y	es	No ✓					
12. Nori	mal ration:		Hours/Day 24	Days 7	/Week		Weeks/Year 52	Days/Year 365
13. Perc	ent annu	al	Dec. – Feb.		h – May	/	June – August	Sept. – Nov.
thro	ughput		25	25			25	25
			TYPE OF PERMIT			-		
14. Ope perr	<u> </u>	✓	Date construction star	ted	Date c	ompleted	Date of ownership	change (if applicable)
			Last permit number(s) 063341P)		Emission Source Reference Number(s) 18-0086-16		
perr			Last permit number(s)				on Source Reference N	
			tion permit above, then	choos	e eithe			, or Location Transfer
New Cor	nstruction	Sta	rting date			Completion	on date	
Modifica	ation	Dat	te modification started	or will	start	Date com	pleted or will complete	2
Location	Transfer	Tra	nsfer date			Address o	of last location	

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or operating permit application:		
This equipment has not been modified.		
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16. Comments		
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Crossville	e, Inc.								
2. Site	name (if differer	nt from legal nam	e)						
Plant 1									
	•	rmit application appropriate fee to		g su	bmitted?	Yes	No	✓	
4. Site	address (St./Rd./	/Hwy.)						County name	
346 Swee	eney Drive							Cumberland	
City				Zip	code			5. NAICS or SIC code	
Crossville	9			385	55			327122	
	location it. /long.)	Latitude				L	Longitude		
		CONTACT I	NFORMA	OITA	N (RESPONS	IBLE	PERSON)		
7. Resp	onsible person	/Authorized con	tact			Р	hone numbe	er with area code	
Greg Mather						93	931-484-2110		
Mail	ing address (St./	/Rd./Hwy.)				F	ax number v	vith area code	
P.O. Box	•								
City			State		Zip code	E	mail address	S	
Crossville	9		TN		38557	gr	gmather@crossvilleinc.com		
		CONT	ACT INF	ORM	IATION (TEC	HNI	CAL)		
8. Prin	cipal technical o	contact				Р	hone numbe	er with area code	
Mike Brig	ggs					93	931-456-3947		
Mail	ing address (St./	/Rd./Hwy.)				F	Fax number with area code		
P.O. Box	1168	3 .							
City			State		Zip code		Email address		
Crossville	9		TN		38557	m	briggs@cros	ssvilleinc.com	
		CON	NTACT IN	IFOR	MATION (BI	LLIN	lG)		
	ng contact					P	hone numbe	er with area code	
Beth Lee						93	31-484-2110		
Mail P.O. Box	ing address (St.) 1168	/Rd./Hwy.)				F	ax number v	vith area code	
City			State		Zip code	F	mail address	<u> </u>	
Crossville	2		TN		38557	blee@crossvilleinc.com			

		AIR CONTA	MINANT SOL	RCE(S) INI	ORMATION	
pı ar uı in	rocess emissi nd include a l iniquely ident nstructions fo	f air contaminant source ion sources, fuel burning Unique Source ID for each ifies the air contaminant in r more details) as-fired roller kiln	installations, and source. The	and inciner Unique So	ators that are containe urce ID is a name/num	d in this application ber/letter, which
		aminant source(s) in a n	onattainmer	nt area? If	"Yes", then minor so	urce BACT must be
ad	ddressed. Ye	es No ✓				
12. No	ormal					
υþ	peration:	Hours/Day 24	Days/Week 7		Weeks/Year 52	Days/Year 365
13. Pe	peration: ercent annua	24 I Dec. – Feb.	7 March – Ma		52 June – August	365 Sept. – Nov.
13. Pe	eration:	24 IDec. – Feb. 25	7 March – Ma 25	У	52 June – August 25	365
13. Pe th	peration: ercent annual eroughput perating	24 IDec. – Feb. 25	7 March – Ma 25 IT REQUESTE	У	June – August 25 ppropriate box)	365 Sept. – Nov.
13. Pe th	peration: ercent annua eroughput	24 I Dec. – Feb. 25 TYPE OF PERM	7 March – Ma 25 IT REQUESTER arted Date	y O (check a completed	June – August 25 propriate box) Date of ownership on Source Reference N	Sept. – Nov. 25 change (if applicable)
13. Pe th	peration: ercent annual eroughput perating ermit permit	24 Dec. – Feb. 25 TYPE OF PERM Date construction sta Last permit number(s) 063467P Last permit number(s)	7 March – Ma 25 IT REQUESTED arted Date (S)	Emission 18-008	June – August 25 ppropriate box) Date of ownership of the control of the contro	Sept. – Nov. 25 change (if applicable) umber(s)
13. Pe th	peration: percent annual roughput perating ermit chose Construction chose Construction	24 Dec. – Feb. 25 TYPE OF PERM Date construction sta Last permit number(s) 063467P Last permit number(s) cuction permit above, the	7 March – Ma 25 IT REQUESTED arted Date (S)	y Completed Emission 18-008 Emission er New Con	June – August 25 ppropriate box) Date of ownership of the control of the contro	Sept. – Nov. 25 change (if applicable) umber(s)
13. Pe thi 14. Op pe	peration: percent annual roughput perating ermit chose Construction chose Construction	24 Dec. – Feb. 25 TYPE OF PERM Date construction sta Last permit number(s) 063467P Last permit number(s)	7 March – Ma 25 IT REQUESTED arted Date (S)	Emission 18-008	June – August 25 ppropriate box) Date of ownership of the control of the contro	Sept. – Nov. 25 change (if applicable) umber(s)
13. Pe th	peration: ercent annual roughput perating ermit onstruction ermit chose Construction Construction	24 Dec. – Feb. 25 TYPE OF PERM Date construction sta Last permit number(s) 063467P Last permit number(s) cuction permit above, the	March – Ma 25 IT REQUESTED arted Date (S) S)	Emission 18-008 Emission 18-008 Emission 18-008 Completion Completion Completion 18-008	June – August 25 ppropriate box) Date of ownership of the control of the contro	Sept. – Nov. 25 change (if applicable) umber(s) umber(s)

15. Describe changes that have been n	nade to this equipment or op	eration(s) since the last construction
or operating permit application:		
This equipment has not been modified.		
16 Commonts		
16. Comments		
	SIGNATURE	
Based upon information and belief former	d after a reasonable inquiry, I, a	·
Based upon information and belief former mentioned facility, certify that the information knowledge. As specified in TCA Section 39	d after a reasonable inquiry, I, a tion contained in this application	on is accurate and true to the best of my
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mentioned facility, certify that the information knowledge. As specified in TCA Section 39 17. Signature (application must be signed)	d after a reasonable inquiry, I, a tion contained in this application 16-702(a)(4), this declaration is before it will be processed)	on is accurate and true to the best of my made under penalty of perjury.
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APC 100

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

Туре	ource description	n 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	e)							
Plant 1									
3. Is a construction period (see instructions for approximately approxim	• •		g su	bmitted?	Yes No	√			
4. Site address (St./Rd./H	łwy.)		County name						
346 Sweeney Drive			Cumberland						
City Zip code						5. NAICS or SIC code			
Crossville	Crossville 38555					327122			
6. Site location (in lat. /long.)	Latitude				Longitude	Longitude			
	CONTACT I	NFORM <i>A</i>	OITA	N (RESPONS	IBLE PERSON)				
7. Responsible person/Authorized contact					Phone numb	Phone number with area code			
Greg Mather					931-484-2110				
Mailing address (St./R	td./Hwy.)				Fax number v	with area code			
P.O. Box 1168	<i>,</i>								
City		State		Zip code	Email address				
Crossville		TN		38557	gmather@crossvilleinc.com				
	CONT	ACT INF	ORN	IATION (TEC	HNICAL)				
8. Principal technical co	ntact				Phone number with area code				
Mike Briggs					931-456-3947				
Mailing address (St./R	d./Hwy.)				Fax number with area code				
P.O. Box 1168	-								
City		State		Zip code	Email addres	S			
Crossville		TN		38557	mbriggs@cros	ssvilleinc.com			
	CON	NTACT IN	IFOR	MATION (BI	LLING)				
9. Billing contact					Phone numb	er with area code			
Beth Lee					931-484-2110				
Mailing address (St./R	d./Hwy.)				Fax number v	with area code			
P.O. Box 1168									
City		State		Zip code	Email addres	S			
Crossville		TN		38557	blee@crossvilleinc.com				

		AIR CONTAI	IINANT S	OUR	CE(S) INF	ORMATION	
process emi and include	ission a Uni entifie for m	,	nstallation source. T	ns, ar The U	nd inciner Inique So	ators that are containe urce ID is a name/num	ed in this application ber/letter, which
11. Is the air con addressed.		inant source(s) in a no	nattainr	nent	area? If	"Yes", then minor so	urce BACT must be
12. Normal operation:		Hours/Day 24	Days/We 7	eek		Weeks/Year 52	Days/Year 365
13. Percent ann throughput		Dec. – Feb. 25	March – 25	May		June – August 25	Sept. – Nov. 25
		TYPE OF PERMIT	REQUES	TED	(check ap	propriate box)	
14. Operating permit	√	Date construction star	ted Da	ite co	mpleted	Date of ownership of	change (if applicable)
		Last permit number(s) 063406P			Emissio 18-0086	on Source Reference N 5-24	lumber(s)
Construction permit		Last permit number(s)				on Source Reference N	
If you chose Con	struc	tion permit above, then	choose e	ither	New Con	struction, Modification	, or Location Transfer
If you chose Construction permit above, then choose either New Construction, Modification, or Location Transference New Construction Starting date Completion date							
	n Sta	rting date			Completic	in date	
Modification		erting date te modification started	or will sta		•	oleted or will complete	

15. Describe changes that have been n	nade to this equipment or op	eration(s) since the last construction
or operating permit application:		
This equipment has not been modified.		
16 Commonts		
16. Comments		
	SIGNATURE	
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APC 100

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

Туре	ource description	n forms.							
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Crossville, Inc.									
2. Site name (if different	from legal name	e)							
Plant 1									
3. Is a construction period (see instructions for approximately approxim	• •		g su	bmitted?	Yes No	√			
4. Site address (St./Rd./H	łwy.)		County name						
346 Sweeney Drive			Cumberland						
City Zip code						5. NAICS or SIC code			
Crossville	Crossville 38555					327122			
6. Site location (in lat. /long.)	Latitude				Longitude	Longitude			
	CONTACT I	NFORM <i>A</i>	OITA	N (RESPONS	IBLE PERSON)				
7. Responsible person/Authorized contact					Phone numb	Phone number with area code			
Greg Mather					931-484-2110				
Mailing address (St./R	td./Hwy.)				Fax number v	with area code			
P.O. Box 1168	<i>,</i>								
City		State		Zip code	Email address				
Crossville		TN		38557	gmather@crossvilleinc.com				
	CONT	ACT INF	ORN	IATION (TEC	HNICAL)				
8. Principal technical co	ntact				Phone number with area code				
Mike Briggs					931-456-3947				
Mailing address (St./R	d./Hwy.)				Fax number with area code				
P.O. Box 1168	-								
City		State		Zip code	Email addres	S			
Crossville		TN		38557	mbriggs@cros	ssvilleinc.com			
	CON	NTACT IN	IFOR	MATION (BI	LLING)				
9. Billing contact					Phone numb	er with area code			
Beth Lee					931-484-2110				
Mailing address (St./R	d./Hwy.)				Fax number v	with area code			
P.O. Box 1168									
City		State		Zip code	Email addres	S			
Crossville		TN		38557	blee@crossvilleinc.com				

			AIR CONTAI	JINAN	IT SOU	RCE(S) IN	FORMATION	
proc and uniq instr	ess emiss include a luely ident ructions fo	ion Uni ifie or m	r contaminant source sources, fuel burning ir que Source ID for each s the air contaminant so nore details)	nstalla source ource(tions, a e. The l s), like l	nd inciner Jnique So Boiler #1,	rators that are containe ource ID is a name/num Paint Line #1, Engine #	ed in this application nber/letter, which
Three (3)	tile presse	es a	nd two (2) tile glazing lir	nes wi	th bagh	ouse cont	trol	
			inant source(s) in a no	onatta	inmen	t area? If	f "Yes", then minor so	ource BACT must be
addr	essed. Y	es	No ✓					
12. Norn opera	nal ation:		Hours/Day 24	Days 7	/Week		Weeks/Year 52	Days/Year 365
13. Perce	ent annua	al	Dec. – Feb.		:h – May	/	June – August	Sept. – Nov.
throu	ughput		25	25			25	25
			TYPE OF PERMIT					
14. Oper perm	· · · · · · · · · · · · · · · · · · ·		Date construction star	ted	Date c	ompleted	Date of ownership	change (if applicable)
			Last permit number(s) 063407P)		Emissi 18-008	on Source Reference N 6-26	lumber(s)
perm			Last permit number(s)				on Source Reference N	
			tion permit above, then	choos	e eithe			n, or Location Transfer
New Con	struction	Sta	rting date			Completion	on date	
Modificat	tion	Dat	te modification started	or will	start	Date com	pleted or will complete	2
Location	Transfer	Tra	insfer date			Address o	of last location	

15. Describe changes that have been n	nade to this equipment or op	eration(s) since the last construction
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Туре	ource description	n 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	e)							
Plant 1									
3. Is a construction period (see instructions for approximately approxim	• •		g su	bmitted?	Yes No	√			
4. Site address (St./Rd./H	łwy.)		County name						
346 Sweeney Drive			Cumberland						
City Zip code						5. NAICS or SIC code			
Crossville	Crossville 38555					327122			
6. Site location (in lat. /long.)	Latitude				Longitude	Longitude			
	CONTACT I	NFORM <i>A</i>	OITA	N (RESPONS	IBLE PERSON)				
7. Responsible person/Authorized contact					Phone numb	Phone number with area code			
Greg Mather					931-484-2110				
Mailing address (St./R	td./Hwy.)				Fax number v	with area code			
P.O. Box 1168	<i>,</i>								
City		State		Zip code	Email address				
Crossville		TN		38557	gmather@crossvilleinc.com				
	CONT	ACT INF	ORN	IATION (TEC	HNICAL)				
8. Principal technical co	ntact				Phone number with area code				
Mike Briggs					931-456-3947				
Mailing address (St./R	d./Hwy.)				Fax number with area code				
P.O. Box 1168	-								
City		State		Zip code	Email addres	S			
Crossville		TN		38557	mbriggs@cros	ssvilleinc.com			
	CON	NTACT IN	IFOR	MATION (BI	LLING)				
9. Billing contact					Phone numb	er with area code			
Beth Lee					931-484-2110				
Mailing address (St./R	d./Hwy.)				Fax number v	with area code			
P.O. Box 1168									
City		State		Zip code	Email addres	S			
Crossville		TN		38557	blee@crossvilleinc.com				

	AIR CONTAI	MINANT SOU	RCE(S) INF	ORMATION	
process emiss and include a uniquely iden instructions fo	of air contaminant source tion sources, fuel burning in Unique Source ID for each tifies the air contaminant so or more details) lines with four (4) baghous	nstallations, a source. The ource(s), like	nd inciner Unique So	ators that are containe urce ID is a name/num	d in this application ber/letter, which
11. Is the air cont addressed. Y	aminant source(s) in a notes No	onattainmen	t area? If	"Yes", then minor so	urce BACT must be
12. Normal operation:	Hours/Day 24	Days/Week 7		Weeks/Year 52	Days/Year 365
13. Percent annua	Dec. – Feb. 25	March – Mag 25	у	June – August 25	Sept. – Nov. 25
	TYPE OF PERMI	T REQUESTED	(check a	ppropriate box)	
14. Operating permit	Date construction star	rted Date o	completed	Date of ownership o	hange (if applicable)
	Last permit number(s) 063491P)	Emission 18-008	on Source Reference N 6-28	umber(s)
Construction permit	Last permit number(s			on Source Reference N	
If you chose Const	ruction permit above, then	choose eithe	r New Con	struction, Modification	, or Location Transfer
New Construction	Starting date		Completio	on date	
Modification	Date modification started	or will start	Date com	pleted or will complete	
Location Transfer	Transfer date		Address o	f last location	

15. Describe changes that have been n	nade to this equipment or op	eration(s) since the last construction
or operating permit application:		
This equipment has not been modified.		
16 Commonts		
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Туре	ource description	n 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	e)							
Plant 1									
3. Is a construction period (see instructions for approximately approxim	• •		g su	bmitted?	Yes No	√			
4. Site address (St./Rd./H	łwy.)		County name						
346 Sweeney Drive			Cumberland						
City Zip code						5. NAICS or SIC code			
Crossville	Crossville 38555					327122			
6. Site location (in lat. /long.)	Latitude				Longitude	Longitude			
	CONTACT I	NFORM <i>A</i>	OITA	N (RESPONS	IBLE PERSON)				
7. Responsible person/Authorized contact					Phone numb	Phone number with area code			
Greg Mather					931-484-2110				
Mailing address (St./R	td./Hwy.)				Fax number v	with area code			
P.O. Box 1168	<i>,</i>								
City		State		Zip code	Email address				
Crossville		TN		38557	gmather@crossvilleinc.com				
	CONT	ACT INF	ORN	IATION (TEC	HNICAL)				
8. Principal technical co	ntact				Phone number with area code				
Mike Briggs					931-456-3947				
Mailing address (St./R	d./Hwy.)				Fax number with area code				
P.O. Box 1168	-								
City		State		Zip code	Email addres	S			
Crossville		TN		38557	mbriggs@cros	ssvilleinc.com			
	CON	NTACT IN	IFOR	MATION (BI	LLING)				
9. Billing contact					Phone numb	er with area code			
Beth Lee					931-484-2110				
Mailing address (St./R	d./Hwy.)				Fax number v	with area code			
P.O. Box 1168									
City		State		Zip code	Email addres	S			
Crossville		TN		38557	blee@crossvilleinc.com				

							APC	2 100
		AIR CONTAI	ΛΙΝΑΝ	NT SOU	RCE(S) INI	FORMATION		
process emiss and include a	sion Uni tifie	ir contaminant source sources, fuel burning ir que Source ID for each s the air contaminant so	(s) an nstalla sourc	d Uniqu itions, a e. The l	ue Source nd inciner Jnique So	ID(s). List, identi ators that are con urce ID is a name.	itained in this application /number/letter, which	n
kiln #4 loading ope	erati	on and three glaze appl				zing line at entran	ce to Kiln #4, Press #6 ti	le
glazing booth, and	Irir	n Press #1 glazing bootl	n) witr	n one ba	agnouse			
11. Is the air contact addressed.		inant source(s) in a no	onatta	ainmen	t area? If	"Yes", then min	or source BACT must b	е
12. Normal operation:		Hours/Day 24	Days	/Week		Weeks/Year 52	Days/Year 365	
13. Percent annu throughput	al	Dec. – Feb. 25	Marc 25	ch – May	/	June – August 25	Sept. – Nov. 25	
		TYPE OF PERMIT	Γ REQ	UESTED	(check a	ppropriate box)		
14. Operating permit	√	Date construction star	ted	Date c	ompleted	Date of owner	ship change (if applicabl	e)
		Last permit number(s) 064984P)		Emissi 18-008	on Source Referer 6-29	nce Number(s)	
Construction permit		Last permit number(s))		Emissi	on Source Referer	nce Number(s)	
If you chose Const	ruc	tion permit above, then	choos	se eithe	r New Cor	struction, Modific	ation, or Location Trans	fer
New Construction	Sta	rting date			Completion	on date		
Modification	Da	te modification started	or will	start	Date com	pleted or will com	plete	

Address of last location

Location Transfer Transfer date

15. Describe changes that have been n	nade to this equipment or op	eration(s) since the last construction
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Type or print and submit. Attach appropriate source description forms.								
		SITE	INF	ORMATION				
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	t from legal nam	e)						
Plant 1								
3. Is a construction per (see instructions for a			ıg su	bmitted?	Yes No	· 🗸		
4. Site address (St./Rd./Hwy.)						County name		
346 Sweeney Drive						Cumberland		
City Zip code				code	5. NAICS or SIC code			
Crossville 38555						327122		
6. Site location (in lat. /long.)	Latitude				Longitude			
	CONTACT I	NFORM <i>A</i>	OITA	N (RESPONS	IBLE PERSON)			
7. Responsible person/	Authorized con	tact			Phone numb	Phone number with area code		
Greg Mather					931-484-2110			
Mailing address (St./Rd./Hwy.)					Fax number with area code			
P.O. Box 1168								
City		State		Zip code	Email addres	S		
Crossville				38557	gmather@cro	ssvilleinc.com		
	CONT	ACT INF	ORN	IATION (TEC	HNICAL)			
8. Principal technical contact					Phone number with area code			
Mike Briggs					931-456-3947			
Mailing address (St./Rd./Hwy.)					Fax number with area code			
P.O. Box 1168								
City Sta		State		Zip code	Email address			
Crossville TN			38557	mbriggs@crossvilleinc.com				
	CON	NTACT IN	IFOR	MATION (BI	LLING)			
9. Billing contact				Phone number with area code				
Beth Lee				931-484-2110				
Mailing address (St./Rd./Hwy.)					Fax number with area code			
P.O. Box 1168								
City		State		Zip code	Email addres	S		
Crossville		TN		38557	blee@crossvil	leinc.com		

		AIR CONTAI	JINANT	SOUF	RCE(S) INF	ORMATION		
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)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								
12. Normal operation:		Hours/Day 24	Days/Week 7			Weeks/Year 52	Days/Year 365	
13. Percent and throughput		Dec. – Feb. 25	March – May 25		,	June – August 25	Sept. – Nov. 25	
		TYPE OF PERMIT	REQUE	STED	(check a _l	propriate box)		
14. Operating permit	\checkmark	Date construction star	rted [Date co	ompleted	Date of ownership	change (if applicable)	
		Last permit number(s) 064134P			Emission Source Reference Number(s) 18-0086-30			
Construction permit		Last permit number(s)			Emission Source Reference Number(s)			
If you chose Cor	nstruc	ction permit above, then	choose	either	New Con	struction, Modification	n, or Location Transfer	
New Construction Starting date					Completion date			
Modification	Da	ate modification started or will start			Date completed or will complete			
Location Transfe	or Tr	ransfer date			Address o	f last location		

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