

TENNESSEE AIR POLLUTION CONTROL BOARD
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
NASHVILLE, TENNESSEE 37243-1531



OPERATING PERMIT Issued Pursuant to Tennessee Air Quality Act

Date Issued: **FEB 23 2007**

Permit Number:
060645F

Date Expires: January 1, 2017

Issued To:

National Health Care of Cleveland, Inc.
d/b/a SkyRidge Medical Center

Installation Address:

2305 Chambliss Avenue
Cleveland

Installation Description:

Two (2) Steam Generating Boilers:

Cleaver Brooks Model CB200-125, S/N L-57718 and
S/N L-57719; each rated at 5,230,000 BTU/Hour

(Natural Gas as primary fuel and #2 Fuel Oil as standby fuel)

Emission Source Reference No.

06-0056-01

The holder of this permit shall comply with the conditions contained in this permit as well as all applicable provisions of the Tennessee Air Pollution Control Regulations.

CONDITIONS:

1. The application that was utilized in the preparation of this permit is dated November 28, 2006 and is signed by Jeff Prine, Facilities Director of the permitted facility. If this person terminates his/her employment or is assigned different duties such that he/she is no longer the responsible person to represent and bind the facility in environmental permitting affairs, the owner or operator of this air contaminant source shall notify the Technical Secretary of the change. Said notification shall be in writing and submitted within thirty (30) days of the change. The notification shall include the name and title of the new person assigned by the source owner or operator to represent and bind the facility in environmental permitting affairs. All representations, agreement to terms and conditions and covenants made by the former responsible person that were used in the establishment of limiting permit conditions on this permit will continue to be binding on the facility until such time that a revision to this permit is obtained that would change said representations, agreements and covenants.

(Conditions continued on next page)

TECHNICAL SECRETARY

No Authority is Granted by this Permit to Operate, Construct, or Maintain any Installation in Violation of any Law, Statute, Code, Ordinance, Rule, or Regulation of the State of Tennessee or any of its Political Subdivisions.

NON-TRANSFERABLE

POST AT INSTALLATION ADDRESS

2. This permit does not cover any air contaminant source that does not conform to the conditions of this permit and the information given in the approved application. This includes compliance with the following operating parameters:

- (a) When burning Number 2 (#2) fuel oil, the maximum usage rates shall not exceed 76.8 gallons per hour and 22,120 gallons per year.

This emission limitation is established pursuant to Rule 1200-3-6-.01(7) of the Tennessee Air Pollution Control Regulations and the information contained in the agreement letter dated November 17, 1994 from the permittee.

- (b) The maximum heat input shall not exceed 10,800,000 BTU per hour.

3. Natural gas or Number 2 (#2) fuel oil only shall be used as fuels for this source.
4. The sulfur content of the fuel shall not exceed 0.5 percent.
5. Particulate matter emitted from this source shall not exceed 6.21 pounds per hour.
6. Sulfur dioxide emitted from this source shall not exceed 10.0 pounds per hour.

This emission limitation is established pursuant to Rule 1200-3-14-.01(3) of the Tennessee Air Pollution Control Regulations and the information contained in the agreement letter dated November 17, 1994 from the permittee.

7. Visible emissions from this source shall not exhibit greater than twenty percent (20%) opacity, except for one (1) six-minute period in any one (1) hour period, and for no more than four (4) six-minute periods in any twenty-four (24) hour period. Visible emissions from this source shall be determined by EPA Method 9, as published in the current 40 CFR 60, Appendix A (six-minute average). TAPCR 1200-3-5-.03(6) and TAPCR 1200-3-5-.01(1).
8. A log of the fuel types, fuel usage rates, operating time in hours per month for each fuel type, and sulfur content of the fuel for this source, in a form that readily shows compliance with conditions 2, 3 and 4, must be maintained at the source location and kept available for inspection by the Technical Secretary or his representative. This log must be retained for a period of not less than two years.
9. The issuance of this operating permit supersedes all previously issued permit(s) for this air contaminant source.
10. This permit is valid only at this location.
11. The permittee shall apply for renewal of this permit not less than sixty (60) days prior to the permit's expiration date pursuant to Division Rule 1200-3-9-.02(3).

(End of conditions)



DEC 01 2006

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401 Church Street
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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.

1. ORGANIZATION'S LEGAL NAME National Health Care of Cleveland (DBA SkyRidge Medical Center)		/// FOR	APC COMPANY-POINT NO. 06-0056-01
2. MAILING ADDRESS (ST/RD/P.O. BOX) P.O. Box 3060		/// APC	APC LOG/PERMIT NO.
CITY Cleveland	STATE TN	ZIP CODE 37320	PHONE WITH AREA CODE (423) 559-6000
3. PRINCIPAL TECHNICAL CONTACT Jeff Prine (Facilities Director)			PHONE WITH AREA CODE (423) 559-6005
4. SITE ADDRESS (ST/RD/HWY) 2305 Chambliss Ave			COUNTY NAME Bradley
CITY OR DISTANCE TO NEAREST TOWN Cleveland		ZIP CODE 37320	PHONE WITH AREA CODE
5. EMISSION SOURCE NO. (NUMBER WHICH UNIQUELY IDENTIFIES THIS SOURCE) 06-0056-01		PERMIT RENEWAL YES () NO (X)	
6. BRIEF DESCRIPTION OF EMISSION SOURCE (2) Steam generating boilers: Used as independent set. #1 Clever Brooks Model CB200-125 S/N L-57718 #2 Clever Brooks Model CB200-125 S/N L-57719 Each rated at 5,230,000 BTU/Hour Natural gas as primary fuel and #2 fuel oil as standby fuel			
7. TYPE OF PERMIT REQUESTED			
CONSTRUCTION ()	STARTING DATE	COMPLETION DATE	LAST PERMIT NUMBER
OPERATING (X)	DATE CONSTRUCTION STARTED	DATE COMPLETED	LAST PERMIT NUMBER
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. Hospital is under new ownership and has a new name.			
9. SIGNATURE (APPLICATION MUST BE SIGNED BEFORE IT WILL BE PROCESSED) 			DATE 11/28/06
10. SIGNER'S NAME (TYPE OR PRINT) Jeff Prine		TITLE Facilities Director	PHONE WITH AREA CODE (423) 559-6005

Contact Person
steacy Bostick
423 559 6005