

From: [Air.Pollution Control](#)
To: [APC Permitting](#)
Subject: FW: [EXTERNAL] APC 202
Date: Monday, February 26, 2024 5:10:57 PM
Attachments: [APC 202.pdf](#)

-----Original Message-----

From: Seth Blankenship <sedric_74@yahoo.com>
Sent: Monday, February 26, 2024 12:08 PM
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Subject: [EXTERNAL] APC 202

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

Please see attached.

Let us know if you need anything else.

Thanks,

Blankenship Collision Center

615-374-2380



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 Blankenship Collision Center LLC			
Facility name (if different from legal name) Blankenship Collision Center			
Site address (St./Rd./Hwy.) 293 McMurry Blvd W		County name TN	
City Hartsville		Zip code 37074	
CONTACT INFORMATION (RESPONSIBLE PERSON)			
Responsible person/Authorized contact Zachary Blankenship		Phone number with area code (615) 374-2380	
Mailing address (St./Rd./Hwy.) 293 McMurry Blvd W		Fax number with area code (615) 374-2332	
City Hartsville	State TN	Zip code 37074	Email address sedric_74@yahoo.com
CONTACT INFORMATION (TECHNICAL)			
Principal technical contact Seth Blankenship		Phone number with area code (615) 374-2380	
Mailing address (St./Rd./Hwy.) 293 McMurry Blvd W		Fax number with area code (615) 374-2332	
City Hartsville	State TN	Zip code 37074	Email address sedric_74@yahoo.com
TYPE OF NOTIFICATION OF AUTHORIZATION (NOA) REQUESTED			
<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Source w/o Permit	<input checked="" type="checkbox"/> Replace Existing Permit with PBR	<input type="checkbox"/> Change of Ownership
Construction Starting Date:		Emission Source Reference Number:	
Construction Completion Date:		Existing Permit Number: 066293P	
Describe changes and/or modifications that have been made, since the last permit application or NOI: None to my knowledge			

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 ☐ No ☒

Auto body refinishing subject to 6H

Yes ☒ No ☐

Stationary emergency engine

Yes ☐ No ☒

If Auto Body refinishing facility is not subject to 40 CFR 63 Subpart HHHHHH Miscellaneous Surface Coating and Paint Stripping rule (6H rule), complete [Opt-Out petition](#) instead of this form

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.

Agree ☒Disagree ☐

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.

Agree ☒Disagree ☐

The facility **is/is not** located in a county designated serious, severe, or extreme [non-attainment](#) for ozone.

Is ☐Is Not ☒

If the facility at which this source is located is in a county designated serious, severe, or extreme [non-attainment](#) 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.

Agree ☒Disagree ☐

SOURCE-SPECIFIC INFORMATION

Gasoline Dispensing Facilities

Maximum monthly throughput in gallons

List Pollution Control Devices (equipment such as submerged fill or Stage I vapor controls. If equipment details are known, list them. If not, list if submerged fill or Stage I vapor controls are present)

Auto Body Refinishing (If facility is not subject to 6H, complete [Opt-Out petition](#) instead of this form)

Methylene chloride used?

Yes ☐No ☒

List Pollution Control Devices (include paint booths, HVLP, and similar pollution control devices)

3 - Paint Booths
HVLP - Paint Guns

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 (such as low NOX burner)
		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
2-26-24

Responsible person printed name
Zachary Blankenship

Title
Member/Owner

Phone number with area code
(615) 374-238