Premi	As Polyages Control
Date:	Moday, Mach 18, 2024 1.53.54 PM

From: sanif hajiani «sammyhajiani@gmail.como-Sent: Monday, March 18, 2024 10:40 AM Te: Air Pollution Control - Air Pollution: Control@tn.govo-Select: (EVITRMA) Sammas mit Clinton Tn

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DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF AIR POLLUTION CONTROL William R. Snodgrass Tennessee Tower 312 Rosa L. Parks Avenue, 15<sup>th</sup> Floor, Nashville, TN 37243 Telephone: (615) 532-0554, Email: Air.Pollution.Control@TN.gov

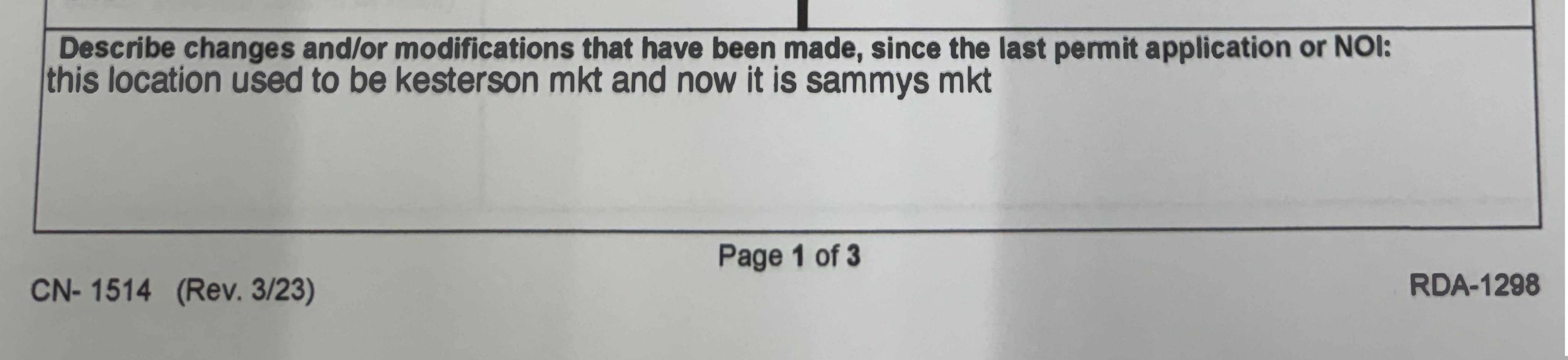
# NOTICE OF INTENT (NOI) FOR DIVISION OF AIR POLLUTION CONTROL PERMIT-BY-RULE (PBR)

## FACILITY INFORMATION

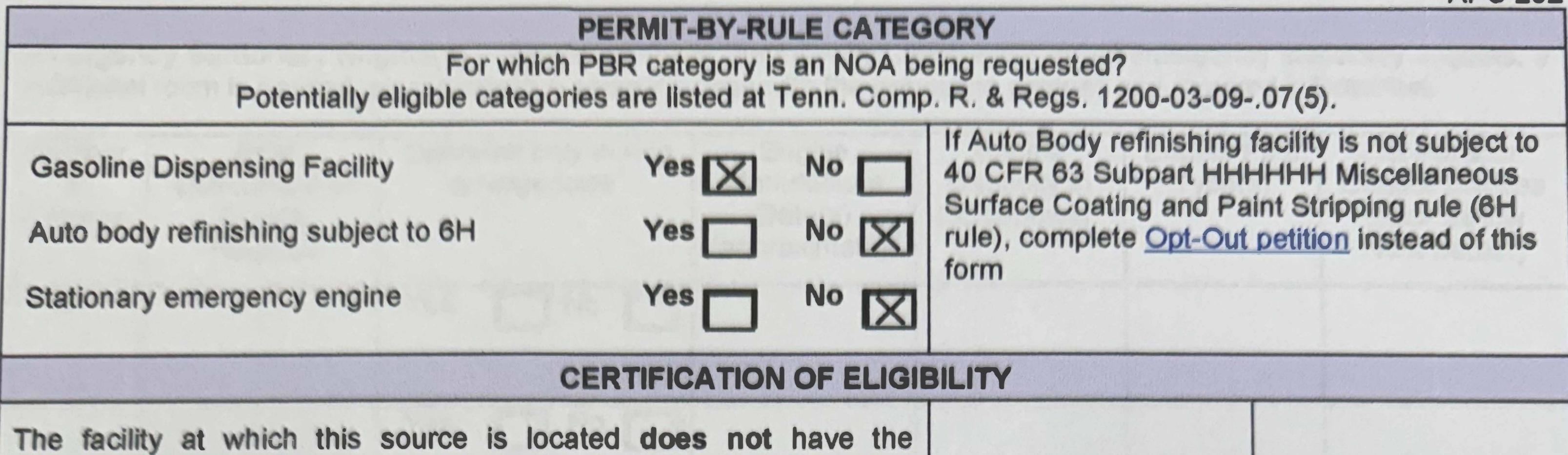
Organization's legal name sammys mkt n deli

Facility name (if different from legal name)

Site address (St./Rd./Hwy.) 2655 lake city hwy City clinton				County name andersonZip code 37716		
Responsible person/Authorized contact sammy			Phone number with area code 4045732150			
Mailing address (St. 12051 woodhollow	/Rd./Hwy.) / In			Fax number with area code		
City knoxville		State tn	Zip code 37932	Email address sammyhajiani@gmail.com		
	CONT	ACT INFO	RMATION (TEC	INICAL)		
Principal technical contact ammy				Phone number with area code 4045732150		
Mailing address (St./ 2051 woodhollow	(Rd./Hwy.) In	NINDER COR		Fax number with area code		
City noxville tn			Zip code 37932	Email address sammyhajiani@gmail.com		
	TYPE OF NOTIFICA	TION OF A	UTHORIZATIO	N (NOA) REQUESTED		
New Construction	Existing Source w/o Permit		Replace E with PBR	Replace Existing Permit Change of Ownershi with PBR		
	)ate:			Source Reference Number:		
Construction Starting D			01-0213			



#### **APC 202**



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.				Disagree		
potential to emit ten (10) tons per air pollutant or twenty-five (25)	e is located does not have the year or more of a single hazardous tons per year or more of any utants and has not taken limits to hese thresholds.	Agree		Disagree		
The facility is/is not located in a or extreme non-attainment for ozor	county designated serious, severe, ne.	ls		Is Not		
serious, severe, or extreme non-	s located is in a county designated attainment for ozone, this source it ten (10) tons per year or more of compounds.	Agree		Disagree		
	SOURCE-SPECIFIC INFORMAT	TION				
Gasoline Dispensing Facilities	Maximum monthly throughput in gallon 10000	S				
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)	stage 1 vapor control b-70-97-A vaccum 523-v					
Auto Body Refinishing (If facility s not subject to 6H, complete Opt-Out petition instead of this form)	Methylene chloride used?		íes C	No		

101111

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

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#### **APC 202**

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.

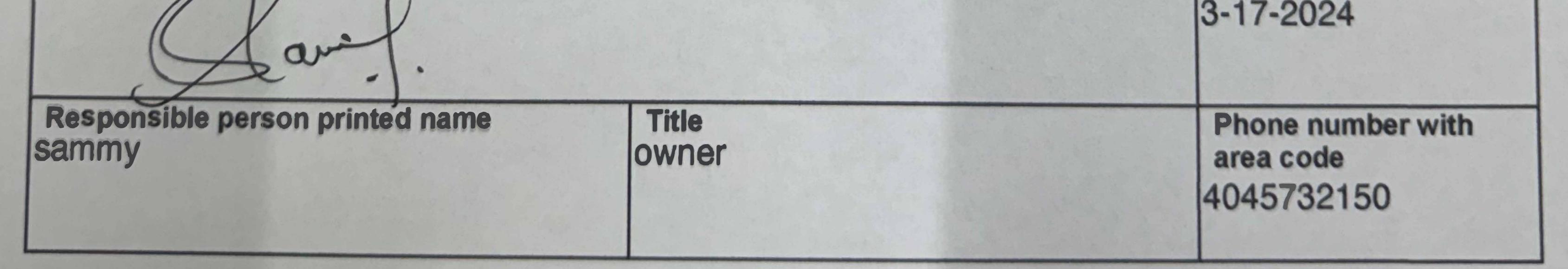
Number of Engines	Brief Description of Engine Purpose	Operated only during emergencies <sup>1</sup>	Engine Manufacture Date(s) (approximate) <sup>2</sup>	Engine Capacity in Horsepower <sup>3</sup>	Engine Fuel Type(s)	List Pollution Control Devices (such as low NOX burner)
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				

<sup>1</sup> A maximum of 100 hours of non-emergency operation per calendar year as allowed within the provisions of the rule. <sup>2</sup> 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. <sup>3</sup> If the engine serves a generator, be sure to list the <u>engine</u> power output, not the generator electrical output.

## SIGNATURE

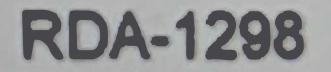
Based upon information and belief formed after a reasonable inquiry, I, as the responsible person of the above mentioned facility, certify that the information contained in this application and any attached application(s) is accurate and true to the best of my knowledge. As specified in TCA Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Responsible person signature (application must be signed before it will be processed)



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Date