

**From:** [Air.Pollution Control](#)  
**To:** [APC Permitting](#)  
**Subject:** FW: Application form CN-0730(APC 100)  
**Date:** Wednesday, June 23, 2021 9:23:09 AM  
**Attachments:** [image001.png](#)  
[2021-06-22-22-20-55-461.pdf](#)

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**From:** Lineberry, Rick (STUT) <rlineberry@tutco.com>  
**Sent:** Tuesday, 22 June, 2021 15:24  
**To:** Air.Pollution Control <Air.Pollution.Control@tn.gov>  
**Subject:** [EXTERNAL] Application form CN-0730(APC 100)

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Dear Technical Secretary,

Please see attached application. Please let us know if you have questions with this application.

Thank you,

**Rick Lineberry**

**Senior Project Manager/Maintenance-Toolroom Manager**



**Tutco LLC**

**Cookeville TN 38506**

**Email: [rlineberry@tutco.com](mailto:rlineberry@tutco.com)**

**Phone: 931-432-7220**

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

Type or print and submit. Attach appropriate source description forms.			
<b>SITE INFORMATION</b>			
1. <b>Organization's legal name and SOS control number</b> [as registered with the TN Secretary of State (SOS)] TUTCO LLC.			
2. <b>Site name</b> (if different from legal name)			
3. <b>Is a construction permit application fee being submitted?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (see instructions for appropriate fee to submit)			
4. <b>Site address</b> (St./Rd./Hwy.) 500 Gould Drive			County name Putnam
City Cookeville	Zip code 38506		5. <b>NAICS or SIC code</b> 3634,3564
6. <b>Site location</b> (in lat. /long.)	Latitude 36 deg. 8 min. 5 sec.	Longitude 85 deg. 32 min. 11 sec.	
<b>CONTACT INFORMATION (RESPONSIBLE PERSON)</b>			
7. <b>Responsible person/Authorized contact</b> Rick Lineberry			Phone number with area code 931-261-4701
<b>Mailing address</b> (St./Rd./Hwy.) 500 Gould Drive			Fax number with area code 931-432-7392
City Cookeville	State TN	Zip code 38506	Email address rlineberry@tutco.com
<b>CONTACT INFORMATION (TECHNICAL)</b>			
8. <b>Principal technical contact</b> Rick Lineberry			Phone number with area code 931-432-7220
<b>Mailing address</b> (St./Rd./Hwy.) 500 Gould Drive			Fax number with area code 931-432-7392
City Cookeville	State TN	Zip code 38506	Email address rlineberry@tutco.com
<b>CONTACT INFORMATION (BILLING)</b>			
9. <b>Billing contact</b> Renee Lackey			Phone number with area code 931-432-7232
<b>Mailing address</b> (St./Rd./Hwy.) 500 Gould Drive			Fax number with area code 931-432-5851
City Cookeville	State TN	Zip code 38506	Email address Rlackey@tutco.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)

Surface coating operation of steel strips for lubrication and surface coating operation of stainless steel strips for cleaning.

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

<b>12. Normal operation:</b>	Hours/Day 8	Days/Week 5	Weeks/Year 50	Days/Year 240
<b>13. Percent annual throughput</b>	Dec. - Feb.	March - May	June - August	Sept. - Nov.

**TYPE OF PERMIT REQUESTED (check appropriate box)**

<b>14. Operating permit</b> <input checked="" type="checkbox"/>	Date construction started	Date completed	Date of ownership change (if applicable)
	Last permit number(s) 066406P		Emission Source Reference Number(s) 71-0190-01-P
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

<b>New Construction</b> <input type="checkbox"/>	Starting date	Completion date
<b>Modification</b> <input type="checkbox"/>	Date modification started or will start	Date completed or will complete
<b>Location Transfer</b> <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:**

N/A

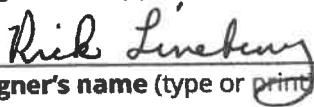
**16. Comments**

**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**



6/22/2021

**Signer's name** (type or print)

**Title**

**Phone number with area code**

Rick Lineberry

Senior Project Mgr.

931-261-4701