

Aemilia Hamel

From: Air.Pollution Control
Sent: Thursday, 16 June, 2022 08:04
To: APC Permitting
Subject: FW: Facility ID #80-0071, Smith County Motor Co. Inc.
Attachments: 80-0071 Smith County Motor Co. NOI.pdf

From: David S. Bradshaw <David.S.Bradshaw@tn.gov>
Sent: Thursday, June 16, 2022 7:40 AM
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Cc: cwaggoner@smithcountymotors.com
Subject: Facility ID #80-0071, Smith County Motor Co. Inc.

To whom it may concern,

Attached is an NOI for Smith County Motor Co. Inc., Facility ID # 80-0071, permit #065680P.

Thanks,
David



David Bradshaw | Environmental Scientist
[TN Air Pollution Control](#)
Cookeville Environmental Field Office
1221 S. Willow Ave. Cookeville, TN 35806
p. (931) 520-6668
david.s.bradshaw@tn.gov
tn.gov/environment

We value your opinion. Please take a few minutes to [complete our customer service survey.](#)



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

Smith County Motor Co. Inc.

Facility name (if different from legal name)

Site address (St./Rd./Hwy.)

211 Dixon Springs Hwy.

County name

Smith

City

Carthage

Zip code

37030

CONTACT INFORMATION (RESPONSIBLE PERSON)

Responsible person/Authorized contact

Charles Waggoner

Phone number with area code

(615) 735-2878

Mailing address (St./Rd./Hwy.)

211 Dixon Springs Hwy.

Fax number with area code

City

Carthage

State

TN

Zip code

37030

Email address

cwaggoner@smithcountymotors.com

CONTACT INFORMATION (TECHNICAL)

Principal technical contact

(same as above)

Phone number with area code

Mailing address (St./Rd./Hwy.)

Fax number with area code

City

State

Zip code

Email address

TYPE OF NOTIFICATION OF AUTHORIZATION (NOA) REQUESTED



New Construction



Existing Source w/o Permit



Replace Existing Permit
with PBR



Change of Ownership

Construction Starting Date:

Emission Source Reference Number:

80-0071

Construction Completion Date:

Existing Permit Number:

065680P

Describe changes and/or modifications that have been made, since the last permit application or NOI:

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)

1 paint booth
HVLP 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

Charles Waggoner

6/15/22

Responsible person printed name

Title

Phone number with area code

Charles Waggoner

Corporate President

(615) 735-2878