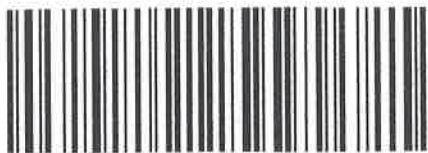


Ames  
-37339

**CERTIFIED MAIL**



7020 0640 0000 4747 3565

CHATTANOOGA TN 373



1000



37243

U.S. POSTAGE PAID  
FCM LETTER  
TRACY CITY, TN  
37387  
JUN 14, 22  
AMOUNT

**\$6.80**

R2305M145551-01

**RETURN RECEIPT  
REQUESTED**

Department of Environment and  
Conservation Division of Pollution Control  
William R. Snodgrass Tower  
312 Rosa L. Parks Ave 15th floor  
Nashville, TN 37243

37243-





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

APC RCU

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

JUN 2022 PM 12:36

FACILITY INFORMATION			
Organization's legal name <i>Phillips Custom Designs</i>			
Facility name (if different from legal name) <i>Phillips Custom Designs</i>			
Site address (St./Rd./Hwy.) <i>356 Leander Boudin Rd</i>		County name <i>Grundy</i>	
City <i>Gruttli-Lager</i>		Zip code <i>37339</i>	
CONTACT INFORMATION (RESPONSIBLE PERSON)			
Responsible person/Authorized contact <i>Phillip James</i>		Phone number with area code <i>931-779-5001</i>	
Mailing address (St./Rd./Hwy.) <i>P.O. Box 316</i>		Fax number with area code <i>N/A</i>	
City <i>Gruttli-Lager</i>	State <i>TN</i>	Zip code <i>37339</i>	Email address <i>Phillipjames@yahoo.com</i>
CONTACT INFORMATION (TECHNICAL)			
Principal technical contact <i>Phillip James</i>		Phone number with area code <i>931-779-5001</i>	
Mailing address (St./Rd./Hwy.) <i>P.O. Box 316</i>		Fax number with area code <i>N/A</i>	
City <i>Gruttli-Lager</i>	State <i>TN</i>	Zip code <i>37339</i>	Email address <i>Phillipjames@yahoo.com</i>
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: <i>31-0058</i>	
Construction Completion Date:		Existing Permit Number: <i>065610P</i>	
Describe changes and/or modifications that have been made, since the last permit application or NOI:  <i>N/A</i>			

**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 ~~SPRAYER~~ SPRAYER

**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 <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"/>				

<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 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**

*Phillip James*

6-13-2022

**Responsible person printed name**

**Title**

**Phone number with area code**

Phillip James

Owner

931-779-5000