

**From:** [Air.Pollution Control](#)  
**To:** [APC Permitting](#)  
**Subject:** FW: [EXTERNAL] Notice of Intent for Division of Air Pollution Control Permit-by-Rule  
**Date:** Friday, September 17, 2021 9:39:20 AM  
**Attachments:** [SP1419ADM0121091709431.pdf](#)

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**From:** Sara Lloyd <sara.lloyd@tennova.com>  
**Sent:** Friday, September 17, 2021 9:32 AM  
**To:** Air.Pollution Control <Air.Pollution.Control@tn.gov>  
**Cc:** Jeffrey Brown <jeffrey.brown@tennova.com>  
**Subject:** [EXTERNAL] Notice of Intent for Division of Air Pollution Control Permit-by-Rule

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

Our application is attached for your reference. Please let us know if you need additional information.

Sara Heatherly Lloyd /Chief Operating Officer / Tennova Healthcare - LaFollette

O: 423.907.1439 / F: 423.907.1163 / [sara.lloyd@tennova.com](mailto:sara.lloyd@tennova.com)

----- Forwarded message -----

From: <[copier@tennova.com](mailto:copier@tennova.com)>  
Date: Fri, Sep 17, 2021 at 10:22 AM  
Subject: Message from P1419ADM01  
To: <[Sara.lloyd@tennova.com](mailto:Sara.lloyd@tennova.com)>



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			
<b>Organization's legal name</b> Campbell County HMA/dba/Lafollette Medical Center			
<b>Facility name</b> (if different from legal name) LaFollette Medical Center Tennova			
<b>Site address</b> (St./Rd./Hwy.) 923 East Central Ave		<b>County name</b> Campbell	
<b>City</b> LaFollette		<b>Zip code</b> 37766	
CONTACT INFORMATION (RESPONSIBLE PERSON)			
<b>Responsible person/Authorized contact</b> Mark Cain		<b>Phone number with area code</b> 423-907-1440	
<b>Mailing address</b> (St./Rd./Hwy.) 923 East Central Ave		<b>Fax number with area code</b>	
<b>City</b> LaFollette	<b>State</b> Tn	<b>Zip code</b> 37762	<b>Email address</b> Mark.Cain@tennova.com
CONTACT INFORMATION (TECHNICAL)			
<b>Principal technical contact</b> Jeff Brown		<b>Phone number with area code</b> 423-907-1651	
<b>Mailing address</b> (St./Rd./Hwy.) 923 E Central Ave		<b>Fax number with area code</b>	
<b>City</b> LaFollette	<b>State</b> TN	<b>Zip code</b> 37762	<b>Email address</b> jeffrey.brown@tennova.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
<b>Construction Starting Date:</b>		<b>Emission Source Reference Number:</b> 07-0027	
<b>Construction Completion Date:</b>		<b>Existing Permit Number:</b> 066120P	
<b>Describe changes and/or modifications that have been made, since the last permit application or NOI:</b> No changes or modifications.			

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If Auto Body refinishing facility is not subject to 40 CFR 63 Subpart HHHHHH Miscellaneous Surface Coating and Paint Stripping rule (6H rule), complete <u>Opt-Out petition</u> instead of this form
Auto body refinishing subject to 6H	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Stationary emergency engine	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
CERTIFICATION OF ELIGIBILITY			
The facility at which this source is located <b>does not</b> 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 <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>
The facility at which this source is located <b>does not</b> 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 <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
The facility <b>is/is not</b> located in a county designated serious, severe, or extreme <u>non-attainment</u> for ozone.		Is <input type="checkbox"/>	Is Not <input checked="" type="checkbox"/>
If the facility at which this source is located is in a county designated serious, severe, or extreme <u>non-attainment</u> for ozone, this source <b>does not</b> have the potential to emit ten (10) tons per year or more of nitrogen oxides or volatile organic compounds.		Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>
SOURCE-SPECIFIC INFORMATION			
Gasoline Dispensing Facilities	Maximum monthly throughput in gallons n/a		
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)	n/a		
Auto Body Refinishing (If facility is not subject to 6H, complete <u>Opt-Out petition</u> instead of this form)	Methylene chloride used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Pollution Control Devices (include paint booths, HVLP, and similar pollution control devices)	n/a		

**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)
1	Generator	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	prior to April 2005	240	Diesel	
1	Generator	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	prior to April 2005	896	Diesel	
		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

Responsible person printed name

Title

Phone number with area code

R MARK GAIN

CEO

9/17/21