

From: [Air.Pollution Control](#)
To: [APC Permitting](#)
Subject: FW: Facility ID #71-0337, Allen's Body Shop
Date: Monday, November 15, 2021 11:20:33 AM
Attachments: [image001.png](#)
[Allens Body Shop NOI.pdf](#)

From: David S. Bradshaw <David.S.Bradshaw@tn.gov>
Sent: Monday, November 15, 2021 10:43 AM
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Cc: wilmajallen@charter.net
Subject: Facility ID #71-0337, Allen's Body Shop

To whom it may concern,

Attached is an NOI for Allen's Body Shop (Facility ID #71-0337, Permit #065162P). Please let me know if you need anything else.

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 <i>Allen's Body Shop</i>			
Facility name (if different from legal name)			
Site address (St./Rd./Hwy.) <i>750 Double Springs Road</i>		County name <i>Putnam</i>	
City <i>Cookeville</i>		Zip code <i>38501</i>	
CONTACT INFORMATION (RESPONSIBLE PERSON)			
Responsible person/Authorized contact <i>Rickey Allen</i>		Phone number with area code <i>(931) 858-2716</i>	
Mailing address (St./Rd./Hwy.) <i>750 Double Springs</i>		Fax number with area code	
City <i>Cookeville</i>	State <i>TN</i>	Zip code <i>38501</i>	Email address <i>wilma.jallen@charter.net</i>
CONTACT INFORMATION (TECHNICAL)			
Principal technical contact <i>same as above</i>		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			
<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>71-0337</i>	
Construction Completion Date:		Existing Permit Number: <i>065162P</i>	
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)

*Filtered paint booth
HVLP*

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
		11/15/2021
Responsible person printed name	Title	Phone number with area code
Rickey Allen	Owner - Operator	