

STATE OF TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF AIR POLLUTION CONTROL

William R. Snodgrass Tennessee Tower, 15th Floor 312 Rosa L. Parks Avenue Nashville, TN 37243 (615) 532-0554 Voice or (615) 532-0614 FAX

Certified Article Number

9414 7266 9904 2154 5157 32

SENDER'S RECORD

October 23, 2020

Mr. Ronald F. Tate, President Tate Fabricating Company, Inc. 419 Industrial Drive White House, TN 37188

Re:

Construction Permit Application

419 Industrial Drive, White House, TN 37188

Emission Source Reference Nos. 74-0087-01 and 02/Log No. 078595

Dear Mr. Tate:

Your construction permit application dated October 6, 2020, for a surface coating and welding operation was received on October 6, 2020. A determination has been made that the application is incomplete for the following reason(s):

Additional information is needed as follows:

1. A determination has been made that the welding operation is subject to 40 CFR 63 Subpart XXXXXX National Emission Standards for Hazardous Air Pollutants Area Source Standards for Nine Metal Fabrication and Finishing Source Categories. An initial notification must be submitted pursuant to §63.11519 of that subpart.

The responsible official for an air contaminant source is required by paragraph 1200-03-26-.02(5) of the Tennessee Air Pollution Control Regulations to pay a construction permit application filing/processing fee. Based on the information provided in your application, the fee for your submittal is \$500.00. Please pay your fee by check payable to the Tennessee Division of Air Pollution Control and send to the following:

Tennessee Department of Environment and Conservation Division of Air Pollution Control William R. Snodgrass Tennessee Tower, 15th Floor 312 Rosa L. Parks Avenue Nashville, TN 37243

The fee and a copy of this letter must be submitted within 60 days of receipt of this letter so that the Division can process your application. If additional deficiencies are later identified, you will be able to correct them within the remainder of the 180 day-period that begins on the date you received this letter, as provided in subparagraph 1200-03-26-.02(4)(d) of the Tennessee Air Pollution Control Regulations.

Mr. Tate
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Please submit the additional information to the Technical Secretary at the address above or email the information to Air.Pollution.Control@TN.gov in Adobe pdf format within 60 days of receipt of this letter so that the Division can review the revised application for completeness. If additional deficiencies are identified, you will be able to correct them within the remainder of the 180 day-period that begins on the date you received this letter, as provided in subparagraph 1200-3-26-.02(4)(d) of the Tennessee Air Pollution Control Regulations.

If you have any questions concerning this correspondence, please contact Justin Dolzen at (615)532-0575 or Justin.Dolzen@tn.gov. Your Facility ID is 74-0087, please reference this number in any further correspondence with the Division.

Sincerely,

James P. Johnston, P.E.

Jones P. Sha

Deputy Director

Permitting & Regulatory Development

Notification of Compliance Status

National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories 40 CFR 63 Subpart XXXXXX

Section 1. Facility Information

Company name	
Facility name (if different):	
Facility (physical location) address:	
Owner name/title:	
Owner/company address:	
Owner telephone number	
Owner email address (if available):	
s the Operator the same person as the Owner? Yes No	
f the Operator information is different from the Owner, please provide the following: Operator name/title:	
Operator telephone number:	
Operator email address (if available):	
Source category and NAICS code(s)	

Section 2. Certification of Compliance Status

	Yes, the facility referenced below <u>IS</u> operating in compliance with all of the relevant standards and other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories
	No, the facility referenced below is NOT operating in compliance with the relevant standards And/or other requirements of 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories
	Reason for noncompliance:
	Yes, there are changes in or additions to the processes at my facility and/or applicable requirements under 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories as follows:
:=:	Source/requirement that has changed:
	How my requirements or source(s) have changed:
	Is source now in compliance and if not, reason why not:

(continued)

requirements under 40 CFR Part 63 subpa	tions to the processes at my facility and/or applicable rt XXXXXX, National Emission Standards for Hazardous Nine Metal Fabrication and Finishing Source Categories
I hereby certify that the information present	ted herein is correct to the best of my knowledge.
(Signature)	(Date)
(Name/title)	()(Telephone No.)

Initial Notification

National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories 40 CFR 63 Subpart XXXXXX

Section 1: Facility Information

Yes, I am subject to 40 CFR Part 63 subpart XXXXXX, National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Nine Metal Fabrication and Finishing Source Categories				
Source category and NAICS code(s)				
Compliance Date: Existing source: July 25, 2011 New source:(Date of startup)				
No, I am NOT subject to 40 CFR Part 63 subpart XXXXXX. Reason not applicable:				
If you checked the "No" box above, please complete only Section 1 of this form and then proceed directly to Section 3 of this form (skip Section 2).				
Company name				
Facility name (if different):				
Facility (physical location) address:				
Owner name/title:				
Owner/company address:				
Owner telephone number				
Owner email address (if available):				
Is the Operator the same person as the Owner?				
If the Operator information is different from the Owner, please provide the following:				
Operator name/title:				
Operator telephone number:				
Operator email address (if available):				

Section 2: Identification of Affected Operations

The following are the operations at this facility subject¹ to Subpart XXXXXX (check all that apply):

Dry Abrasive Blasting				
(1) Totally enclosed and unvented blast chambers				
(2) Vented enclosures with a filtration control device				
(3) Objects over 8 feet in any dimension without a filtration control device (includes outdoor blasting of objects over 8 ft in any dimension)				
Dry Machining				
Dry Grinding or Dry Polishing with Stationary Machines				
Spray Painting				
(1) In a spray booth				
(2) Without a spray booth (for Fabricated Structural Metal facilities or any objects over 15 feet)				
Welding				
(1) Use less than 2,000 pounds of MFHAP-containing ^b welding rod or wire annually				
(2) Use 2,000 pounds or more of MFHAP-containing ^b welding rod or welding wire annually				
Section 3: Certification I hereby certify that the information presented herein is correct to the best of my knowledge.				
(Signature) (Date)				
(Name/title) (Telephone No.)				

¹ Important Note: These operations are affected sources under subpart XXXXXX <u>only if/when</u> they use materials that contain or have the potential to emit metal fabrication or finishing metal HAP (MFHAP). **MFHAP containing/potential** is defined to be when the compounds of cadmium, chromium, lead, manganese, and nickel, or any of these metals in the elemental form with the exception of lead, are used or have the potential to be emitted in quantities of 0.1 percent or more, or 1.0 percent or more for elemental of compounds of manganese.