From:	Air.Pollution Control
To:	APC Permitting
Subject:	FW: Air Pollution Control
Date:	Monday, December 18, 2023 2:28:25 PM
Attachments:	image001.png
	Cover letter signed.pdf
	APC 100 Signed.pdf
	APC 102 Boiler 3 signed.pdf
	APC 102 Extrusion Line 3 and 4 -signed.pdf
	APC 102 Extrusion Lines 3,4A Signed.pdf
	APC 102 Liquid Cure-Signed.pdf
	APC 102 Hose Cure- Signed.pdf

From: Katherine Stephens <Katherine.Stephens@tn.gov>
Sent: Monday, December 18, 2023 10:05 AM
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Subject: FW: Air Pollution Control

Additional application forms for Facility 39-0057, Permit #477696

From: Webb, Riley <<u>Riley.Webb@pkoh-ac.com</u>>
Sent: Monday, December 18, 2023 9:31 AM
To: Katherine Stephens <<u>Katherine.Stephens@tn.gov</u>>; Terri Ledsinger <<u>Terri.Ledsinger@tn.gov</u>>
Subject: [EXTERNAL] Air Pollution Control

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

Good morning,

I am reaching out to you guys to let you know that I am sending certified mail with hard copies of all submitted documents to Mrs. Katherine Stephens. If you ladies need anything else, please let me know.

Please see attached documents.

Have a Very Merry Christmas and Happy New Year.

Kind Regards,



Riley Webb Environmental Health & Safety Coordinator 1921 North Broad ST. Lexington, TN 38351 **Office:** 731-967-3622 **Cell:** 731-845-9015

Email: <u>Riley.Webb@pkoh-ac.com</u>



Fluid Routing Solutions, Inc.

December 15, 2023

Katherine Stephens Environmental Protection Specialist Division of Air Pollution Control William R Snodgrass TN Tower 15th Floor 312 Rosa L. Parks Avenue Nashville, TN. 37243

Hello Katherine,

Thank you for all of your support and assistance with updating our Operating Permit renewal information for FRS – Permit # 477696.. Please accept the Air Permit documentation that was requested to be reviewed and updated from previous calculations. Fluid Routing Solutions has updated all APC 102 documents with regards to actual production numbers per the request. Please review and accept this information to be considered for 2020 air permit application. If there are any questions or concerns, please do not hesitate to contact me.

Sincerely,

Eley Walls

Riley Webb EHS Coordinator Fluid Routing Solutions 1921 N Broad Street Lexington, TN 38351 (731) 968-4281 Ext: 70103 Email: riley.webb@pkoh-ac.com

1921 N. Broad St. Lexington, TN 38351 (731)968-4282, Fax (731)968-4237



NON-TITLE V PERMIT APPLICATION FACILITY IDENTIFICATION

Тур	e or print and sub	mit. Atta	ich a	ppropriate so	ource description	n forms.		
		SITE	INFO	ORMATION				
 Organization's legal Fluid Routing Solutions 	 Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)] Fluid Routing Solutions TND 086935723 							
2. Site name (if differer FRS	nt from legal name	<u>)</u>						
3. Is a construction pe (see instructions for a	• •		g su	bmitted?	Yes No			
4. Site address (St./Rd./ 1921 Broad Street	/Hwy.)					County name		
City Lexington			Zip 3835	code 51		5. NAICS or SIC code 326220 (3052)		
6. Site location (in lat. /long.)	Latitude N35* 41' 3.2"				Longitude W88* 23' 9.5"			
	CONTACT I	NFORMA	TIO	N (RESPONS	BLE PERSON)			
7. Responsible person/Authorized contact Craig Phillips				Phone number with area code (731) 967-3602				
Mailing address (St., 1921 Broad Street	(Rd./Hwy.)					Fax number with area code 731-967-0101		
City Lexington		State TN		Zip code 38351		Email address craig.phillips@pkoh-ac.com		
	CONT	ACT INF	ORN	IATION (TEC	HNICAL)			
8. Principal technical Riley Webb	contact				Phone numb (731) 967-362	er with area code 2		
Mailing address (St. 1921 Broad Street	/Rd./Hwy.)			/	Fax number with area code 731-967-0101			
City Lexington		State TN		Zip code 38351	Email addres riley.webb@p			
	CON	ITACT IN	IFOR	MATION (BI	LLING)			
9. Billing contact Rhonda Johnson								
Mailing address (St./Rd./Hwy.) 1921 Broad Street				Fax number 731-967-0101	with area code			
City State Zip code Email address Lexington TN 38351 rhonda.johnson@pkoh-ac.com								

15. Describe changes that have been made to this equipment or operation(s) since the last construction or operating permit application:

* Will not utilize Diesel Fuel at location as back up

*Eliminated the use of Cyclohexanone in all processes

*Boiler #3 - manufacturer date actual is 1997

16. Comments

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 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.

17. Signature (application must be signed	Date	
Car's Philly	12-15-23	
Signer's name (type or print)	Title	Phone number with area code
Craig Phillips	Plant Manager	(731) 967-3602



Type or print. Submit with the APC 100.						
GEN	IERAL IDENTIFICATI	ION AND DESCRIPTION				
1. Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)] 2. Emission Source Reference Number FLUID ROUTING SOLUTIONS, INC. 39-0057-04						
3. Is this air contaminant source subject to an NSPS or NESHAP rule? Yes No No Nf Yes, list rule citation, including Part, Subpart, and applicable Sections:						
 Unique Source ID (see instruction T13602 	าร)	5. Unique Emission Point Boiler #3	t ID (see ins	tructions)		
6. Description of air contaminant Boiler #3 - Natural Gas 600 HP	6. Description of air contaminant source Boiler #3 - Natural Gas 600 HP					
7. Type of air contaminant source	(Check only one opt	tion to the right)				
Process Emission Source: For each p (Check at right and complete lines 8,		rce, submit a separate appli	cation.			
Process Emission Source with in proc heated. For each process emission so complete lines 8 through 14)						
Non-Process fuel burning source: Pro Complete this form for each boiler o Description Form (APC 101) for each	r fuel burner and co	mplete a Non-Title V Emissio	on Point	~		
	S EMISSION SOURC	E DESCRIPTION AND DATA	· · · · · · · · · · · · · · · · · · ·			
8. Type of operation: Continuous	Batch	Normal batch time	Nori	mal batches/day		
9. Process material inputs and	Diagram	Input rates	(pounds/ho			
In-process solid fuels	reference	Design		Actuai		
A.			-			
B.						
С.						
D						
E.						
F.						
G.						
Totals						

14. Comments

Corrected Manufacture date - the date per on-hand records is 1997.

No fossil fuel can be used for this boiler unless retrofitted piping and refilled of diesel tanks on site should a catastrophic event occur resulting in natural gas unavailability.

Diesel tanks are on site but are void of fuels.

Natural Gas Annual Consumption for Boiler #3 - 693074.29 THERMS

SIGNATURE

If this form is being submitted at the same time as an APC 100 form, then a signature is not required on this form. Date this form regardless of whether a signature is provided. If this form is NOT being submitted at the same time as an APC 100 form, then a signature is required.

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 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.

15. Signature		Date	
Chis Phily		12-15-23	
Signer's name (type or print)	Title	Phone number with area code	
Craig Phillips	Plant Manager	(731) 967-3602	



	Type or print. Subm	it with the APC 100.				
		ON AND DESCRIPTION				
1. Organization's legal name and S	OS control numbe	r [as registered with the TN	1	ion Source		
Secretary of State (SOS)] FLUID ROUTING SOLUTIONS, INC.			Refere	ence Number		
				°		
3. Is this air contaminant source subject to an NSPS or NESHAP rule? Yes No If Yes, list rule citation, including Part, Subpart, and applicable Sections:						
4. Unique Source ID (see instruction	าร)	5. Unique Emission Point	ID (see ins	tructions)		
Cyclohexanone		Extrusion Lines 3 & 4				
6. Description of air contaminant Extrusion Lines #3 & #4	source					
7. Type of air contaminant source	(Check only one opt	tion to the right)				
Process Emission Source: For each p (Check at right and complete lines 8,		rce, submit a separate appli	cation.			
Process Emission Source with in proc						
heated. For each process emission se complete lines 8 through 14)	ource, submit a sepa	arate application. (Check at i	right and			
Non-Process fuel burning source: Pro Complete this form for each boiler o Description Form (APC 101) for each	r fuel burner and co	mplete a Non-Title V Emissio	on Point			
PROCES	S EMISSION SOURC	E DESCRIPTION AND DATA				
8. Type of operation: Continuous	Batch	Normal batch time	Norr	nal batches/day		
9. Process material inputs and	Diagram	Input rates	(pounds/ho			
In-process solid fuels	reference	Design		Actual		
A.						
В.						
C						
D						
E						
F.						
G.						
Totals						

44 6		
14. Comments		
Cyclohexanone is no longer utilized in any e	xtrusion process.	
	SIGNATURE	
If this form is being submitted at the same Date this form regardless of whether a sign as an APC 100 form, then a signature is req	time as an APC 100 form, then ature is provided. If this form uired.	is NOT being submitted at the same time
Based upon information and belief formed mentioned facility, certify that the informat knowledge. As specified in TCA Section 39-1	ion contained in this applicatio	on is accurate and true to the best of my
15. Signature		Date 12-15-23
Signer's name (type or print) Craig Phillips	Title Plant Manager	Phone number with area code (731) 967-3602

Type or print. Submit with the APC 100.				
		ION AND DESCRIPTION		
 Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)] FLUID ROUTING SOLUTIONS, INC. 				i on Source ence Number 06
3. Is this air contaminant source s	ubject to an NSPS	or NESHAP rule? Yes	No	
If Yes, list rule citation, including P	art, Subpart, and ap	plicable Sections:	JĽ	•
EXTRUSTION LN 3, 4A				
4. Unique Source ID (see instruction	ns)	5. Unique Emission Point	ID (see ins	structions)
EXTRUSTION LN 3, 4A		EXTRUSTION LN 3, 4A		
6. Description of air contaminant	source			
Extrusion Lines 3 and 4A				
7. Type of air contaminant source				1
Process Emission Source: For each p (Check at right and complete lines 8,		irce, submit a separate appli	cation.	
Process Emission Source with in pro-		of combustion contact mater	ials	
heated. For each process emission s				
complete lines 8 through 14)				
Non-Process fuel burning source: Pro				
Complete this form for each boiler o Description Form (APC 101) for each		•		
		E DESCRIPTION AND DATA		
8. Type of operati <u>on:</u>		Normal batch time		mal batches/day
Continuous 🖌	Batch			
9. Process material inputs and	Diagram	Input rates (pounds/ho	
In-process solid fuels	reference	Design		Actual
A. Rubber hose		605 Combined	347	7 Combined
В.				
С.				
D.				
E.				
F.				
G.				
Totals				

14. Comments					
Totals for both lines 3 & 4a Actuals - lbs per hour.					
Rubber Compounds that best match our pr	oducts is the EPDM				
	SIGNATURE				
If this form is being submitted at the same		÷ .			
Date this form regardless of whether a sign as an APC 100 form, then a signature is req	•	is NOT being submitted at the same time			
Based upon information and belief formed	•	is the responsible person of the above			
mentioned facility, certify that the informat					
knowledge. As specified in TCA Section 39-	16-702(a)(4), this declaration is				
15. signature		Date 12.15-23			
Signer's name (type or print)	Title	Phone number with area code			
Craig Phillips	Plant Manager	(731) 967-3602			

Type or print. Submit with the APC 100.					
		ION AND DESCRIPTION			
 Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)] FLUID ROUTING SOLUTIONS, INC. 				2. Emission Source Reference Number 39-0057-16	
3. Is this air contaminant source s	ubject to an NSPS	or NESHAP rule? Yes	No		
If Yes, list rule citation, including P	-				
Hose Cure Unit					
4. Unique Source ID (see instruction	าร)	5. Unique Emission Point	ID (see ins	tructions)	
HOSE CURE		HOSE CURE			
6. Description of air contaminant	source				
Hose cure unit					
7. Type of air contaminant source	(Check only one opt	tion to the right)			
Process Emission Source: For each p		irce, submit a separate appli	cation.		
(Check at right and complete lines 8,					
Process Emission Source with in proc					
heated. For each process emission so complete lines 8 through 14)	ource, submit a sepa	arate application. (Check at r	ight and		
Non-Process fuel burning source: Pro	oducts of combustio	n do not contact materials h	leated.		
Complete this form for each boiler o					
Description Form (APC 101) for each	stack. (Check at righ	nt and complete lines 10 thro	ough 14)		
	S EMISSION SOURC	E DESCRIPTION AND DATA			
8. Type of operation: Continuous	Batch	Normal batch time	Norr	nal batches/day	
9. Process material inputs and	Diagram	Input rates (pounds/ho		
In-process solid fuels	reference	Design		Actual	
A. Rubber/Straight Hose		531 - (7 Combined)	347- (7 Combined)	
В.					
С.					
D.					
E.					
F.					
G.					
Totals					

14. Comments

Actuals equals Vulcanizers #2 - #6 plus 2 Vertical Vulcanizers Vulcanizer #7 Main Plant is out of Service Vulcanizers #9 & 10 in West Plant are no longer in use.

rubber compounds that best match our products is EPDM.

SIGNATURE

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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 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.

15. Signature		Date (2-15-23
Signer's name (type or print)	Title	Phone number with area code
Craig Phillips	Plant Manager	(731) 967-3602

	Type or print. Subm	it with the APC 100.			
		ION AND DESCRIPTION			
1. Organization's legal name and S Secretary of State (SOS)] FLUID ROUTING SOLUTIONS, INC.	SOS control numbe	r [as registered with the TN		ion Source ence Number 2	
3. Is this air contaminant source s	ubject to an NSPS	or NESHAP rule? Yes	No No		
If Yes, list rule citation, including P	art, Subpart, and ap	plicable Sections:			
Liquid Cure Medium Unit					
4. Unique Source ID (see instruction	ns)	5. Unique Emission Point	ID (see ins	structions)	
LIQUID CURE MED		LIQUID CURE MED			
6. Description of air contaminant	source				
Liquid cure unit					
7. Type of air contaminant source					
Process Emission Source: For each p (Check at right and complete lines 8,		irce, submit a separate appli	cation.		
Process Emission Source with in pro-	cess fuel: Products o	of combustion contact mater	ials		
heated. For each process emission s complete lines 8 through 14)	ource, submit a sepa	arate application. (Check at r	ight and		
Non-Process fuel burning source: Pr	oducts of combustio	on do not contact materials h	eated.		
Complete this form for each boiler o					
Description Form (APC 101) for each					
	S EMISSION SOURC	E DESCRIPTION AND DATA			
8. Type of operation: Continuous	Batch	Normal batch time	Nor	mal batches/day	
9. Process material inputs and	Diagram	Input rates (pounds/ho	our)	
In-process solid fuels	reference	Design		Actual	
A. Rubber hose		531 -(2 Combined)	91.53	(2 Combined)	
В.					
С.					
D.					
E.					
F.					
G.					
Totals					

14. Comments		
Rubber Compound that best match our products is EPDM.		
SIGNATURE		
If this form is being submitted at the same time as an APC 100 form, then a signature is not required on this form. Date this form regardless of whether a signature is provided. If this form is NOT being submitted at the same time		
as an APC 100 form, then a signature is required.		
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 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.		
15. Signature		Date
Ciais Milly		12-15-23
Signer's name (type or print)	Title	Phone number with area code