

From: [Air.Pollution Control](#)
To: [APC Permitting](#)
Subject: FW: Emission Source Reference Number Operating Permit Application for Weigh Station
Date: Thursday, March 11, 2021 9:40:52 AM
Attachments: [image001.png](#)
[ESRN 32-0238-08 Operating Permit Application.pdf](#)

From: Roger Akel <Roger.Akel@erm.com>
Sent: Thursday, March 11, 2021 09:20
To: Air.Pollution Control <Air.Pollution.Control@tn.gov>
Cc: Chris Manis <christopher_manis@colpal.com>; Jeff Twaddle <Jeff.Twaddle@erm.com>
Subject: [EXTERNAL] Emission Source Reference Number Operating Permit Application for Weigh Station

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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

APC 100

**NON-TITLE V PERMIT APPLICATION
FACILITY IDENTIFICATION**

| | | | | |
|---|------------------------|-------------------|---|---------------------------------------|
| Type or print and submit. Attach appropriate source description forms. | | | | |
| SITE INFORMATION | | | | |
| 1. Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)] Colgate-Palmolive Company SOS Control Number: 000036828 | | | | |
| 2. Site name (if different from legal name) | | | | |
| 3. Is a construction permit application fee being submitted? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (see instructions for appropriate fee to submit) | | | | |
| 4. Site address (St./Rd./Hwy.) 200 Centennial Court | | | County name Hamblen | |
| City Morristown | | Zip code 37813 | | 5. NAICS or SIC code 325611 |
| 6. Site location (in lat. /long.) | Latitude 36 10' 39" | | Longitude 83 22' 20" | |
| CONTACT INFORMATION (RESPONSIBLE PERSON) | | | | |
| 7. Responsible person/Authorized contact Doug Dils | | | Phone number with area code 423-522-3001 | |
| Mailing address (St./Rd./Hwy.) 200 Centennial Court | | | Fax number with area code | |
| City Morristown | State TN | Zip code 37813 | Email address douglas_dils@colpal.com | |
| CONTACT INFORMATION (TECHNICAL) | | | | |
| 8. Principal technical contact Chris Manis | | | Phone number with area code 423-522-3331 | |
| Mailing address (St./Rd./Hwy.) 200 Centennial Court | | | Fax number with area code | |
| City Morristown | State TN | Zip code 37813 | Email address christopher_manis@colpal.com | |
| CONTACT INFORMATION (BILLING) | | | | |
| 9. Billing contact Chris Manis | | | Phone number with area code 423-522-3331 | |
| Mailing address (St./Rd./Hwy.) 200 Centennial Court | | | Fax number with area code | |
| City Morristown | State TN | Zip code 37813 | Email address christopher_manis@colpal.com | |

AIR CONTAMINANT SOURCE(S) INFORMATION**10. Description of air contaminant source(s) and Unique Source ID(s).** List, identify, and briefly describe

Emission Source Reference No. 32-0238-08: Weighing Tote Dump Station

Tote to pre-weigh charcoal for transfer to a mixing vessel/ tank used to blend charcoal with sorbitol. The tote holds approximately 900 lb of charcoal (sufficient for two batches of charcoal-sorbitol blend). Dust collector controls dust/ particulate matter from filling of tote. The dust collector (cartridge filter) is located external to the building which encloses the weighing tote dump station and mixing operation. The dust collector is rated at 3,000 acfm exhaust gas flow rate. Dust Collector Stack ID DS-1.

The tote is manually filled with charcoal (from bags). Approximately one-hour is required to fill the tote, and then the charcoal is vacuum pumped from the tote to the mixing vessel beneath the surface of the sorbitol liquid contained in the mixing vessel. The approximate charcoal-sorbitol blend batch time is 2.5 hours. The mixing vessel vent is uncontrolled. The mixing tank is considered an insignificant emission unit since only a negligible amount of volatile organic compounds (VOCs) is emitted from the mixing tank.

11. Is the air contaminant source(s) in a nonattainment area? If "Yes", then minor source BACT must be addressed. Yes No☐☒

| | | | | |
|--------------------------------------|-------------|-------------|---------------|--------------|
| 12. Normal operation: | Hours/Day | Days/Week | Weeks/Year | Days/Year |
| 13. Percent annual throughput | Dec. - Feb. | March - May | June - August | Sept. - Nov. |

TYPE OF PERMIT REQUESTED (check appropriate box)

| | | | |
|---|---|-----------------------------|---|
| 14. Operating permit <input checked="" type="checkbox"/> | Date construction started January 2021 | Date completed 1/18/2021 | Date of ownership change (if applicable) |
| | Last permit number(s) 978408 | | Emission Source Reference Number(s) 32-0238-08 |
| Construction permit <input type="checkbox"/> | Last permit number(s) | | Emission Source Reference Number(s) New - Not Assigned |

If you chose Construction permit above, then choose either New Construction, Modification, or Location Transfer

| | | |
|--|---|---------------------------------|
| New Construction <input type="checkbox"/> | Starting date | |
| Modification <input type="checkbox"/> | Date modification started or will start | Date completed or will complete |
| Location Transfer <input type="checkbox"/> | Transfer date | Address of last location |

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

New construction - Not applicable

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 before it will be processed)

Date

2-25-2021

Signer's name (type or print)

Title

Phone number with area code

Douglas Dils

Plant Manager

423-522-3001