From: Air.Pollution Control
To: APC Permitting

Subject: FW: [EXTERNAL] FW: RE: Facility ID# 40-0070 APC 100

Date: Thursday, March 18, 2021 11:16:38 AM

Attachments: <u>image001.png</u>

APC 100 Air Pollution Control "21.pdf

Importance: High

From: Matthew Massey < Matthew. Massey@tn.gov>

Sent: Thursday, March 18, 2021 10:08 AM

To: Air.Pollution Control <Air.Pollution.Control@tn.gov>

Cc: Brad Garrett <Brad.Garrett@tn.gov>

Subject: FW: [EXTERNAL] FW: RE: Facility ID# 40-0070 APC 100

Importance: High

From: Velma McBride < <u>velma.mcbride@setcoauto.com</u>>

Sent: Thursday, March 11, 2021 9:44 AM

To: Matthew Massey < <u>Matthew.Massey@tn.gov</u>>

Cc: Gary < <u>Gary.Flood@setcoauto.com</u>>

Subject: [EXTERNAL] FW: RE: Facility ID# 40-0070 APC 100

Importance: High

*** 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,

This is my 2nd attempt to send to email below – and for the 2nd time got an error. Please see that it gets to the correct department. Should I also mail hard copy to the Technical Secretary? Thank you for your help with this.

Regards, Velma

Velma A. McBride

H. R. Manager SETCO AUTOMOTIVE, N.A., INC. 1731 Mineral Wells Ave. Paris. TN. 38242

Phone: 731-642-4215, ext. 2012

Fax: 731-642-7899

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The best way to lift another up is with kind words!



From: Velma McBride [mailto:velma.mcbride@setcoauto.com]
Sent: Thursday, March 11, 2021 9:41 AM

To: 'Air.Pollution.Control@tn.gov.'

Cc: Gary

Subject: RE: Facility ID# 40-0070 APC 100

Importance: High

Please see permit renewal information attached. Facility ID#40-0070, Permit Number: 064587P; 064589P.

Regards, Velma McBride

Velma A. McBride

H. R. Manager SETCO AUTOMOTIVE, N.A., INC. 1731 Mineral Wells Ave. Paris, TN. 38242

Phone: 731-642-4215, ext. 2012

Fax: 731-642-7899

The best way to lift another up is with kind words!







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

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)] Setco Automotive (NA), Inc. SOS # 000520370											
	2. Site name (if different from legal name) (same)										
3.	3. Is a construction permit application fee being submitted? Yes No V (see instructions for appropriate fee to submit)										
4. Site address (St./Rd./Hwy.) 1731 Mineral Wells Ave.							County name Henry				
Pari	City s	Zip code 38242				5. NAICS or SIC code 3714					
6.	Site location (in lat. /long.)	Latitude 36.276209				Longitude 88.301455					
Va.		CONTACT	INFORMA	TIO	N (RESPONS	IBLE PERSON)					
	Responsible person y Flood	/Authorized con		Phone number with area code 731-642-4215, ext. 2400							
Mailing address (St./Rd./Hwy.) 1731 Mineral Wells Ave.						Fax number v 731-642-7899	Fax number with area code 731-642-7899				
City Paris			State Zip cod TN. 38242		Zip code 38242	Email address gary.flood@setcoauto.com					
		CONT	TACT INFO	ORM	ATION (TEC	HNICAL)					
	Principal technical (ne as above)	contact	Phone number with area code								
Mailing address (St./Rd./Hwy.)						Fax number v	Fax number with area code				
	City	_	State		Zip code	Email address	Email address				
CONTACT INFORMATION (BILLING)											
	Billing contact na McBride		Phone number with area code 731-642-4215, ext. 2012								
Mailing address (St./Rd./Hwy.) 1731 Mineral Wells Ave.						Fax number with area code 731-642-7899					
City Paris		State TN.		Zip code 38242	Email address velma.mcbride	s e@setcoauto.com					

	AIR CONTAI	INANT SOL	JRCE(S) INF	ORMATION	Siglos consultations			
10. Description of air contaminant source(s) and Unique Source ID(s). List, identify, and briefly describe process emission sources, fuel burning installations, and incinerators that are contained in this application and include a Unique Source ID for each source. The Unique Source ID is a name/number/letter, which uniquely identifies the air contaminant source(s), like Boiler #1, Paint Line #1, Engine #1, etc. (see instructions for more details) Permit Number 064587P Emission Source Reference No. 40-0070-02 & 40-0070-03								
PES #2 & PES #3: Spra Coating Actuator Brak Exhaust Filter Control	ay Booths (Electrostatic) e Units		40 CFR Part 63, Subpart ННННН					
Permit Number 064589P Emission Source Reference No. 40-0070-05 PES #5 Cleaning Operation for Bushings Two (2) Solvent Wipe Cleaning Stations 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 3.75	Days/Week 4		Weeks/Year 46	Days/Year 345			
13. Percent annual throughput	Dec. – Feb. 10%	March – Ma 35%		June – August 30%	Sept. – Nov. 25%			
	TYPE OF PERMIT	REQUESTED	(check ar	propriate box)				
14. Operating permit ✓			completed	Date of ownership change (if applicable)				
,	Last permit number(s) 064587P 064589P		Emission Source Reference Number(s) 40-0070-02 & 03 40 CFR Part 63, Subpart HHHHHH 40-0070-05					
Construction permit	Last permit number(s)		Emission Source Reference Number(s)					
If you chose Construction permit above, then choose either New Construction, Modification, or Location Transfer								
New Construction Starting date		Completion date						
Modification Da	odification Date modification started or will start		Date completed or will complete					
ocation Transfer 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:					
NONE					
4)					
16. Comments					
ELECTROSTATIC SYSTEM NOT BEING UTILIZED AT THIS TIME, QUOTES AR PAINT SYSTEM.	RE SUBMITTED TO VENDORS TO REPLACE				
SIGNATURE					
Based upon information and belief formed after a reasonable inquiry, I,	·				
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				
17. Signature (application into the signed before it will be processed)	3-11-21				
Signer's name (type or print) Title	Phone number with area code				
Gara Frond Mr Man	731-642-4215				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					