



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 202

**NOTICE OF INTENT (NOI) FOR DIVISION OF AIR POLLUTION
CONTROL PERMIT-BY-RULE (PBR)**

FACILITY INFORMATION				
Organization's legal name Mississippi Limestone Corporation (000382703)				
Facility name (if different from legal name)				
Site address (St./Rd./Hwy.) 10319 Richardson Landing Road			County name Tipton	
City Drummonds			Zip code 38023	
CONTACT INFORMATION (RESPONSIBLE PERSON)				
Responsible person/Authorized contact PHILIP C CLEGG			Phone number with area code 662-383-2207	
Mailing address (St./Rd./Hwy.) P O BOX 252			Fax number with area code 662-383-2242	
City FRIARS POINT	State MS	Zip code 38631	Email address pcclegg@bellsouth.net	
CONTACT INFORMATION (TECHNICAL)				
Principal technical contact PHILIP C CLEGG			Phone number with area code 662-383-2207	
Mailing address (St./Rd./Hwy.) P O BOX 252			Fax number with area code 662-383-2242	
City FRIARS POINT	State MS	Zip code 38631	Email address pcclegg@bellsouth.net	
TYPE OF NOTIFICATION OF AUTHORIZATION (NOA) REQUESTED				
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Existing Source w/o Permit	<input type="checkbox"/> Replace Existing Permit with PBR	<input type="checkbox"/> Change of Ownership	
Construction Starting Date: Feb 2009		Emission Source Reference Number:		
Construction Completion Date: Feb 2009		Existing Permit Number:		
Describe changes and/or modifications that have been made, since the last permit application or NOI: Facility had not previously permitted the GDF on site as part of a permitted Concrete Batch Plant.				

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 Yes ☐ No ☒

Stationary emergency engine Yes ☐ No ☒

Other _____

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.

Yes ☒No ☐

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.

Yes ☒No ☐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.Yes ☒No ☐**SOURCE-SPECIFIC INFORMATION**

Gasoline Dispensing Facilities

Maximum monthly throughput in gallons
9000 gallons / month

List Pollution Control Devices

Submerged Fill

Auto Body Refinishing

Methylene chloride used?

Yes ☐No ☐

List Pollution Control Devices

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
		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)

Phil C Clegg

Date

8/16/2018

Responsible person printed name

PHILIP C CLEGG

Title

VICE - PRESIDENT

Phone number with area code

662-383-2207