

From: [Koruthu, Jim](#)
To: [APC Permitting](#)
Subject: [EXTERNAL] Verizon Wireless
Date: Tuesday, February 6, 2024 4:52:42 PM
Attachments: [Lynn Road.pdf](#)
[Mountain City \(RELO\).pdf](#)
[Epps Mill RELHR.pdf](#)
[AFG Road.pdf](#)
[Fincastle - A.pdf](#)

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Hello -

Attached are 5 PBR forms for 5 sites. Please review and process.

Thank you,



Jim Koruthu

Environment, Health and Safety

O 678 277 3510
M 908 507 4654
10300 Old Alabama Connector Rd
Alpharetta, GA 30022



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

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

FACILITY INFORMATION			
Organization's legal name Verizon Wireless Tennessee Partnership			
Facility name (if different from legal name) AFG Road			
Site address (St./Rd./Hwy.) 153 Bradley Creek Rd		County name Hawkins	
City Church Hill		Zip code 37642	
CONTACT INFORMATION (RESPONSIBLE PERSON)			
Responsible person/Authorized contact Jim Koruthu		Phone number with area code 908-507-4654	
Mailing address (St./Rd./Hwy.) 10300 Old Alabama Connector Rd		Fax number with area code n/a	
City Alpharetta	State GA	Zip code 30022	Email address jim.koruthu@verizonwireless.com
CONTACT INFORMATION (TECHNICAL)			
Principal technical contact Jim Koruthu		Phone number with area code 908-507-4654	
Mailing address (St./Rd./Hwy.) 10300 Old Alabama Connector Rd		Fax number with area code n/a	
City Alpharetta	State GA	Zip code 30022	Email address jim.koruthu@verizonwireless.com
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: 11/06/23		Emission Source Reference Number:	
Construction Completion Date: 11/06/23		Existing Permit Number:	
Describe changes and/or modifications that have been made, since the last permit application or NOI:			

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 <input type="checkbox"/>	No <input type="checkbox"/>	If Auto Body refinishing facility is not subject to 40 CFR 63 Subpart HHHHHH Miscellaneous Surface Coating and Paint Stripping rule (6H rule), complete Opt-Out petition instead of this form
Auto body refinishing subject to 6H	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Stationary emergency engine	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

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.	Agree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>
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.	Agree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>
The facility is/is not located in a county designated serious, severe, or extreme non-attainment for ozone.	Is <input type="checkbox"/>	Is Not <input checked="" type="checkbox"/>
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.	Agree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>

SOURCE-SPECIFIC INFORMATION

Gasoline Dispensing Facilities	Maximum monthly throughput in gallons		
List Pollution Control Devices (equipment such as submerged fill or Stage I vapor controls. If equipment details are known, list them. If not, list if submerged fill or Stage I vapor controls are present)			
Auto Body Refinishing (If facility is not subject to 6H, complete Opt-Out petition instead of this form)	Methylene chloride used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Pollution Control Devices (include paint booths, HVLP, and similar 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 (such as low NOX burner)
1	Emergency power - telecommunication s	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	11/06/23	84	diesel	
		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)

Jim Koruthu

Digitally signed by Jim Koruthu
Date: 2024.02.06 17:43:55 -05'00'

Date

02/06/2024

Responsible person printed name

Jim Koruthu

Title

Cslt, Corp EHS

Phone number with area code

908-507-4654