



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

**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) Fincastle - A				
Site address (St./Rd./Hwy.) 340 Fincastle Road			County name Campbell	
City LaFollette			Zip code 37766	
CONTACT INFORMATION (RESPONSIBLE PERSON)				
Responsible person/Authorized contact Kenneth Flowers			Phone number with area code 615-386-5080	
Mailing address (St./Rd./Hwy.) 575 Hickory Hills Blvd			Fax number with area code	
City Whites Creek	State TN	Zip code 37189	Email address Kenneth.flowers@verizonwireless.com	
CONTACT INFORMATION (TECHNICAL)				
Principal technical contact Jim Koruthu			Phone number with area code 678-277-3510	
Mailing address (St./Rd./Hwy.) 10300 Old Alabama Connector			Fax number with area code	
City Alpharetta	State GA	Zip code 30022	Email address Jim.koruthu@verizonwireless.com	
TYPE OF NOTIFICATION OF AUTHORIZATION (NOA) REQUESTED				
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Existing Source w/o Permit	<input type="checkbox"/> Replace Existing Permit with PBR	<input type="checkbox"/> Change of Ownership	
Construction Starting Date: 10/27/2017		Emission Source Reference Number:		
Construction Completion Date: 10/27/2017		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** ☐ **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

List Pollution Control Devices

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
1	Emergency	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	10/27/2017	35	propane	
		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)

Date

2/26/2019



Responsible person printed name

Title

Phone number with area code

Kenneth Flowers

Director – Network Assurance

615-386-5080