



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)] ABB INSTALLATION PRODUCTS INC. #000909235 | | | |
| 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.) 260 DENNIS STREET | | | County name MCMINN |
| City ATHENS | Zip code 37303 | | 5. NAICS or SIC code 335932 |
| 6. Site location (in lat. /long.) | Latitude 35.457389 | Longitude 84.604261 | |
| CONTACT INFORMATION (RESPONSIBLE PERSON) | | | |
| 7. Responsible person/Authorized contact SHANE SPARKS | | | Phone number with area code 423-745-6588 |
| Mailing address (St./Rd./Hwy.) 260 DENNIS STREET | | | Fax number with area code 423-745-9545 |
| City ATHENS | State TN | Zip code 37303 | Email address SHANE.SPARKS@US.ABB.COM |
| CONTACT INFORMATION (TECHNICAL) | | | |
| 8. Principal technical contact LISA NEISLER | | | Phone number with area code 423-745-6588 |
| Mailing address (St./Rd./Hwy.) 260 DENNIS STREET | | | Fax number with area code 423-745-9545 |
| City ATHENS | State TN | Zip code 37303 | Email address LISA.NEISLER@US.ABB.COM |
| CONTACT INFORMATION (BILLING) | | | |
| 9. Billing contact ACCOUNTS PAYABLE | | | Phone number with area code 423-745-6588 |
| Mailing address (St./Rd./Hwy.) 260 DENNIS STREET | | | Fax number with area code 423-745-9545 |
| City ATHENS | State TN | Zip code 37303 | Email address |

AIR CONTAMINANT SOURCE(S) INFORMATION

- 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)

THIS APPLICATION IS FOR AN ELECTROPLATING MACHINE THAT COATS STEEL STRUT WITH ZINC TO PREVENT CORROSION. THE ELECTROPLATING LINE IS MADE OF VARIOUS HOLDING TANKS WITH VARIOUS AQUEOUS SOLUTIONS OF CLEANERS, RINSE WATERS, NON-CYANIDE ALKALINE ZINC ELECTROPLATING SOLUTION, AND TRIVALENT CHROMIUM CONVERSION COATINGS.

- 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 24 | Days/Week 7 | Weeks/Year 52 | Days/Year 365 |
| 13. Percent annual throughput | Dec. – Feb. 25 | March – May 25 | June – August 25 | Sept. – Nov. 25 |

TYPE OF PERMIT REQUESTED (check appropriate box)

| | | | |
|---|---|--|---|
| 14. Operating permit <input checked="" type="checkbox"/> | Date construction started 4-1-2019 3-1-19 <i>SN</i> | Date completed 3-1-2019 4-1-19 | Date of ownership change (if applicable) |
| | Last permit number(s) 973271 | | Emission Source Reference Number(s) 54-0047-14 |
| Construction permit <input type="checkbox"/> | 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 <input type="checkbox"/> | Starting date | Completion 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:

N/A

16. Comments

N/A

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

3/20/2019

Signer's name (type or print)

Title

Phone number with area code

SHANE SPARKS

PLANT MANAGER

423-745-6588