



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 115

**NON-TITLE V PERMIT APPLICATION
 PROPOSED SCHEDULE OF CORRECTIVE ACTION**

Type or print.			
DIRECTIONS			
Return one copy of completed form for each source named in the Transmittal Letter to the address above. Complete all pages of this form. Sign and date.			
For assistance in completing this form, Call: _____			
at Phone number: : _____			
The following statement of corrective action is submitted to describe action which will be taken to control emissions that are not in compliance with the regulations or other applicable requirements of the Tennessee Division of Air Pollution Control. The Technical Secretary of the Tennessee Air Pollution Control Board will examine this schedule in determining what enforcement action may be necessary in regard to such emissions.			
SITE AND CONTACT INFORMATION			
1. Organization's legal name and SOS control number [as registered with the TN Secretary of State (SOS)]			
2. Site name (if different from legal name)			
3. Site address (St./Rd./Hwy.)			
City or distance to nearest town			Zip code
4. Responsible person/Authorized contact			Phone number with area code
Mailing address (St./Rd./Hwy.)			Fax number with area code
City	State	Zip code	Email address
EMISSION SOURCE INFORMATION			
5. Nature of business			
6. Brief description and details of operation and emissions:			

CORRECTIVE ACTION

7. Methods: Describe the emissions and proposed method of control. The description should be sufficient to enable the Division to evaluate the situation. Include the efficiency of each piece of control equipment to be used.

8. Status: Describe what action you have already taken, if any, to correct this situation.

COMPLIANCE SCHEDULE

9. Note: This schedule will only be considered for approval if the information requested in this section is supplied.

Scheduled events	Final Date (Month and Year)
Letting of Contracts	
Initiation of Construction	
Completion and Start-up	
Performance Tests	
Submittal of Test Analysis and results	

10. Comments

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.		
11. Signature (application must be signed before it will be processed)		Date
Signer's name (type of print)	Title	Phone number with area code
FOR APC USE ONLY		
<p>Control number: _____ Reviewer: _____</p> <p>Emission Source Reference Number: _____</p> <p style="padding-left: 40px;">Proposed Method, Equipment and Compliance Schedule Acceptable</p> <p style="padding-left: 40px;">Date: _____</p> <p style="padding-left: 40px;">Proposed Compliance Schedule NOT ACCEPTABLE</p> <p style="padding-left: 40px;">Recommended Schedule: _____</p> <p style="padding-left: 40px;">Proposed Method and Equipment NOT ACCEPTABLE</p>		