

Attachment #1  
**AIR PERMIT**  
FOLDER LEVEL

**AIR PA #:** 102905536 052799

**File Type:** PERMITS

**Volume:** 001

**Inclusive Dates:** 1/1/2002 - 12/31/2004

**Media Code/ Form**

- ☐ Microfiche  
☒ Roll Microfilm  
☒ Electronic Image

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Robert J. Huston, *Chairman*  
R. B. "Ralph" Marquez, *Commissioner*  
Kathleen Hartnett White, *Commissioner*  
Margaret Hoffman, *Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

October 24, 2002

Mr. James Green  
President  
Texas Autoworks, Inc.  
2200 Texas Avenue  
Orange, Texas 77611-2840

Re: Permit by Rule Registration Number: 52799  
Auto Body Refinishing Facility  
Bridge City, Orange County

Dear Mr. Green:

The Texas Commission on Environmental Quality (TCEQ) has received Form PI-7 for your auto body refinishing facility located at 2200 Texas Avenue, Bridge City, Orange County. We understand that you will construct and operate this facility in accordance with Title 30 Texas Administrative Code § 106.436 (30 TAC § 106.436). We therefore concur with your request to construct and operate your auto body refinishing facility in accordance with 30 TAC § 106.436. A copy of the current permit by rule is enclosed.

We would also note that the permit by rule checklist was not included in your registration request. If you would like the TCEQ to verify that your facility meets all the requirements of the permit by rule, you may submit the enclosed checklist to this office. Please note, however, that the checklist is not required for you to construct and operate your facility. If you submit the completed checklist, please include the registration number found at the top of this letter. The TCEQC will review the information submitted on the checklist and notify you whether your facility does or does not meet the requirements.

You are reminded that regardless of whether a permit or a permit by rule is required, this facility must be in compliance with all rules and regulations of the TCEQ and of the U.S. Environmental Protection Agency at all times.

Mr. James Green  
Page 2  
October 24, 2002

Re: Permit by Rule Registration Number: 52799

Your cooperation in this matter is appreciated. If you have any questions concerning this permit by rule registration, please call Mr. DarioHearns at (713) 767-3740 or write to the Texas Commission on Environmental Quality, Office of Permitting, Remediation, and Registration, Air Permits Division (MC-162), P.O. Box 13087, Austin, Texas 78711-3087.

Sincerely,



Anne M. Inman, Manager  
Permit by Rule/General Operating Permits Section  
Air Permits Division  
Texas Natural Resource Conservation Commission

AMI/DJH/alb

Enclosures

cc: Mr. Marion Everhart , Air Program Manager, Region 10 - Beaumont

Record Number 92457

**AIR PERMIT BY RULE TECHNICAL REVIEW**Registration 52799  
No.:

Project No.: 92427

APD Reviewer: Mr. Dario Hearn

Company: Texas AutoWorks

Facility Name: Auto Body Shop

PBR(s) 436  
Claimed:

Date Transferred to Regional Reviewer					10/09/02
Account ID # or Reg Entity #	CN601473820	Assoc Permit #s		Date Received	10/03/02
Primary Contact	James Green	Phone #	409-735-5300	Fax #	409-735-53010
Technical Contact	Darren Hubbard	Phone #	281-474-6257	Fax #	

**General Rules Check:****Yes**   **No****Describe which/how requirements are met if needed**Is each PBR  $\leq$  25/250 tpy?

X

Are PBR sitewide emissions &gt; 25/250 tpy? (PN)

X

Are there permit limits on using PBRs at site?

X

Is PSD/Nonattainment netting required?

X

Is FCAA §112g review required? (10/25 tpy)

X

Do NSPS/NESHAPS/MACT Standards apply?

X

Does NOx Cap and Trade apply to this PBR?

X

NOx emissions are not a part of this claim

Is the facility in compliance with all other  
applicable rules and regulations? X

Is this facility located at a Title V major site?

X

Are grandfathered facilities involved with this  
Registration?

X

**Overall Site / Unit Description:***The applicant operates an auto body shop in Bridge City, Orange County.***Project Sources / Facilities, PBRs Claimed, Applicable Standards, Emissions and Control Summary:**

The applicant represents that the most combined coating and solvent used would be a maximum of 3 pints per hour and 5 gallons a week.

The applicant represents that the overspray emissions are vented through a filter system with a control efficiency of 98.5%.. The air intake are is represented as 60 square feet and the fan flow rate is 15960 acfm..

**Examples of table summary of emissions:*****Estimated Annual Emissions (Tons/year) - Designate for PBR registration and site as appropriate***

# AIR PERMIT BY RULE TECHNICAL REVIEW

Registration 52799  
No.:

Project No.: 92427

APD Reviewer: Mr. Dario Hearn

Company: Texas AutoWorks

Facility Name: Auto Body Shop

PBR(s) 436  
Claimed:

The routine emissions associated with the overall operation of this facility have been estimated at 6.55 tons per year (tpy) of volatile organic compounds, 0.029 tpy of hydrogen sulfide, 0.01 tpy of sulfur dioxide, 0.22 tpy of nitrogen oxides, 0.18 tpy of carbon monoxide, and 0.02 tpy of particulate matter.

## Fee Paid (effective November 1, 2002)

Was the appropriate fee paid?		Yes		No	X	N/A
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**Emissions (tons/year):** (Emissions for grandfathered facility emission reductions, conversion of GF emissions tabulation and emission savings due to regulatory compliance are listed in NSR IMS).

Description	NO <sub>x</sub>	CO	VOC	PM	SO <sub>2</sub>
Total for this Registration	0.22	0.18 tpy	6.55 tpy	0.02 tpy	0.01 tpy
Total for Site	0.22	0.18 tpy	6.55 tpy	0.02 tpy	0.01 tpy

## Watch List (if applicable)

Is the chemical/city/county on the watch list? <a href="http://home.tnrc.state.tx.us/permitting/airperm/nsr_permits/taraeye.htm">http://home.tnrc.state.tx.us/permitting/airperm/nsr_permits/taraeye.htm</a>		Yes		No
If yes, what additional review is performed?				

## Distance Limitations (if applicable): This section should be completed for all PBR registrations

Site Review/Distance Limits	Yes	No	Description/Outcome	Date	Reviewed by
Site Review Required?		X			
PBR Distance Limits Met?	X				

## Compliance History: Yes No Description / Groupwise Document #

Does this registration require a 30 TAC Chapter 60 Compliance History review? X

The compliance period was from to .

Was the application received after September 1, 2002? X

Provide the Groupwise document numbers and a brief description of compliance history from each database:

Should the PBR claim be denied on the basis of CH? X

Description of findings of CH review: *Briefly describe CH information, which may include # & type of NOV's, orders or investigations*

## Review Summary: Yes No If no, describe

**AIR PERMIT BY RULE TECHNICAL REVIEW**

Registration 52799  
No.:

Project No.: 92427

APD Reviewer: Mr. Dario Hearn

Company: Texas AutoWorks

Facility Name: Auto Body Shop

PBR(s) 436  
Claimed:

Are all general and specific applicable rule conditions satisfied? X

Accept Claim for Registration? X

	<u>Technical Reviewer</u>	<u>Team Leader/Back up</u>	<u>Section Manager/Back Up</u>
Name/Signature:	<i>Mr. Dario Hearn</i>	<i>Mr. Emmanuel Ukandu</i>	<i>[Signature]</i>
Date:	<i>October 11, 2002</i>	<i>October 14, 2002</i>	<i>10/24/02</i>

01/24/2003 ----- NSR PERMITS IMS- PROJECT RECORD -----

PROJECT#: 92427      PERMIT#: 52799      STATUS: X      DISP CODE: \_\_\_\_\_  
RECEIVED: 10/03/2002      PROJTYPE: XRVW      RENEWAL:      ISSUED DATE:  
10/24/2002  
FEE DATE:      FEE AMT: \$ 0      STDY1/SP: 436      SUP-DISP DATE: 10/24/2002

GROUP: PAR

PARSTAFF1: TAYLOR, PAM &amp;

PARSTAFF2: HAIL, JENNIFER

GROUP: HRT

TECHENGR : HEARNS, DARIO

**ADMIN REVIEW**

A - PAR RECEIVED :      10/03/2002      A - ACCT#/CR# REQ      10/07/2002      A - ACCT#/CR# REC      10/07/2002  
FROM REGION :      FROM REGION :  
A - ADMIN DEF CYCLE : 10/07/2002 10/07/2002  
A - PAR TRANSFER TO      10/08/2002  
APD :

ISSUED TO: TEXAS AUTOWORKS INC

CUSTOMER REGISTRY ID: CN601473820

**PRIMARY CONTACT INFORMATION**

CONTACT TYPE: RESPONSIBLE OFFICIAL

NAME: MR JAMES E GREEN

TITLE: PRESIDENT/CO-OWNER

PHONE: 409-735-5300 ext

FAX: 409-735-5301 ext

STREET: 2200 TEXAS AVE

CITY/STATE, ZIP: BRIDGE CITY, TX , 77611-2840

**PROJECT INFORMATION**

UNIT: AUTO BODY SHOP

SIC: 0      REGION: 10      ACCOUNT:

REG ENTITY ID:  
RN102905536

SITE NAME: TEXAS AUTOWORKS COLLISION CENTER

COUNTY: ORANGE

CAPUNITS:

UNITTYPE:

CAPACITY:

CITY: BRIDGE CITY

LOCATION: 2200 TEXAS AVE

**PUBLIC NOTICE**

PUBLIC NOTICE REQUIRED?:      PN1 ALT LANGUAGE: NO      PN2 ALT LANGUAGE: NO

**EMISSION  
RATES**

TONS/YR REDUCTION	NOX	CO	VOC	PM	SO2	OTHER	TOTAL
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**PROJECT NOTES****TECHNICAL ACTIVITY HISTORY**

TR - ENGINEER      10/09/2002      SUP - RECEIVED FROM      10/10/2002      TR - SUP/MANGR      10/18/2002  
RECEIVE PROJECT :      PAR :      APP/RVW RQSTD :

PBR - TO AUSTIN : 10/21/2002 FA - PROJECT ISSUED : 10/24/2002

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**PROJECT ATTRIBUTES**

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**PROJECT LINK**

---

**PROJECTS/PERMITS VOIDANCE**



## Regulated Entity Detail

Number: RN102905536

Name: TEXAS AUTOWORKS COLLISON CENTER  
BRIDGE CITY

### Street Address

Delivery: 2200 TEXAS AVE

City: BRIDGE CITY

State: TX

Zip: 77611-2840

### Customer and Mailing Addresses

Historical Customer

Customer			RE Mailing Address				Be
Name	Number	Role	Delivery	City	State	Zip	
TEXAS AUTOWORKS INC	CN601473820	OWNER OPERATOR	2200 TEXAS AVE	BRIDGE CITY	TX	77611	

### Geographic Location

Physical Location Description:

Nearest City: BRIDGE CITY

County: ORANGE

State: TX

Location Zip: 77611

Latitude: 30-2-4

Longitude: 93-49-49

### Industry Types

Code	Classification System	Name	Primary Flag
7532	SIC	Top	Yes

### Electronic Communications

Customer		RE Electronic Communication		
Name	Number	Phone	Fax	E-Mail
TEXAS AUTOWORKS INC	CN601473820	409-735-5300	409-735-5301	

### Program Interests

Program	Regulated Entity Type	ID Type	Additional ID	Additional ID Status
AIR NEW SOURCE PERMITS	SITE	PERMIT	52799	ACTIVE

### Site Classification

Program	Site Classification
---------	---------------------

[Central Registry Help](#) [Central Registry Glossary](#)



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Preventing Pollution

# FAX TRANSMITTAL

DATE: 10/17/02

NUMBER OF PAGES (including this cover sheet): 3

TO:      Name                      Central Registry  
                 Organization        Attention: Central Registry  
                 FAX Number            512-239-5181

FROM:    TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
                 Name                      Jennifer Sue Hail, jhail@tceq.state.tx.us  
                 Division/Region        Air and Waste Applications Team, Permits Admin  
                                                Review Section, Regulation, Review, & Reporting Div  
                 Telephone Number        512-239-1544  
                 FAX Number                512-239-2123

## NOTES:

### Check Box

New	<input checked="" type="checkbox"/>
Update	<input type="checkbox"/>

Portable	<input type="checkbox"/>
----------	--------------------------

### Check Box

Regulated Entity	<input checked="" type="checkbox"/>
Customer	<input checked="" type="checkbox"/>
New Affiliation	<input type="checkbox"/>

Attached is a CORE Data Form or print out of CR Data. Please update Central Registry with the information on the form provided.

Company Name:	Texas Autoworks Inc.
Customer Number:	(Requesting new number)
Regulated Entity Number:	(Requesting new number)
Account Number:	(No account number)
IMS Project Number:	92427
Registration or Permit Number:	52799

**\*\* Transmit Conf. Report \*\***

P.1

Oct 7 2002 11:03

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
5181	NORMAL	7,11:03	0'43"	3	# O K	



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# FAX TRANSMITTAL

DATE: 10/7/02

NUMBER OF PAGES (including this cover sheet): 3

TO: Name Central Registry  
 Organization Attention: Central Registry  
 FAX Number 512-239-5181

FROM: TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
 Name Jennifer Sue Hail, jhail@tceq.state.tx.us  
 Division/Region Air and Waste Applications Team, Permits Admin Review Section, Regulation, Review, & Reporting Div  
 Telephone Number 512-239-1544  
 FAX Number 512-239-2123

**NOTES:**

**Check Box**

New	X
Update	
Portable	

**Check Box**

Regulated Entity	X
Customer	X
New Affiliation	

Attached is a CORE Data Form or print out of CR Data. Please update Central Registry with the information on the form provided.

Company Name:

Texas Autoworks Inc.

# TEXAS AUTOWORKS

## *Collision Center*

2200 Texas Ave. Bridge City, TX 77611  
PH: (409) 735-5300 FAX: (409) 735-5301

To: Jennifer Hale

Fax No: (512) 239-2123

RE: \_\_\_\_\_

From: James Green

Fax No: (409) 735-5301

No. of pages (including cover sheet) \_\_\_\_\_

Comments: \_\_\_\_\_

(512) 299. 21 83

## TNRCC Core Data Form

TNRCC Use Only

## SECTION I: General Information

1. Reason for Submission <i>Example: new wastewater permit; IHV registration; change in customer information, etc.</i> <b>AUTO PAINT &amp; BODY REPAIR SHOP</b> <b>NSR</b> <b>JA 10/1/02</b>	
2. Attachments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.) <b>PI-7</b>
3. Customer Reference Number-if issued <b>CN</b> (9 digits)	4. Regulated Entity Reference Number-if issued <b>RN</b> (8 digits)

## SECTION II: Customer Information

5. Customer Role (Proposed or Actual) -- As It Relates to the Regulated Entity Listed on This Form			
Please check <u>one</u> of the following: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner and Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Volunteer Cleanup Applicant <input type="checkbox"/> Other: _____			
TNRCC Use Only <input type="checkbox"/> Superfund <input type="checkbox"/> PST <input type="checkbox"/> Respondent			
6. General Customer Information <input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Change to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> No Change* *If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information.			
7. Type of Customer: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship - D.B.A. <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City Government Other Government _____ Other _____			
8. Customer Name (If an individual, please print last name first) <b>TEXAS AUTOWORKS, INC.</b>			
9. Mailing Address: <b>2200 TEXAS AVENUE</b> <b>BRIDGE CITY</b> City <b>BRIDGE CITY</b> State <b>TX</b> ZIP <b>77611</b> ZIP + 4			
10. Country Mailing Information if outside USA <b>NA</b>		11. E-Mail Address if applicable	
12. Telephone Number <b>(409) 735-5300</b>	13. Extension or Code	14. Fax Number if applicable <b>(409) 735-5301</b>	
15. Federal Tax ID (9 digits) <b>75-3031593</b>	16. State Franchise Tax ID Number if applicable <b>1-75-3031593-0</b>	17. DUNS Number if applicable (9 digits)	
18. Number of Employees <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		19. Independently Owned and Operated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

## SECTION III: Regulated Entity Information

20. General Regulated Entity Information <input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Change to Regulated Entity Information <input type="checkbox"/> No Change* *If "No Change" and Section I is complete, skip to Section IV - Preparer Information.	
21. Regulated Entity Name (If an individual, please print last name first) <b>TEXAS AUTOWORKS COLLISION CENTER</b>	



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# FAX TRANSMITTAL

DATE: 10/7/02 NUMBER OF PAGES (including this cover sheet): 2

TO: Name Mr. James E Green  
Organization \_\_\_\_\_  
FAX Number 409-735-5301

FROM: TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
Name Jennifer Hail, [jhail@tceq.state.tx.us](mailto:jhail@tceq.state.tx.us)  
Division/Region Air and Waste Applications Team, Permits Admin  
Review Section, Regulation, Review, & Reporting Div  
Telephone Number 512-239-1544  
FAX Number 512-239-2123

## NOTES:

Re: NSR Permit by Rule Registration, 92427, Texas Autoworks Inc.

We have received the referenced permit application and it is currently under review. Your attention to the following items is requested before we can declare the application administratively complete.

1. Section II, item 8 on page 1 of the Core Data Form: The company name is incorrect. Clearly print the full company name as it is known to the Texas Secretary of State. Please correct this area and initial the changed information on the attached Core Data Form.
2. Section III, item 21 on page 1 of the Core Data Form: Please clearly print the regulated entity name and initial the changed information on the attached Core Data Form.

Please fax the updated and initialed information to my attention as soon as possible. If you should have any other questions, please do not hesitate to call me at (512) 239-1544.

## \*\* Transmit Conf. Report \*\*

P.1

Oct 7 2002 8:46

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
914097355301	NORMAL	7, 8:46	1'15"	2	* O K	



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Preventing Pollution

## FAX TRANSMITTAL

DATE: 10/7/02 NUMBER OF PAGES (including this cover sheet): 2

TO: Name Mr. James E Green  
Organization \_\_\_\_\_  
FAX Number 409-735-5301

FROM: TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
Name Jennifer Hall, jhall@tceq.state.tx.us  
Division/Region Air and Waste Applications Team, Permits Admin  
Review Section, Regulation, Review, & Reporting Div  
Telephone Number 512-239-1544  
FAX Number 512-239-2123

## NOTES:

Re: NSR Permit by Rule Registration, 92427, Texas Autoworks Inc.

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1. Section II, item 8 on page 1 of the Core Data Form: The company name is incorrect. Clearly print the full company name as it is known to the Texas Secretary of State. Please correct this area and initial the changed information on the attached Core Data Form.
2. Section III, item 21 on page 1 of the Core Data Form: Please clearly print the regulated entity name and initial the changed information on the attached Core Data Form.

Please fax the updated and initialed information to my attention as soon as possible. If you should have any other questions, please do not hesitate to call me at (512) 239-1544.



**REGISTRATION FORM FOR BODY REPAIR AND REFINISHING****FORM PI-7 (124)**

Send completed form to: Texas Natural Resource Conservation Commission, NSR Program,  
P.O. Box 13087, Austin, Texas 78711-3087. Keep a copy of this form for your records.

**I. COMPANY NAME****TEXAS AUTOWORKS, INC.**

(Corporation, Company, Firm, etc.)

**2200 TEXAS AVENUE, BRIDGE CITY, TX. 77611**

Mailing Address

**ZARRON M. LEBARGE****VICE PRESIDENT / CO-OWNER**

Individual Authorized to Act for Applicant

Name

Title

**2200 TEXAS AVENUE (409) 735-5300**

Address

**BRIDGE CITY, TX. 77611**

Telephone

**II. PHYSICAL LOCATION OF SHOP****TEXAS AUTOWORKS COLLISION CENTER**

Name of Business

**2200 TEXAS AVENUE**

Street Address

**BRIDGE CITY, TX. 77611****ORANGE**

Nearest City

County

**III. OPERATING TIME AND START OF OPERATION**Operating Schedule: **8** Hours/day**5** Days/week**52** Weeks/year**MAY 28, 2002****NA**

For NEW shops proposed start of operation (date)

For EXISTING shops actual start of operation (date)

**IV. COMPLIANCE WITH CONDITIONS OF THE STANDARD EXEMPTION**Will the facility comply with all of the applicable requirements of Standard Exemption No. 124. ☒ Yes ☐ No**V. COPY TO REGIONAL OFFICE**A copy of the registration form is being sent to the Regional Office of the TNRCC ☒ Yes ☐ NoA copy of the registration form is being sent to the local pollution control program ☐ Yes ☐ No ☒ Not required - no local program**VI. SIGNATURE****JAMES E. GREEN****PRESIDENT / CO-OWNER**

Name

Title

state that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption. The facility will operate in compliance with all Regulations of the Texas Natural Resource Conservation Commission and with Federal Environmental Protection Agency Regulations governing air pollution.

**5/17/02**

Date

Signature

*James E. Green***VII. OPTIONAL**

If you have the information requested below, please provide.

A. TNRCC Account Identification Number

**OLI 03 2002**

B. Previous Standard Exemption or Permit Number

**Air & Waste Applications Team**

Location:

Latitude

Longitude

UTM Zone

East (meters)

North (meters)

# REGISTRATION FORM FOR BODY REPAIR AND REFINISHING

FORM PI-7 (124)

Send completed form to: Texas Natural Resource Conservation Commission, NSR Program,  
P.O. Box 13087, Austin, Texas 78711-3087. Keep a copy of this form for your records.

## I. COMPANY NAME

**TEXAS AUTOWORKS, INC.**  
(Corporation, Company, Firm, etc.)  
**2200 TEXAS AVENUE, BRIDGE CITY, TX. 77611**  
Mailing Address  
**ZARRON M. LEBARGE** **VICE PRESIDENT / CO-OWNER**  
Individual Authorized to Act for Applicant Name Title  
**2200 TEXAS AVENUE (409) 735-5300**  
Address Telephone  
**BRIDGE CITY, TX. 77611**

## II. PHYSICAL LOCATION OF SHOP

**TEXAS AUTOWORKS COLLISION CENTER**  
Name of Business  
**2200 TEXAS AVENUE**  
Street Address  
**BRIDGE CITY, TX. 77611** **ORANGE**  
Nearest City County

## III. OPERATING TIME AND START OF OPERATION

Operating Schedule: **8** Hours/day **5** Days/week **52** Weeks/year  
**MAY 28, 2002** **NA**  
For NEW shops proposed start of operation (date) For EXISTING shops actual start of operation (date)

## IV. COMPLIANCE WITH CONDITIONS OF THE STANDARD EXEMPTION

Will the facility comply with all of the applicable requirements of Standard Exemption No. 124. ☒ Yes ☐ No

## V. COPY TO REGIONAL OFFICE

A copy of the registration form is being sent to the Regional Office of the TNRCC ☒ Yes ☐ No  
A copy of the registration form is being sent to the local pollution control program ☐ Yes ☐ No ☒ Not required - no local program

## VI. SIGNATURE

I, **JAMES E. GREEN** **PRESIDENT / CO-OWNER**  
Name Title

state that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption. The facility will operate in compliance with all Regulations of the Texas Natural Resource Conservation Commission and with Federal Environmental Protection Agency Regulations governing air pollution.

**5/17/02**

Date

**James E. Green**  
Signature

## VII. OPTIONAL

If you have the information requested below, please provide.

A. TNRCC Account Identification Number

B. Previous Standard Exemption or Permit Number

Location:

Latitude

Longitude

**OCT 03 2002**  
Air & Waste Applications Team

Zone

East (meters)

North (meters)

# TNRCC Core Data Form

TNRCC Use Only

## SECTION I: General Information

1. Reason for Submission <i>Example: new wastewater permit; IHW registration; change in customer information, etc.</i> <b>AUTO PAINT &amp; BODY REPAIR SHOP</b> <span style="float: right;">NSR JA 10/4/02</span>	
2. Attachments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Describe Any Attachments: (ex: Title V Application, Waste Transporter Application, etc.) <b>PI-7</b>
3. Customer Reference Number-if issued CN (9 digits)	4. Regulated Entity Reference Number-if issued RN (9 digits)

## SECTION II: Customer Information

5. Customer Role (Proposed or Actual) – As It Relates to the Regulated Entity Listed on This Form			
Please check <u>one</u> of the following: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner and Operator <input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Volunteer Cleanup Applicant <input type="checkbox"/> Other: _____			
TNRCC Use Only <input type="checkbox"/> Superfund <input type="checkbox"/> PST <input type="checkbox"/> Respondent			
6. General Customer Information <input checked="" type="checkbox"/> New Customer <input type="checkbox"/> Change to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership <input type="checkbox"/> No Change* *If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information.			
7. Type of Customer: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship - D.B.A. <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> County Government <input type="checkbox"/> City Government Other Government _____ Other _____			
8. Customer Name (If an individual, please print last name first) <b>TEXAS AUTOWORKS COLLISION CENTER</b>			
9. Mailing Address: <b>2200 TEXAS AVENUE</b> <b>BRIDGE CITY</b> City <b>BRIDGE CITY</b> State <b>TX</b> ZIP <b>77611</b> ZIP + 4 _____			
10. Country Mailing Information if outside USA <b>NA</b>		11. E-Mail Address if applicable	
12. Telephone Number <b>(409) 735-5300</b>	13. Extension or Code	14. Fax Number if applicable <b>(409) 735-5301</b>	
15. Federal Tax ID (9 digits) <b>75-3031593</b>	16. State Franchise Tax ID Number if applicable <b>1-75-3031593-0</b>		17. DUNS Number if applicable (9 digits)
18. Number of Employees <input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		19. Independently Owned and Operated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

## SECTION III: Regulated Entity Information

20. General Regulated Entity Information <input checked="" type="checkbox"/> New Regulated Entity <input type="checkbox"/> Change to Regulated Entity Information <input type="checkbox"/> No Change* *If "No Change" and Section I is complete, skip to Section IV - Preparer Information.	
21. Regulated Entity Name (If an individual, please print last name first) <b>TEXAS AUTOWORKS, INC.</b>	

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22. Street Address: <u>2200 TEXAS AVE.</u>					
(No P.O. Boxes)					
City <u>BRIDGE CITY</u>			State <u>TX</u>	ZIP <u>77611</u>	ZIP + 4
23. Mailing Address: <u>2200 TEXAS AVE.</u>					
City <u>BRIDGE CITY</u>			State <u>TX</u>	ZIP <u>77611</u>	ZIP + 4
24. E-Mail Address:					
25. Telephone Number		26. Extension or Code		27. Fax Number if applicable	
<u>(409) 735-5300</u>		<u>—</u>		<u>(409) 735-5301</u>	
28. Primary SIC Code (4 digits)	29. Secondary SIC Code (4 digits)	30. Primary NAICS Code (5 or 6 digits)		31. Secondary NAICS Code (5 or 6 digits)	
<u>7532</u>					
32. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)					
<u>AUTO PAINT AND BODY WORK ON WRECKED AUTOS</u>					
Questions 33 - 37 address geographic location. Please refer to the instructions for applicability.					
33. County: <u>ORANGE</u>					
34. Description of Physical Location					
<u>CORNER OF TEXAS AVE. AND LAMESA (2200 TEXAS AVE)</u>					
35. Nearest City			State	Nearest ZIP	
<u>BRIDGE CITY</u>			<u>TX</u>	<u>77611</u>	
36. Latitude (N)			37. Longitude (W)		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
<u>30</u>	<u>2</u>	<u>4</u>	<u>93</u>	<u>49</u>	<u>49</u>
38. TNRCC Programs In Which This Regulated Entity Participates Not all programs have been listed. Please add to this list as needed. If you don't know or are unsure, please mark "unknown."					
<input type="checkbox"/> Animal Feeding Operation		<input type="checkbox"/> Petroleum Storage Tank		<input type="checkbox"/> Water Rights	
<input type="checkbox"/> Title V - Air		<input type="checkbox"/> Wastewater Permit		<input type="checkbox"/>	
<input type="checkbox"/> Industrial & Hazardous Waste		<input type="checkbox"/> Water Districts		<input type="checkbox"/>	
<input type="checkbox"/> Municipal Solid Waste		<input type="checkbox"/> Water Utilities		<input checked="" type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> New Source Review - Air		<input type="checkbox"/> Licensing - TYPE(s) _____			

#### SECTION IV: Preparer Information

39. Name <u>JAMES E. GREEN</u>		40. Title <u>PRESIDENT</u>
41. Telephone Number	42. Extension or Code	43. Fax Number if applicable
<u>(409) 735-5300</u>		<u>(409) 735-5301</u>
44. E-Mail Address:		

## STANDARD EXEMPTION 124 CHECKLIST

Company Name Texas Autoworks Collision Cn

Shop Location 2200 Texas Ave.  
Bridge City TX, 77619

1 **Y** **N**

Is your facility located in one of the following counties:

Collin, Dallas, Denton, Tarrant, El Paso, Brazoria, Chambers,  
Fort Bend, Galveston, Harris, Liberty, Montgomery or Waller?

*If you answered YES, by July 31, 1994 you were required to meet these control requirements regardless of whether or not you need a standard exemption or a permit:*


- a) enclosed gun washing or non-enclosed washing as described on page 8, questions 12c and 12d.
- b) waste solvent system as described on page 8, questions 12e and 12f.
- c) closed-container storage for waste solvents
- d) coating application equipment with 65% transfer efficiency or more (High Volume, Low Pressure guns or the equivalent)
- e) coatings that comply with VOC limits listed in question 17 of this checklist.

*If you were operating before May 4, 1994, you have until December 31, 1994 to meet the other requirements of Standard Exemption 124.*

2 **Y** **N**

Is the most combined coating and solvent you would ever use more than one-half pint per hour? (section b1) Maximum combined use is 3 pint per hour.


*If you answered YES, go to question 3.*

*If you answered NO, you only need to answer questions 5, 6, 19, 20 and 21 on this checklist. These questions are marked with a  for your convenience. These are the only conditions you must meet. You do not need to send a Form PI-7 (124).*

3 **Y** **N**

Is the most combined coating and solvent you would ever use more than two gallons per week? (section b2) Maximum combined use is 5 gal. per week.

*If you answered YES, go to question 5.*

*If you answered NO, you only need to answer questions 4, 5, 6, 11, 14, 15, 17, 19, 20 and 21 on this checklist. These questions are marked with a  for your convenience. These are the only conditions you must meet. You do not need to send a Form PI-7 (124).*

 4 **Y** **N**

Are overspray emissions vented through a filter system with a control efficiency of 90% or more? (section b2) Information

provided by the manufacturer or supplier of the filter material used indicates an efficiency of 98.5 %.

a) Will you practice good housekeeping (clean up spills right away, keep your property clean)?

b) Will you maintain your equipment properly and according to manufacturers' instructions?

c) Will you dispose of all waste properly (do not dump any waste on your property, into any drains, sewer systems or regular trash that goes into a landfill unless you have obtained authorization)? (section c)

Are there visible emissions from any of your autobody shop stacks, buildings or property? (section d)

If you have visible emissions, CALL 1-800-447-2827 and we can help you determine what changes may be needed before you claim an exemption or apply for a permit.

Answer this question only if you are spray-coating *more* than nine square feet (one panel). (section e)

a) Do your coating operations take place in a totally enclosed, filtered spray booth or spray area?

b) Is the area where intake air enters the enclosed filtered spray booth or spray area less than 100 square feet? Air intake area is 60 square feet.

c) Does the spray booth or spray area have a fan flow rate capacity of 10,000 cubic feet per minute or more? (section e1) Refer to information provided by the manufacturer of the fan or booth. If shop-made equipment is used, make a sketch of your equipment with dimensions (height X length X width) and fan flow rate capacities in cubic feet per minute. Keep this sketch with your records. The fan flow rate is 15960 cfm.

*If you answered YES, go to question 8.*

*If you answered NO, go to d.*

For spray booths, spray areas or preparation areas:

*Make the following calculations to answer d.*

For down draft booths and areas,

1) Enter your fan flow rate                      cubic feet/minute

2) Enter the length of the spray booth floor                      feet

5 Y N ☒ ☐

Y N ☒ ☐

Y N ☒ ☐

6 Y N ☒ ☐

7 Y N  
Y N

Y N

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3) Enter the width of the spray booth floor \_\_\_\_\_ feet

4) Multiply 2) by 3) and enter your answer here \_\_\_\_\_

5) Divide 1) by 4) and enter your answer here \_\_\_\_\_

This answer is the face velocity for the down draft booths or areas.

For side or end draft booths and areas,

1) Enter your fan flow rate \_\_\_\_\_ cubic feet/minute

2) Enter the height of the spray booth from floor to ceiling \_\_\_\_\_ feet

3) Enter the width of the wall opposite the fan \_\_\_\_\_ feet

4) Multiply 2) by 3) and enter your answer here \_\_\_\_\_

5) Divide 1) by 4) and enter your answer here \_\_\_\_\_

This answer is the face velocity for the side or end draft booths and areas.

Y N

d) Does the spray booth or spray area have a face velocity of at least 100 feet per minute, calculated by using the above procedure? (section e2) Refer to information provided by the manufacturer of the fan or booth. If shop-made equipment is used, make a sketch of your equipment with dimensions (height X length X width) and fan flow rate capacities in cubic feet per minute. Keep this sketch with your records.

8

Y N

Answer this question only if you are spray-coating *less than nine square feet (one panel)*. (section f)

a) Do your coating operations take place in a totally enclosed booth?

*If you answered YES, answer question 10. If you also do coating in other areas of your shop, go to b.*

*If you answered NO, go to b.*

Y N

b) Do your coating operations take place on or in a dedicated preparation area?

*If you answered YES, go to c.*

*If you answered NO, you must make changes to your operation in order to meet the standard exemption, or apply for a permit.*

Y N

For spray booths, spray areas or preparation areas:

c) Do you vent solvent vapors and particulate matter from the spraying operation through a stack to the atmosphere? (section f)

*If you answered YES, go to question f.*

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If you answered NO, go to d.

d) Is the air from the preparation area recirculated back into the shop through a carbon adsorption system? (section f)

If you answered YES, go to e.

If you answered NO to both c and d, you do not qualify for Standard Exemption 124. You must make changes to your operation in order to meet the standard exemption, or apply for a permit.

e) In the carbon adsorption system, is the carbon replaced according to the manufacturer's recommendations to minimize solvent emissions? (section f2) Times per year carbon is replaced \_\_\_\_\_.

If you answered YES, go to f.

If you answered NO, you must make changes to your operation in order to meet the standard exemption, or apply for a permit.

f) Is the preparation area ventilation system equipped with filters to control particulate emissions from paint over-spray? (section f3)

g) Is the ventilation system always operating when spraying is performed? (section f1)

**Note: There is no question 9 at this time.**

Do the over-spray filters or filter systems on all spray booths, spray areas and preparation areas have a control efficiency of 90% or more? (section g) Information provided by the manufacturer or supplier of the filter material indicates the control efficiency is 98.5 %.

Is high-transfer efficiency spray equipment used? (section h) HVLP or High-Volume, Low-Pressure guns are assumed to comply with the 65% transfer efficiency requirement. Refer to information provided by the manufacturer for each spray gun used. Type of spray gun used Gravity fed HVLP.  
Sata 2000

#### Cleanup operations

a) Is equipment cleanup (washing, rinsing and draining) done in a completely enclosed cleaning unit? (section i1)

If you answered YES, go to e.

If you answered NO, go to b.

Y N

Y N

Y N

Y N

10 Y N

11 Y N

12 Y N

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Y N

b) Is equipment cleanup (washing, rinsing and draining) done in an open cleaning unit with no lid? (section i1)

*If you answered YES, go to c.*

*If you answered NO to both a and b, you must make changes to your operation in order to meet the standard exemption, or apply for a permit.*

Y N

c) Does your open top cleaning unit (no lid) use a solvent with a vapor pressure less than 100 millimeters of mercury (mm Hg) (1.933 psi) at 20°C (68°F)? To determine the solvent vapor pressure, contact the supplier or the manufacturer of the solvent to get the Material Safety Data Sheet, or MSDS. Refer to information provided by the manufacturer of the equipment cleaner. Vapor pressure of solvent is \_\_\_\_\_ mm Hg/psi at \_\_\_\_\_ °C/°F. (section i1)

Y N

d) Does your open top cleaning unit drain directly to a remote reservoir? (section i1)

Y N

e) Are all wash solvents kept in an enclosed reservoir or tank that is always covered? (section i2)

Y N

f) Are all waste solvents and other cleaning materials kept in closed containers? (section i3)

*Remember, each time your answer matches the appropriate outlined response, you should continue to the next question. If your answer does not match the outlined response, you must make changes to your operation in order to qualify for the standard exemption, or apply for a permit. If both answers are outlined simply give the appropriate answer for your facility and go to the next question or proceed as instructed.*

13 Y N

Do you use electric heaters, or gas heaters (LP or natural gas *only*) with a rating of 5 million BTU per hour or less? This information should be found on the heater rating plate. (section j)



14 Y N

#### Stack Height Requirements

a) Is your stack height at least 1.2 times higher than the tallest building within 200 feet of your stack? (sections k1 and k2)

Use the following formula to answer this question. If your facility is the tallest building, use the height of your facility.

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Height of tallest building within 200 feet = 20 ft. x 1.2 = 24 ft. as measured from ground level.  
The stack height is 27 ft. as measured from ground level.

b) Measure 250 feet in any direction from the center of the stack. Is the ground-level elevation within that distance LESS than the required stack height you calculated in (a)? This would be the same as measuring a circular area around the stack, with the circle having a 250 foot radius/500 foot diameter. (section k3)

Y **N** 

Are all spray booth, spray area and preparation area stacks at least 50 feet from any residence, recreation area, church, school, child care center, or medical or dental facility? (section l) *Note: Facilities using less than 2 gallons of paints and solvents per week are required to have stacks and designated preparation areas, but not required to have spray booths.* Nearest building to facility is a Office Building and it is 75 feet from facility.

**15** Y **N** 

You should draw a map of your property and the surrounding area to support your claim that you meet this requirement. Keep this drawing with your records. Include and label in the drawing highways, roads, streams, buildings, residences, businesses and public facilities like schools, hospitals and day care centers. Try to draw the map to scale and show distances from your exhaust stack to the nearest building in each direction.

Will the rain protection used on all exhaust stacks cause a restriction or obstruction to vertical upward airflow? (section m) For example, cone-shaped raincaps or goose neck exhausts would obstruct vertical upward air flow.

**16** Y **N** 

You should draw a sketch of the stack-head design that will be used on each exhaust stack. Keep this sketch with your records.

Do coatings applied in the shop meet the VOC requirements of TNRCC Regulation V, regardless of the county in which you are located? (section n) These requirements are listed below. Definitions for coatings and solutions listed below are included in this packet on page 25.

**17** Y **N** 

Keep the *Material Safety Data Sheets* or other coating data sheets and mixing ratios for all paint systems and solvents you use.

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Ask your paint supplier to help you with this section, or CALL US AT 1-800-447-2827.

Primers or primer surfacers: **5.0** pounds of VOC per gallon (**0.60** kg/liter) of coating, minus water and exempt solvent.

Precoat: **5.5** pounds of VOC per gallon (**0.66** kg/liter) of coating, minus water and exempt solvent.

Pretreatment: **6.5** pounds of VOC per gallon (**0.66** kg/liter) of coating, minus water and exempt solvent.

Single-stage topcoats: **5.0** pounds of VOC per gallon (**0.60** kg/liter) of coating, minus water and exempt solvent.

Basecoat/clearcoat systems: **5.0** pounds of VOC per gallon (**0.60** kg/liter) of coating, minus water and exempt solvent.

Three-stage systems: **5.2** pounds of VOC per gallon (**0.62** kg/liter) of coating, minus water and exempt solvent.

Specialty coatings: **7.0** pounds of VOC per gallon (**0.84** kg/liter) of coating, minus water and exempt solvent.

Sealers: **6.0** pounds of VOC per gallon (**0.72** kg/liter) of coating, minus water and exempt solvent.

Wipe-down solutions: **1.4** pounds of VOC per gallon (**0.17** kg/liter).

**18 Y N**

Will you *use* more than these amounts of any coating or solution category? (section o)

Cleanup solvents .....	50 gallons per month
Wipe solvents.....	50 gallons per month
Precoat .....	50 gallons per month
Pretreatment .....	50 gallons per month
Sealers .....	50 gallons per month
Primer/primer surfacer .....	175 gallons per month
Top coats .....	320 gallons per month
Specialty coatings .....	50 gallons per month



**19 Y N**

Will the shop set up and maintain a centralized record keeping system that satisfies the following record keeping requirements of the exemption? (section p)

You must keep these records for the last 24 months:

1) MSDS or other coating data sheets about paint and solvent systems used during the previous 24-month period or currently in use at the shop.

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2) Monthly coating and solvent *purchases*. It will be helpful to you to record purchases by category of coating or solvent found in question 18 of the checklist. Use invoices, computer printouts from your suppliers and Material Safety Data Sheets to gather the following information on each purchase:

- Date of purchase
- Description of product
- Quantity (indicate if in gallons, quarts or liters)
- Does the coating comply with TNRCC Regulation V (refer to question 17 of this checklist)?

3) If *purchase* amounts are above the monthly *use* limits for any category in question 18 of this checklist, keep records of monthly paint and solvent use. A sample form is included on page 17 for your use.

In addition:

■ If you use more than 3,500 gallons of chemicals per year, you may need to keep sufficiently detailed records to allow an annual emission inventory to be submitted. CALL US AT 1-800-447-2827 if you need more information.

■ If you have one or more Waste Registration or Identification numbers, you need to keep waste generator records. CALL US AT 1-800-447-2827 if you need to know about your waste generator status.

Will the shop create a nuisance? A nuisance is any emission, including an odor or paint overspray, that adversely affects human health or welfare, animal life, vegetation or property. (section q)

If you have received any notice of violation for creating a nuisance, has it been resolved? (section q)

*If you have not received a notice of violation, you do not need to answer this question.*

*If you answered YES, continue reading.*

*If you answered NO, CALL 1-800-447-2827 and we can help you determine what changes may be needed before you claim an exemption or apply for a permit.*

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20 Y ☒ N ☐

21 Y ☒ N ☐

Phase 1:

92429 NSR Permit/Registration Application Processing Checklist

- ☒ Application/Permitting Request date stamped on Team received date.
- ☒ Verified appropriate and current application PI form, or letter for Alterations. (Return any non-reg PBR's without PI-7 and any letters without PI-7 forms for unconfirmed (denied) PBRs).
- ☒ Application Entered into IMS on Received Date, no later than Noon (see NSR guidance information and central registry data standards.)
  - ☒ researched site specific account number to complete entry (use PSDB and IMS for research of site)
  - ☒ researched applications to ensure not duplicate entry (call tech staff or applicant to confirm before creating a new project if you cant' make the determination (no assumptions))
- ☐ For Portables:
  - ☐ Identified existing account number (no longer assign new portable account nos.)  
(For PBR 533's, do not associate old account numbers and do not flag as a portable unit.)
- ☒ Mikey has been placed in file and each field has been verified to conform with the agency data standards, US postal service address standards, and appropriate information as supplied by the applicant.
- ☒ assign new permit number or determine existing number  
(For change requests to existing PBR's, use the same registration number and project type code XLTR.)  
(For resubmittals to PBR that was denied, use the same registration number and project type code XRVW)  
(For PBR 512 and 352's, assign the same registration number if still at the same site when original authorized and project type code XRVW)
  - ▶ If existing permit number, select "version".
  - ▶ If new, select "from sequence"
  - ▶ If project type will not result in a new NSR permit/registration select "No Version" (example: a waste project; start of operation notification; transfer, etc.)
  - ▶ For Portables, go to project attributes indicating portable, then assign permit no. by selecting 1) "from sequence" if assigning first version, and 2) "version" if existing permit; then and "L" will appear with the next version number, which is three digits starting with 001.

52799  
XRVW

☒ Problems for Phase 2 to address as noted above.

Notes for Phase 2 to address (address the specific problem & what you already researched):

- ☐ Problem with official contact name
- ☒ Problem with Account number *none*
- ☐ Contact address not entered - appear incorrect
- ☐ Nearest City or County problem
- ☐ Address not in USPS system as valid

- ☐ Multiple Project Records (Mikies) Included. (Make sure each project record is updated throughout the process.)  
(Account Nos. starting with "9" for portable facilities usually have the multiple projects)
- Prepared file folder (Applies to all application types to ensure the complete package with Mikey stays together in transit.):

- ☒ Used appropriate labels for specified for PBR, Permitting and Confidential folders
- ☐ Printed File label contains the:
  - Name
  - County
  - Account Number
  - Registration/Permit No.
  - Regulated Entity No. (If applicable) (Phase 2 will need to add it to label)
- ☐ Prepared Confidential file folder
  - ☐ stamped folder with confidential stamp and cross-reference confidential materials in open file
  - ☐ prepared file label to indicate confidential documents

☐ confidential file not applicable

Place project in chronologic date by project type to begin phase 2;

Phase 2:

- ☒ Obtained Core Data Form, if needed. (Follow procedures to get RN/CN Number if needed)
- ☒ Verified Applicants' Legal Name as needed (using guidance document) (Name must be confirmed before further processing)
  - ☒ Spelling of applicants' legal name is correct on application
    - ☐ For Individuals, complete name of individual has been provided.
    - ☒ For Companies, complete legal name as registered with SOS have been provided.
      - ☒ Charter number as provided by SOS 860056899
      - ☒ Status confirmed as Active with SOS
      - ☐ If charter number not provided and name does not match with SOS filing:
        - ☐ Called applicant to confirm correct information
        - ☐ Documented information provided by SOS on phone memo in file.
    - ☐ Governmental Agency (City, County, Federal etc.), Rail Roads, Insurance Companies, and Banks (no verification required but use consistent entry of full name in IMS- use agency data standards for abbreviations.)
  - ☐ Documented confirmation from applicant of correct legal name or other information on phone memo in file (if name is found to be different than provided on the PI form, the applicant must correct it)
- ☒ Prepared and faxed Account/RN/CN Request Form (if applicable).
  - ☒ placed copy of fax confirmation and request in application file
  - ☒ updated IMS tracking element code to indicate date Account/RN request sent
  - ☒ made sure the request indicates the appropriate contact for returning the number
  - ☒ updated IMS tracking element code to indicate date Account/RN request received
  - ☒ updated the Account/RN/CN Number in IMS
  - ☐ not applicable
- ☒ Prepared and faxed Site Review/Request for Comment (see processing chart)
  - ☐ placed copy of fax confirmation and SR/RFC in application file
  - ☐ made sure the SR/RFC request indicated the appropriate contact for returning the review
  - ☐ sent SR/RFC to appropriate local program if applicable
  - ☐ Entered IMS SR/RFC and local program tracking elements and date sent in IMS
  - ☒ SR/RFC not applicable
- ☒ Applicant indicated on the PI Form that copies of application were sent to appropriate regional office and other entities as required on application. (Does not apply to action where PI Form is not required.)
  - ☐ If no, called applicant to request copies be sent as required and document phone call on attached phone memo.
- ☒ Verified original signature on application. Applies only to PI-1 forms (Faxed PBRs are acceptable.)
- ☒ Verified fee Payment and updated amount and date in IMS (see processing chart for applicability)
  - ☐ placed fee receipt in application folder
  - ☒ fee not applicable

Deficiencies with applications:

- ☐ Noted phone call(s) on attached memo documenting requested information and response (put date by each call).
- ☐ Entered date of phone call in IMS using the admin deficient tracking element, then the A-telcom for additional calls.
- ☒ Entered date in admin deficient tracking element when applicant responds to request for information.
- ☒ Public Notice not Applicable (see processing chart for applicability)

For Amendment Applications where Public Notice is not applicable:

- ☐ Prepared State Rep and Senate Letter (HB2518 requirement) and envelop
- ☐ Enter Leg Letter tracking element in IMS
- ☐ Put copies of Leg Letters in file with application.
- ☐ Place letters in file for proofing when file is being proofed for transfer.

NA

Continuation of Phase 2 - The following items only apply to projects requiring public notice:

- ☒ For Permits with terms, confirmed that the permit has not expired.
- ☐ Permits expired must be process for a new permit
- ☒ Verified appropriate notice information has been provided (if applicable). (Ensure the applicant provides any corrections or updates to the application in writing (fax or hard copy). Do not fill in any part of the application yourself)
- ☐ public place for viewing and copying application in county where located is provided
- ☐ person representing applicant identified as contact in public notice
- ☐ person responsible for publishing notice identified
- ☒ Prepared public notice package as checked off below:
- ☐ right side of folder in following order included:
- ☐ Legislative notification letters and envelopes
- ☐ Public Notice Cover Letter to Applicant
- ☐ Public Notice and Sign Postings (Examples)
- ☐ Instructions & Affidavits
- ☐ Address Labels
- ☐ Contacts Sheet (Blue paper)
- ☐ Spanish Shell provided (if applicable)
- ☐ left side of folder in following order included:
- ☐ Application Routing information (Blue paper)
- ☐ fax confirmation sheet
- ☐ written note on fax confirmation indicating person you spoke with confirming fax as received, date and time of call
- ☐ copy of fax to review draft notice
- ☐ copy of Bilingual Notice Determination sheet fax with draft notice language (for CCO to know to expect bilingual notice)
- ☒ Prepared fax with draft public notice and sent to applicant for confirmation.
- ☐ called applicant to ensure receipt of fax and need to follow up (stress sense of urgency-give 24 hour due date)
- ☐ placed copy of confirmation fax in the permit application folder
- ☐ faxed spanish notice shell to applicant if confirmation fax indicates required. If other language, indicate applicant's responsibility to have translated.





**Confirmed IMS updates and tracking elements with dates as indicated (as applicable):**

- ☐ - Enter tracking element in IMS for Site Review using A-Site Review and date sent
- ☐ Enter tracking element in IMS for Request for Comment using A-RFC and date sent
- ☐ Enter Local Program Site Review/RFC using appropriate local program tracking element in IMS and date sent
- ☐ Enter Account Number (ARF) tracking element in IMS
- ☐ Entered Account number assigned by Region & Portable assigned by Team
- ☒ Admin Def. date/phone calls for information or clarification - tracking element A-Admin Def Cycle
- ☐ Additional phone calls date using A-TELCOM
- ☒ Enter date of response received from applicant using tracking element A-Admin Def Cycle
- ☒ Verified Applicant and Contact information for accuracy
- ☒ Verified entry of applicant's legal name, to be correct spelling, in IMS & PSDB
- ☒ PAR transfer date

The following tracking elements in IMS are only required when Public notice is required:

- ☐ Enter A-Comp History RFC for Compliance History request and enter date sent
- ☐ Enter A-ADMIN Comp w/Notice and admin complete date
- ☐ Enter A-Admincomp tracking element and Admin Complete date
- ☐ Entered A-PN Draft when draft public notice was faxed
- ☐ Entered A-PN Draft Approved when you receive approval of the draft from applicant
- ☐ Flagged "Yes" for PN
- ☐ Flagged "Yes" for bilingual notice required

AK

**Call To:** \_\_\_\_\_

**Call From:** \_\_\_\_\_

**File No:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Phone number :** \_\_\_\_\_