



DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF AIR POLLUTION CONTROL  
William R. Snodgrass Tennessee Tower  
312 Rosa L. Parks Avenue, 15<sup>th</sup> Floor, Nashville, TN 37243  
Telephone: (615) 532-0554, Email: Air.Pollution.Control@TN.gov

APC 115

### PROPOSED SCHEDULE OF CORRECTIVE ACTION

Type or print.			
<b>DIRECTIONS</b>			
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.			
The following statement of corrective action is submitted to describe action which will be taken to resolve non-compliance with the Tennessee Air Pollution Control Regulations and/or a permit(s) issued by the Tennessee Air Pollution Control Board. This includes actions taken to control emissions that are not in compliance with the regulations or to comply with other applicable requirements of the Tennessee Air Pollution Control Regulations. 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 non-compliance.			
<b>SITE AND CONTACT INFORMATION</b>			
<b>1. Organization's legal name and SOS control number</b> [as registered with the TN Secretary of State (SOS)]			
<b>2. Site name</b> (if different from legal name)			
<b>3. Site address</b> (St./Rd./Hwy.)			
City or distance to nearest town			Zip code
<b>4. Responsible person/Authorized contact</b>			Phone number with area code
<b>Mailing address</b> (St./Rd./Hwy.)			Fax number with area code
City	State	Zip code	Email address
<b>EMISSION SOURCE INFORMATION</b>			
<b>5. Emission Source Reference Number</b> (if applicable)			
<b>6. Nature of business</b>			
<b>7. Brief description and details of operation and emissions:</b>			

**CORRECTIVE ACTION**

**8. Methods:** For emission violations, describe the emissions and proposed method of control. Include the efficiency of each piece of control equipment to be used. For other violations propose the method by which you will return to compliance. The description should be sufficient to enable the Division to evaluate the situation.

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

**COMPLIANCE SCHEDULE**

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

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

**11. 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.

**12. Signature** (application must be signed before it will be processed)

**Date**

**Signer's name** (type or print)

**Title**

**Phone number with area code**

**FOR APC USE ONLY**

Reviewer: \_\_\_\_\_

Emission Source Reference Number: \_\_\_\_\_

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Proposed Method, Equipment and Compliance Schedule Acceptable

Date: \_\_\_\_\_

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Proposed Compliance Schedule NOT ACCEPTABLE

Recommended Schedule: \_\_\_\_\_

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Proposed Method and Equipment NOT ACCEPTABLE