

N8206 - RVN - 20161209



SPRING ARBOR COATINGS
190 W. Main Street, Spring Arbor, MI 49283



December 9, 2016

Mike Kovalchick
Environmental Engineer
Michigan Department of Environmental Quality – Air Quality Division
301 E. Louis Glick Highway, Jackson, MI 49201

Subject: Spring Arbor Coatings Air Quality Corrective Action Plan

On November 1, 2016 the Department of Environmental Quality Air Quality Division inspected Spring Arbor Coatings Spring Arbor facility. At this time AQD determined that Spring Arbor Coatings must obtain a permit to install. In the past Spring Arbor Coatings was a very small company. We had been advised by the DEQ that we were exempt from permitting requirements due to the low levels of VOC generated. Please see the attached letter indicating that Spring Arbor Coatings was exempt. With continuous growth over the years we are now approaching the limit.

We have submitted an application for a permit to install today. We have a pre-application meeting scheduled for December 19, 2016 with Vrajesh Patel from AQD. At this meeting we will clarify permitting needs, establish any remaining corrective actions to be taken and establish a timeline to complete them.

Thank you,

Isabella Jones
Manufacturing Engineer



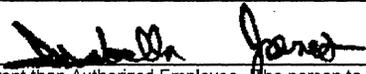
PERMIT TO INSTALL APPLICATION

For authority to install, construct, reconstruct, relocate, or modify process, fuel-burning or refuse burning equipment and/or control equipment. Permits to install are required by administrative rules pursuant to Section 5505 of 1994 PA 451, as amended.

FOR DEQ USE ONLY

APPLICATION NUMBER

Please type or print clearly. The "Application Instructions" and "Information Required for an Administratively Complete Permit to Install Application" are available on the Air Quality Division (AQD) Permit Web Page at <http://www.deq.state.mi.us/aps>. Please call the AQD at 517-284-6804 if you have not been contacted within 15 days of your application submittal.

1. FACILITY CODES: State Registration Number (SRN) and North American Industry Classification System (NAICS)												
SRN	N	8	2	0	6	NAICS	3	3	2	8	1	2
2. APPLICANT NAME: (Business License Name of Corporation, Partnership, Individual Owner, Government Agency) Spring Arbor Coatings												
3. APPLICANT ADDRESS: (Number and Street) 190 W. Main Street								MAIL CODE:				
CITY: (City, Village or Township) Spring Arbor						STATE: MI		ZIP CODE: 49283		COUNTY: Jackson		
4. EQUIPMENT OR PROCESS LOCATION: (Number and Street – if different than Item 3)												
CITY: (City, Village or Township)						ZIP CODE:			COUNTY:			
5. GENERAL NATURE OF BUSINESS: Electrodeposition coating shop for automotive stampings.												
6. EQUIPMENT OR PROCESS DESCRIPTION: (A Description MUST Be Provided Here. Include Emission Unit IDs. Attach additional sheets if necessary; number and date each page of the submittal.) Steel parts are stamped by our parent company Hatch Stamping. We paint these components using cathodic electrodepositon primer. The curing process emits volatile organic compounds. Our business volume has recently increased so much that we now generate VOCs in excess of 10 tons per year and need to request a permit for our stacks.												
7. REASON FOR APPLICATION: (Check all that apply.) <input type="checkbox"/> INSTALLATION / CONSTRUCTION OF NEW EQUIPMENT OR PROCESS <input type="checkbox"/> RECONSTRUCTION / MODIFICATION / RELOCATION OF EXISTING EQUIPMENT OR PROCESS – DATE INSTALLED: <input checked="" type="checkbox"/> OTHER – DESCRIBE OBTAIN NECESSARY PERMIT TO OPERATE EXISTING EQUIPMENT AND PROCESS.												
8. IF THE EQUIPMENT OR PROCESS THAT WILL BE COVERED BY THIS PERMIT TO INSTALL (PTI) IS CURRENTLY COVERED BY ANY ACTIVE PERMITS, LIST THE PTI NUMBER(S):												
9. DOES THIS FACILITY HAVE AN EXISTING RENEWABLE OPERATING PERMIT (ROP)? <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PENDING APPLICATION <input type="checkbox"/> YES PENDING APPLICATION OR ROP NUMBER:												
10. AUTHORIZED EMPLOYEE: Isabella Jones						TITLE: Manufacturing Engineer			PHONE NUMBER: (Include Area Code) 734-593-0550 office 734-260-5808 cell			
SIGNATURE: 						DATE: 12-8-2016			E-MAIL ADDRESS: Isabella.Jones@springarborcoatings.com			
11. CONTACT: (If different than Authorized Employee. The person to contact with questions regarding this application) Isabella Jones										PHONE NUMBER: (Include Area Code)		
CONTACT AFFILIATION:						E-MAIL ADDRESS:						
12. IS THE CONTACT PERSON AUTHORIZED TO NEGOTIATE THE TERMS AND CONDITIONS OF THE PERMIT TO INSTALL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												
FOR DEQ USE ONLY - DO NOT WRITE BELOW												
DATE OF RECEIPT OF ALL INFORMATION REQUIRED BY RULE 203:												
DATE PERMIT TO INSTALL APPROVED:						SIGNATURE:						
DATE APPLICATION / PTI VOIDED:						SIGNATURE:						
DATE APPLICATION DENIED:						SIGNATURE:						
A PERMIT CERTIFICATE WILL BE ISSUED UPON APPROVAL OF A PERMIT TO INSTALL												