



ROY COOPER
Governor

MICHAEL S. REGAN
Secretary

MICHAEL A. ABRACZINSKAS
Director

May 18, 2018

Mr. Waverly Merritt
President
Pinnacle World Trade, LLC Williamston NC Site
301 Nantucket CT
Winterville, NC 28590

SUBJECT: Receipt of Permit Application
Greenfield Facility
Application No. 5900126.18A
Pinnacle World Trade, LLC Williamston NC Site
Facility ID: 5900126, Williamston, Martin County

Dear Mr. Merritt:

Your air permit application (5900126.18A) for Pinnacle World Trade, LLC Williamston NC Site, located in Martin County, North Carolina was received by this division on May 7, 2018. This application submittal did contain all the required elements and has been accepted for processing. Your application will be considered complete as of May 7, 2018, unless informed otherwise by this office within 45 days. Should you have any questions concerning this matter, please contact Betsy Huddleston at 252-948-3836.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. P. Fisher'.

Robert P. Fisher, Regional Supervisor
Division of Air Quality, NCDEQ

cc: Washington Regional Office Files

Huddleston, Betsy

From: C. Waverly Merritt, III <waverlymerritt@hotmail.com>
Sent: Tuesday, May 22, 2018 9:22 PM
To: Huddleston, Betsy
Subject: [External] Re: Williamston facility location and street address
Attachments: Factory Street Location.jpg

CAUTION: External email. Do not click links or open attachments unless verified. Send all suspicious email as an attachment to

Hello Betsy,
Nice speaking with you today. The coordinates of the location in Williamston is:

35. 50' 23.07"N 35 50.3845
77. 03'. 27.96W 77 3.466

Also, I have attached a photo from Google Earth.
Waverly

*Conversation 5/22/2018
Town has yet to assign
an official street
address to site.*

From: Huddleston, Betsy <betsy.huddleston@ncdenr.gov>
Sent: Friday, May 18, 2018 6:54 PM
To: waverlymerritt@hotmail.com
Subject: Williamston facility location and street address

*only have Road Name
and GPS.*

Hi Mr. Merritt,

May I please have the street address number for the where the fumigation process will be located? Please also provide LAT/LONG coordinates you wish for me to use, as well.

Thanks!

Betsy Huddleston
Division of Air Quality
North Carolina Department of Environmental Quality
252 948 3836 office
252 975 3716 fax
Betsy.Huddleston@ncdenr.gov
943 Washington Square Mall
Washington, NC 27889



Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.



Google earth

feet
meters



590126
Permit #10575

FORM A GENERAL FACILITY INFORMATION

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A

<input type="checkbox"/> Local Zoning Consistency Determination (new or modification only)	<input type="checkbox"/> Appropriate Number of Copies of Application	<input type="checkbox"/> Application Fee (if required)
<input type="checkbox"/> Responsible Official/Authorized Contact Signature	<input type="checkbox"/> P.E. Seal (if required)	

GENERAL FACILITY INFORMATION

Legal Corporate/Owner Name: Pinnacle World Trade, LLC / Cred Waverly Merritt

Site Name: Williamston NC Site

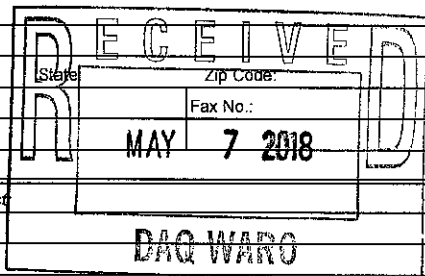
Site Address (911 Address) Line 1: Factory ST, Williamston, NC

Site Address Line 2:

City: Williamston State: NC

Zip Code: 27897 County: Martin

Responsible Official/Authorized Contact:	Invoice Contact:
Name/Title: <u>Cred Waverly Merritt / President</u>	Name/Title:
Mailing Address Line 1: <u>301 Nantucket Ct</u>	Mailing Address Line 1:
Mailing Address Line 2:	Mailing Address Line 2:
City: <u>Winterville</u> State: <u>NC</u> Zip Code: <u>28590</u>	City: State: Zip Code:
Primary Phone No.: <u>252-341-9283</u> Fax No.:	Primary Phone No.: Fax No.:
Secondary Phone No.:	Secondary Phone No.:
Email Address: <u>Waverlymerritt@hotmail.com</u>	Email Address:
Facility/Inspection Contact:	Permit/Technical Contact:
Name/Title: <u>Earl Daille</u>	Name/Title:
Mailing Address Line 1: <u>1900 Spring Garden Road</u>	Mailing Address Line 1:
Mailing Address Line 2:	Mailing Address Line 2:
City: <u>New Bern</u> State: <u>NC</u> Zip Code: <u>28562</u>	City: State: Zip Code:
Primary Phone No.: <u>252-229-2344</u> Fax No.:	Primary Phone No.: Fax No.:
Secondary Phone No.:	Secondary Phone No.:
Email Address: <u>earldaille@gmail.com</u>	Email Address:



APPLICATION IS BEING MADE FOR:

New Non-permitted Facility/Greenfield Modification of Facility (permitted) Renewal Title V Renewal Non-Title V

Name Change Ownership Change Administrative Amendment Renewal with Modification

FACILITY CLASSIFICATION AT PERMIT APPLICATION (CHECK ONLY)

General Small Prohibitory Small Synthetic Minor Title V

FACILITY PHASE INFORMATION

Describe nature-of (plant site) operation(s):
Fumigation of 40' Shipping Containers, Contents: Pine Logs
Fungated use of Methylene Bromide

Facility ID No.:

Primary SIC/NAICS Code: Current/Previous Air Permit No. Expiration Date:

Facility Coordinates: Latitude: Longitude:

Does this application contain confidential data? YES NO ***If yes, please contact the DAQ Regional Office prior to submitting this application.*** (See Instructions)

PERSON OR FIRM THAT PREPARED APPLICATION

Person Name: Cred Waverly Merritt Firm Name:

Mailing Address Line 1: 301 Nantucket Ct Mailing Address Line 2:

City: Winterville State: NC Zip Code: 28590 County:

Phone No.: 252-341-9283 Fax No.: Email Address:

SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT

Name (typed): Cred Waverly Merritt Title: President

X Signature (Blue Ink): [Signature] Date: 7 May 2018

Attach Additional Sheets As Necessary

Please email permit to waverlymerritt@hotmail.com and a text message alerting me the email has been sent (252) 341-9283

FORM A (continued, page 2 of 2)

GENERAL FACILITY INFORMATION

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SECTION IV - APPLICATION FOR PERMIT RENEWAL

Pinnacle World Trade, LLC (Company Name) hereby formally requests renewal of Air Permit No. _____

There have been no modifications to the originally permitted facility or the operations therein that would require an air permit since the last permit was issued.

Is your facility subject to 40 CFR Part 68 "Prevention of Accidental Releases" - Section 112(r) of the Clean Air Act? YES NO

If yes, have you already submitted a Risk Management Plan (RMP) to EPA? YES NO Date Submitted: _____

Did you attach a current emissions inventory? YES NO

If no, did you submit the inventory via AERO or by mail? Via AERO Mailed Date Mailed: _____

SECTION V - APPLICATION FOR PERMIT RENEWAL

In accordance with the provisions of Title 15A 2Q .0513, the responsible official of Pinnacle World Trade, LLC (Company Name) hereby formally requests renewal of Air Permit No. _____ (Air Permit No.) and further certifies that:

- (1) The current air quality permit identifies and describes all emissions units at the above subject facility, except where such units are exempted under the North Carolina Title V regulations at 15A NCAC 2Q .0500;
- (2) The current air quality permit cites all applicable requirements and provides the method or methods for determining compliance with the applicable requirements;
- (3) The facility is currently in compliance, and shall continue to comply, with all applicable requirements. (Note: As provided under 15A NCAC 2Q .0512 compliance with the conditions of the permit shall be deemed compliance with the applicable requirements specifically identified in the permit);
- (4) For applicable requirements that become effective during the term of the renewed permit that the facility shall comply on a timely basis;
- (5) The facility shall fulfill applicable enhanced monitoring requirements and submit a compliance certification as required by 40 CFR Part 64.

The responsible official (signature on page 1) certifies under the penalty of law that all information and statements provided above, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

SECTION VI - APPLICATION FOR NAME CHANGE

New Facility Name: _____

Former Facility Name: _____

An official facility name change is requested as described above for the air permit mentioned on page 1 of this form. Complete the other sections if there have been modifications to the originally permitted facility that would require an air quality permit since the last permit was issued and if there has been an ownership change associated with this name change.

SECTION VII - APPLICATION FOR AN OWNERSHIP CHANGE

By this application we hereby request transfer of Air Quality Permit No. _____ from the former owner to the new owner as described below.

The transfer of permit responsibility, coverage and liability shall be effective _____ (immediately or insert date.) The legal ownership of the facility described on page 1 of this form has been or will be transferred on _____ (date). There have been no modifications to the originally permitted facility that would require an air quality permit since the last permit was issued.

Signature of New (Buyer) Responsible Official/Authorized Contact (as typed on page 1): _____

X Signature (Blue Ink): _____

Date: _____

New Facility Name: _____

Former Facility Name: _____

Signature of Former (Seller) Responsible Official/Authorized Contact: _____

Name (typed or print): _____

Title: _____

X Signature (Blue Ink): _____

Date: _____

Former Legal Corporate/Owner Name: _____

In lieu of the seller's signature on this form, a letter may be submitted with the seller's signature indicating the ownership change

SECTION VIII - APPLICATION FOR ADMINISTRATIVE AMENDMENT

Describe the requested administrative amendment here (attach additional documents as necessary):

FORM B

SPECIFIC EMISSION SOURCE INFORMATION (REQUIRED FOR ALL SOURCES)

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B

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NO:
OPERATING SCENARIO _____ OF _____	CONTROL DEVICE ID NO(S):
DESCRIBE IN DETAIL THE EMISSION SOURCE PROCESS (ATTACH FLOW DIAGRAM):	EMISSION POINT (STACK) ID NO(S):

100 - 200 40' Shipping Containers per Week
 Estimate container Dimensions (40' x 10' x 10')

TYPE OF EMISSION SOURCE (CHECK AND COMPLETE APPROPRIATE FORM B1-B9 ON THE FOLLOWING PAGES):

<input type="checkbox"/> Coal, wood, oil, gas, other burner (Form B1)	<input type="checkbox"/> Woodworking (Form B4)	<input type="checkbox"/> Manuf. of chemicals/coatings/inks (Form B7)
<input type="checkbox"/> Int. combustion engine/generator (Form B2)	<input type="checkbox"/> Coating/finishing/printing (Form B5)	<input type="checkbox"/> Incineration (Form B8)
<input type="checkbox"/> Liquid storage tanks (Form B3)	<input type="checkbox"/> Storage silos/bins (Form B6)	<input type="checkbox"/> Other (Form B9)

START CONSTRUCTION DATE:	DATE MANUFACTURED:
MANUFACTURER / MODEL NO.:	EXPECTED OP. SCHEDULE: _____ HR/DAY _____ DAY/WK _____ WK/YR
IS THIS SOURCE SUBJECT TO? <input type="checkbox"/> NSPS (SUBPARTS?): _____ <input type="checkbox"/> NESHAP (SUBPARTS?): _____	
PERCENTAGE ANNUAL THROUGHPUT (%): DEC-FEB _____ MAR-MAY _____ JUN-AUG _____ SEP-NOV _____	

HAZARDOUS AIR POLLUTANT EMISSIONS INFORMATION FOR THIS SOURCE

AIR POLLUTANT EMITTED	SOURCE OF EMISSION FACTOR	EXPECTED ACTUAL		POTENTIAL EMISSIONS			
		(AFTER CONTROLS / LIMITS)		(BEFORE CONTROLS / LIMITS)		(AFTER CONTROLS / LIMITS)	
		lb/hr	tons/yr	lb/hr	tons/yr	lb/hr	tons/yr
PARTICULATE MATTER (PM)							
PARTICULATE MATTER <10 MICRONS (PM ₁₀)							
PARTICULATE MATTER <2.5 MICRONS (PM _{2.5})							
SULFUR DIOXIDE (SO ₂)							
NITROGEN OXIDES (NO _x)							
CARBON MONOXIDE (CO)							
VOLATILE ORGANIC COMPOUNDS (VOC)							
LEAD							
OTHER							

HAZARDOUS AIR POLLUTANT EMISSIONS INFORMATION FOR THIS SOURCE

HAZARDOUS AIR POLLUTANT	CAS NO.	SOURCE OF EMISSION FACTOR	EXPECTED ACTUAL		POTENTIAL EMISSIONS			
			(AFTER CONTROLS / LIMITS)		(BEFORE CONTROLS / LIMITS)		(AFTER CONTROLS / LIMITS)	
			lb/hr	tons/yr	lb/hr	tons/yr	lb/hr	tons/yr

TOXIC AIR POLLUTANT EMISSIONS INFORMATION FOR THIS SOURCE

TOXIC AIR POLLUTANT	CAS NO.	SOURCE OF EMISSION FACTOR	EXPECTED ACTUAL EMISSIONS AFTER CONTROLS / LIMITATIONS		
			lb/hr	lb/day	lb/yr

Attachments: (1) emissions calculations and supporting documentation; (2) indicate all requested state and federal enforceable permit limits (e.g. hours of operation, emission rates) and describe how these are monitored and with what frequency; and (3) describe any monitoring devices, gauges, or test ports for this source.

COMPLETE THIS FORM AND COMPLETE AND ATTACH APPROPRIATE B1 THROUGH B9 FORM FOR EACH SOURCE
 Attach Additional Sheets As Necessary

FORMs A2, A3

EMISSION SOURCE LISTING FOR THIS APPLICATION - A2

112r APPLICABILITY INFORMATION - A3

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A2

EMISSION SOURCE LISTING: New, Modified, Previously Unpermitted, Replaced, Deleted

EMISSION SOURCE ID NO.	EMISSION SOURCE DESCRIPTION	CONTROL DEVICE ID NO.	CONTROL DEVICE DESCRIPTION

Equipment To Be MODIFIED by this Application

EMISSION SOURCE ID NO.	EMISSION SOURCE DESCRIPTION	CONTROL DEVICE ID NO.	CONTROL DEVICE DESCRIPTION

Equipment To Be DELETED from Application

EMISSION SOURCE ID NO.	EMISSION SOURCE DESCRIPTION	CONTROL DEVICE ID NO.	CONTROL DEVICE DESCRIPTION

112(r) APPLICABILITY INFORMATION

A3

Is your facility subject to 40 CFR Part 68 "Prevention of Accidental Releases" - Section 112(r) of the Federal Clean Air Act? Yes No

If No, please specify in detail how your facility avoided applicability: _____

If your facility is Subject to 112(r), please complete the following:

- A. Have you already submitted a Risk Management Plan (RMP) to EPA Pursuant to 40 CFR Part 68.10 or Part 68.150?
 Yes No Specify required RMP submittal date: _____ If submitted, RMP submittal date: _____
- B. Are you using administrative controls to subject your facility to a lesser 112(r) program standard?
 Yes No If yes, please specify: _____
- C. List the processes subject to 112(r) at your facility:

PROCESS DESCRIPTION	PROCESS LEVEL (1, 2, or 3)	HAZARDOUS CHEMICAL	MAXIMUM INTENDED INVENTORY (LBS)

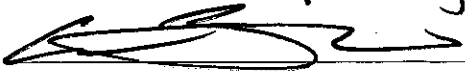
Attach Additional Sheets As Necessary

Zoning Consistency Determination

Facility Name Pinnacle World Trade LLC
Facility Street Address Factory St.
Facility City Williamston
Description of Process log fumigation
SIC/NAICS Code _____
Facility Contact _____
Phone Number _____
Mailing Address _____
Mailing City, State Zip _____

Based on the information given above:

- I have received a copy of the air permit application (draft or final) AND...
- There are no applicable zoning ordinances for this facility at this time
- The proposed operation IS consistent with applicable zoning ordinances
- The proposed operation IS NOT consistent with applicable zoning ordinances
(please include a copy of the rules in the package sent to the air quality office)
- The determination is pending further information and can not be made at this time
- Other: _____

Agency Town of Williamston, NC
Name of Designated Official Cameron Braaddy
Title of Designated Official Town Planner & Zoning Administrator
Signature 
Date 04 May 2018

Please forward to the facility mailing address listed above and the air quality office at the appropriate address as checked on the back of this form.