



SIP AIR PERMIT APPLICATION

EPD Use Only

Date Received: _____ Application No. _____

FORM 1.00: GENERAL INFORMATION

1. Facility Information

Facility Name: Arglass Yamamura, LLC

AIRS No. (if known): _____

Facility Location: Street: 1 Arglass Road

City: Valdosta Georgia Zip: 31601 County: Lowndes

Is this facility a "small business" as defined in the instructions? Yes: No:

2. Facility Coordinates

Latitude: 30° 47' " **NORTH** Longitude: 83° 20' " **WEST**

UTM Coordinates: 303705 m **EAST** 4314711 m **NORTH** **ZONE** 15S

3. Facility Owner

Name of Owner: Arglass Yamamura, LLC

Owner Address Street: 1 Arglass Road

City: Valdosta State: GA Zip: 31601

4. Permitting Contact and Mailing Address

Contact Person: Jeff Twaddle, P.E., ERM Title: Partner

Telephone No.: (615) 656-4636 Ext. _____ Fax No.: _____

Email Address: Jeff.Twaddle@erm.com

Mailing Address: Same as: Facility Location: Owner Address: Other:

If Other: Street Address: 901 Woodland Street, Suite 104

City: Nashville State: TN Zip: 37206


5. Authorized Official

Name: Jose de Diego-Arozamena Title: Founder and CEO

Address of Official Street: 10 East 22nd Street

City: New York State: NY Zip: 10010

This application is submitted in accordance with the provisions of the Georgia Rules for Air Quality Control and, to the best of my knowledge, is complete and correct.

Signature:  Date: July 7, 2023