



SIP AIR PERMIT APPLICATION

EPD Use Only

Date Received:

Application No.

FORM 1.00: GENERAL INFORMATION

1. Facility Information

Facility Name: SPECTRUM ENERGY GEORGIA LLC

AIRS No. (if known): TO BE ISSUED

Facility Location: Street: 801 COOK STREET

City: ADEL Georgia Zip: 31620 County: COOK

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

2. Facility Coordinates

Latitude: 31.123395 NORTH Longitude: -83.431858 WEST

UTM Coordinates: 268100.77 EAST 3445805.53 NORTH ZONE 17

3. Facility Owner

Name of Owner: SPECTRUM ENERGY GEORGIA LLC

Owner Address Street: 801 COOK STREET

City: ADEL State: GA Zip: 31620

4. Permitting Contact and Mailing Address

Name: MICHAEL AINSWORTH Title: PRINCIPAL, SPECTRUM ENERGY GEORGIA LLC

Telephone No.: EMAIL ONLY Ext. _____ Fax No.: EMAIL ONLY

Email Address: spectrumenergy.ga@gmail.com

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

If Other: Street Address: _____

City: _____ State: _____ Zip: _____

5. Responsible Official

Name: MICHAEL AINSWORTH Title: PRINCIPAL, SPECTRUM ENERGY GEORGIA LLC

Address of Official Street: 801 COOK STREET

City: ADEL State: GA Zip: 31620

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:

OCTOBER 06, 2021