

# Class I

## Air Quality Operating Permit (AQOP), Operating Permit to Construct (OPTC), and Prevention of Significant Deterioration (PSD) Application Form

**Facility Name:** [Click or tap here to enter text.](#)

**Existing Facility ID:** [Click or tap here to enter text.](#)

**Existing Class I AQOP/OPTC:** [Click or tap here to enter text.](#)

**Type of Facility:** [Click or tap here to enter text.](#)

**Number of Units (including IA's) in Facility:** [Click or tap here to enter text.](#)

**Number of Units (including IA's) Affected in Action:** [Click or tap here to enter text.](#)

### Application Type:

- |                                                                |                                                                   |
|----------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> New AQOP                              | <input type="checkbox"/> Rollover OPTC to Existing AQOP           |
| <input type="checkbox"/> Minor Revision of Existing AQOP       | <input type="checkbox"/> Administrative Revision of Existing AQOP |
| <input type="checkbox"/> Significant Revision of Existing AQOP | <input type="checkbox"/> New PSD AQOP                             |
| <input type="checkbox"/> Renewal of Existing AQOP              | <input type="checkbox"/> Major PSD Revision of AQOP               |
| <input type="checkbox"/> New OPTC                              | <input type="checkbox"/> New PSD OPTC                             |
| <input type="checkbox"/> Revision of OPTC                      | <input type="checkbox"/> Major PSD Revision of OPTC               |
| <input type="checkbox"/> Rollover OPTC to a New AQOP           |                                                                   |



### Please Submit Application to:

Nevada Division of Environmental Protection  
Bureau of Air Pollution Control, Class I Permitting Branch  
901 South Stewart Street, Suite 4001  
Carson City, Nevada 89701-5249  
Phone (775) 687-9349

November 2019  
(Ver. 3)

## IMPORTANT INFORMATION

- The Application packet contains:
  - General Company Information Form
  - Industrial Process Application Form
  - Combustion Equipment Application Form
  - Storage Silo Application Form
  - Liquid Storage Tanks Application Form
  - Facility-Wide Potential to Emit Table
  - Surface Area Disturbance Form
  - Plant Boundary Coordinates Form
  - Plant Building Parameters Forms
  - Application Certification Document with Required Attachments
- Please see the Guidance Document located at <https://ndep.nv.gov/air/permitting/download-permit-forms> for additional instructions on how to complete the application.
- The application is available from the Nevada Division of Environmental Protection – Bureau of Air Pollution Control (BAPC) in a Microsoft Word file, or on the internet at <https://ndep.nv.gov/air/permitting/download-permit-forms>. A printed copy of the application must be submitted (mailed or hand delivered), along with an electronic version.
- The application filing fee required by Nevada Administrative Code (NAC) 445B.327 must be submitted with the completed application. Checks must be made payable to the “Nevada State Treasurer, Environmental Protection” with “BAPC” noted in the memo line. Fees may also be submitted electronically at <https://epayments.ndep.nv.gov/>.
- This application shall be used for a new, renewal, and revision of Class I sources, including AQOP, OPTC, rollover OPTC, and PSD actions.
- An application for a Class I AQOP, OPTC, and PSD must be signed by the Responsible Official, as defined in NAC 445B.156. The certification document (signature page) is the last page of the application and the original “wet” signature must be provided.
- All items in the application must be addressed. If an item does not apply “N/A” or similar notation must be entered in the appropriate blank. All other information must be provided. Incomplete applications will be returned to the Responsible Official within:
  - 45 days for a new or revision of Class I OPTC. (NAC 445B.3364(1))
  - 30 days for sources subject to permitting requirements set forth in 40 CFR 52.21 applying for a new or revision of Class I PSD OPTC. (NAC 445B.3364(2))
  - 60 days for a new, significant revision, or renewal of Class I AQOP. (NAC 445B.3395(1), NAC 445B.3443(3))
  - 10 working days for a minor revision of Class I AQOP. (NAC 445B.3395(5))
  - 30 days for sources subject to permitting requirements set forth in 40 CFR 52.21 applying for a new of Class I PSD. (NAC 445B.3395(2))
  - 45 days for an administrative revision of Class I OPTC. (NAC 445B.3441(2) and NAC 445B.3364(1))

## IMPORTANT INFORMATION (continued)

- For the renewal of a Class I Operating Permit, a **complete** application and corresponding processing fee must be submitted in accordance with NAC 445B.3443(2) at least 240 days prior to the expiration date of the current permit but not earlier than 18 months. The BAPC suggests that the application be submitted well in advance of the timeline outlined in NAC 445B.3443 to ensure the application is deemed complete. The BAPC has 60 days to deem the application complete or incomplete. As stated above, incomplete applications will be returned within 60 days of the receipt of the application. Therefore, the BAPC recommends the application be submitted at least 300 days prior to expiration of the current permit.
- For stationary sources subject to the provisions regarding new source review set forth in United States Code (U.S.C.) Title 42 7501 through 7515, inclusive (nonattainment areas), include all information required by U.S.C. Title 42 7503 pursuant to NAC 445B.3363(2)(b)(3).
- For a proposed new major source or a proposed major modification to an existing stationary source that is subject to the provisions of 40 CFR 52.21, include all information required by 40 CFR 52.21 pursuant to NAC 445B.3368(3)(a).
- For a proposed new major source, or a proposed significant revision to an existing stationary source which is not subject to the provisions of 40 CFR 52.21, include all information as required by NAC 445B.308 through 445B.313, inclusive, pursuant to NAC 445B.3368(3)(b).
- For a proposed new major source or a proposed significant revision to an existing stationary source which is subject to the requirements of U.S.C. Title 42 7412 regarding hazardous air pollutants, include all information required by NAC 445B.308 through 445B.313, inclusive, pursuant to NAC 445B.3368(3)(c).

## GENERAL COMPANY INFORMATION FORM

1. **Briefly describe the permitted facility's process and include the Standard Industrial Classification (SIC) number and North American Industry Classification System (NAICS). Add details in the attached Process Narrative.**

\_\_\_\_\_

2. **Company Name and Address that are to appear on the operating permit [NAC 445B.295(1)]:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. **Owner's Name and Address [NAC 445B.295(1)]:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. **Facility Name and Physical Address, if different from #2 [NAC 445B.295(1)]:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. **If records required under the operating permit will be kept at a location other than the facility, specify that location [NAC 445B.295(7)]:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## GENERAL COMPANY INFORMATION FORM (continued)

**6. Responsible Official Name, Title and Mailing Address [NAC 445B.295(1)]:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (xxx) xxx-xxxx  
Fax Number: (xxx) xxx-xxxx  
E-mail Address: \_\_\_\_\_

**7. Plant Manager or other appropriate Contact Name, Title and Address [NAC 445B.295(1)]:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (xxx) xxx-xxxx  
Fax Number: (xxx) xxx-xxxx  
E-mail Address: \_\_\_\_\_

**8. Location and Driving Directions to the Facility (For Example: From Elko, Nevada, 4 miles south of I-80 at xx Interchange) [NAC 445B.295(8)]:**

Hydrographic Basin (HA) Number: \_\_\_\_\_  
HA Basin Name: \_\_\_\_\_

Township(s): \_\_\_\_\_ N; Range(s): \_\_\_\_\_ E; Section(s): \_\_\_\_\_  
\_\_\_\_\_

UTM Coordinates for the Front Gate of the Facility (NAD 83, Zone 11):

\_\_\_\_\_ m North; \_\_\_\_\_ m East;

Nearest City: \_\_\_\_\_

County: \_\_\_\_\_

Driving Directions from nearest city to the Facility:

\_\_\_\_\_  
\_\_\_\_\_

## GENERAL COMPANY INFORMATION FORM (continued)

9. **Emission Cap Requested [NAC 445B.070, NAC 445B.296(2), NAC 445B.296(3)]:**  
 Yes  No (If yes, provide details in the attached Process Narrative)
10. **Important note** for completing the Industrial Process, Combustion Equipment, Storage Silo, and Liquid Storage Tank Application Forms: forms need to be included for all permitted emission units and insignificant activities. Provide additional forms as needed. All items in the application must be addressed. If an item does not apply, then “N/A” or similar notation (TDB, unknown, etc.) must be entered in the appropriate blank.
11. **Check one that applies:**  
 Major Stationary Source [40 CFR 52.21]  
 Minor Source [40 CFR 71.2]  
 New Source Review (NSR) Synthetic Minor Source [40 CFR 49.167]
12. **Is the Facility subject to 40 CFR 51.307 and 52.21(p) (i.e., located within 100 km of a Class I Federal Area within Nevada and any adjacent states, for example Jarbidge Wilderness Area) protected by the Regional Haze Program (40 CFR Part 81)?**  
 Yes  No
13. **Check any of the following that apply to this application:**  
 Involve significant changes to the existing requirements for monitoring, reporting, or recordkeeping.  
 Require or change a determination of an emission limitation or other standard on a case-by-case basis.  
 Require or change a visibility or increment analysis.  
 Require or change a determination of ambient impact for any temporary source.  
 Establish or change a condition of the operating permit for which there is no a federally enforceable emissions cap and/or an alternative emission limitation pursuant to U.S.C. Title 42 7412(i)(5).  
 Result in an increase in allowable emissions that exceeds any of the following specified thresholds: Carbon monoxide, 100 tons per year; Nitrogen oxides, 40 tons per year; Sulfur dioxide (SO<sub>2</sub>), 40 tons per year; Particulate Matter less than or equal to 10 microns in diameter (PM<sub>10</sub>), 15 tons per year; Ozone (O<sub>3</sub>), 40 tons per year of volatile organic compounds (VOC); Sulfuric acid mist, 7 tons per year; and Hydrogen sulfide (H<sub>2</sub>S), 10 tons per year.  
 Modification pursuant to any provision of U.S.C. Title 42 7401 to 7515, inclusive, or a major modification at an existing major stationary source.
- If any of the boxes were checked above, a minor revision may not be made to the Class I Operating Permit pursuant to NAC 445B.3425.**
14. **Will the Facility be constructed in more than one phase [NAC 445B.3395(17)]?**  
 Yes  No (If yes, provide details in the attached Process Narrative)

**GENERAL COMPANY INFORMATION FORM (continued)**

**15. Will the facility violate any “Applicable requirement” pursuant to NAC 445B.019?**

Yes  No

**16. Verify facility’s compliance status for the following regulations and describe the reason for exemption if applicable:**

| <b>FEDERALLY ENFORCEABLE REQUIREMENTS</b>                               |                                    |                                        |                                                              |
|-------------------------------------------------------------------------|------------------------------------|----------------------------------------|--------------------------------------------------------------|
| NAC 445B.225                                                            | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.315(3)(h)                                                      | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.315(3)(i)                                                      | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.315(3)(k)                                                      | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| 40 CFR 52.21(r)(4)                                                      | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.252                                                            | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.22067                                                          | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.22093                                                          | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.22037                                                          | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.227                                                            | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| 40 CFR Parts 60.1-60.19, 61.01-61.19, 61.140-61.157, 63.1-63.15, and 70 | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| 40 CFR Part 82                                                          | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.230                                                            | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.22017                                                          | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |

| <b>STATE REQUIREMENTS</b> |                                    |                                        |                                                              |
|---------------------------|------------------------------------|----------------------------------------|--------------------------------------------------------------|
| NRS 445B.470              | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.22013            | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.326(1)           | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 445B.22087            | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |
| NAC 459.952-459.95528     | <input type="checkbox"/> Compliant | <input type="checkbox"/> Not Compliant | <input type="checkbox"/> Exempt, <i>Reason for Exemption</i> |

## INDUSTRIAL PROCESS APPLICATION FORM CLASS I OPERATING PERMIT

**System Number and Name:** \_\_\_\_\_

**Emission Unit Description:** \_\_\_\_\_

Alternative Operating Scenario:  Yes  No

Insignificant Activity:  Yes  No If yes, identify exemption regulation: \_\_\_\_\_

| Description                         |                                                                                                                                                                                                                                                          | Data                                                                                                  |  |  |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--|
| <b>Equipment Description</b>        | BAPC Emission Unit ID<br><i>Applicable for Renewal or Revision</i>                                                                                                                                                                                       | eg. Unit ID:<br>S2.001,<br>PF1.001                                                                    |  |  |
|                                     | Source Classification Code (SCC)                                                                                                                                                                                                                         | e.g. 3-03-024-04 for Conveyors                                                                        |  |  |
|                                     | Manufacturer                                                                                                                                                                                                                                             |                                                                                                       |  |  |
|                                     | Date Manufactured                                                                                                                                                                                                                                        |                                                                                                       |  |  |
|                                     | Model Number                                                                                                                                                                                                                                             |                                                                                                       |  |  |
|                                     | Equipment Dimensions (LxWxH)                                                                                                                                                                                                                             | feet                                                                                                  |  |  |
|                                     | Drop Length <i>if applicable</i>                                                                                                                                                                                                                         | feet                                                                                                  |  |  |
|                                     | Drop Height <i>if applicable</i>                                                                                                                                                                                                                         | feet                                                                                                  |  |  |
|                                     | The Drop Height is measured from the <input type="checkbox"/> top of the drop length <input type="checkbox"/> middle of the drop length <input type="checkbox"/> bottom of the Drop Length, in reference to the ground. <i>Choose one, if applicable</i> |                                                                                                       |  |  |
|                                     | Drop Horizontal Dimension 1 <i>if applicable</i>                                                                                                                                                                                                         | feet                                                                                                  |  |  |
|                                     | Drop Horizontal Dimension 2 <i>if applicable</i>                                                                                                                                                                                                         | feet                                                                                                  |  |  |
| Emissions Released Inside building? | yes/no                                                                                                                                                                                                                                                   |                                                                                                       |  |  |
| <b>Location of Emission Source</b>  | UTM Northing (NAD 83, Zone 11)                                                                                                                                                                                                                           | m                                                                                                     |  |  |
|                                     | UTM Easting (NAD 83, Zone 11)                                                                                                                                                                                                                            | m                                                                                                     |  |  |
| <b>Operating Parameters</b>         | Material Type Processed                                                                                                                                                                                                                                  |                                                                                                       |  |  |
|                                     | Batch Process <i>if applicable</i>                                                                                                                                                                                                                       | unit/batch                                                                                            |  |  |
|                                     | Start Time <i>if operating less than 24 hours/day</i>                                                                                                                                                                                                    | hour:minute                                                                                           |  |  |
|                                     | End Time <i>if operating less than 24 hours/day</i>                                                                                                                                                                                                      | hour:minute                                                                                           |  |  |
| <b>Control Equipment</b>            | Manufacturer                                                                                                                                                                                                                                             |                                                                                                       |  |  |
|                                     | Manufacturer's Guarantee included?<br><i>If "yes", attach manufacturer's sheets immediately after these forms.</i>                                                                                                                                       | yes/N/A                                                                                               |  |  |
| <b>Stack Parameters</b>             | Stack Height                                                                                                                                                                                                                                             | Feet                                                                                                  |  |  |
|                                     | Stack Inside Diameter                                                                                                                                                                                                                                    | Feet                                                                                                  |  |  |
|                                     | Stack Temperature                                                                                                                                                                                                                                        | °F                                                                                                    |  |  |
|                                     | Stack Exit Velocity                                                                                                                                                                                                                                      | feet/second                                                                                           |  |  |
|                                     | Actual Gas Volume Flow Rate                                                                                                                                                                                                                              | Acfm                                                                                                  |  |  |
|                                     | Dry Gas Volume Flow Rate<br><i>If not included in detailed calculations.</i>                                                                                                                                                                             | dscfm                                                                                                 |  |  |
|                                     | Stack Release Type                                                                                                                                                                                                                                       | <input type="checkbox"/> vertical <input type="checkbox"/> capped <input type="checkbox"/> horizontal |  |  |



## INDUSTRIAL PROCESS APPLICATION FORM CLASS I OPERATING PERMIT (continued)

**Emission Unit Description:** \_\_\_\_\_

1. Subject to a Federal Regulation specific to the emission unit (e.g. 40 CFR Part 60, 61, 63, 64, 76, or other):  
 Yes  No If yes, identify regulation and applicability and include required analysis or plans (e.g. siting analysis or Continuous Assurance Monitoring (CAM) plans).

\_\_\_\_\_  
\_\_\_\_\_

2. Subject to a State Regulation specific to the emission unit (e.g. NAC 445B.22033, NAC 445B.22017):  
 Yes  No If yes, identify regulation and applicability.

\_\_\_\_\_  
\_\_\_\_\_

3. Identify standards for work practices which affect emissions for all regulated air pollutants (e.g. At all times, including startup, shutdown and malfunction).

\_\_\_\_\_  
\_\_\_\_\_

4. Identify and describe compliance and performance testing with reference to any applicable test methods, monitoring devices, compliance plan, or other activities required to determine compliance with an applicable requirement (e.g. Emissions from this unit will be monitored by CEMS and/or COMS for the specific pollutant(s) (NO<sub>x</sub>, CO, etc.)).

\_\_\_\_\_  
\_\_\_\_\_

5. How will throughput be monitored for this emission unit? Identify if the throughput will be monitored at this emission unit or at another emission unit and the method (e.g. weigh belt).

\_\_\_\_\_  
\_\_\_\_\_

## COMBUSTION EQUIPMENT APPLICATION FORM CLASS I OPERATING PERMIT

**System Number and Name:** \_\_\_\_\_

**Emission Unit Description:** \_\_\_\_\_

Alternative Operating Scenario:  Yes  No

Insignificant Activity:  Yes  No If yes, identify exemption regulation: \_\_\_\_\_

| Description                                                      |                                                                                                                    | Data                                                                                                  |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Equipment Description</b>                                     | BAPC Emission Unit ID<br><i>Applicable for Renewal or Revision</i>                                                 | eg. Unit ID: S2.001                                                                                   |
|                                                                  | Source Classification Code (SCC)                                                                                   | e.g. 3-03-024-04 for Conveyors                                                                        |
|                                                                  | Manufacturer                                                                                                       |                                                                                                       |
|                                                                  | Date Manufactured                                                                                                  |                                                                                                       |
|                                                                  | Model and Serial Number                                                                                            |                                                                                                       |
|                                                                  | Emissions Released Inside building?                                                                                | yes/no                                                                                                |
| <b>For Reciprocating Internal Combustion Engines (RICE) Only</b> | Type of Engine Code (See Notes*)                                                                                   |                                                                                                       |
|                                                                  | Date Constructed                                                                                                   | month/day/yr                                                                                          |
|                                                                  | Cylinder Displacement                                                                                              | liter/cylinder                                                                                        |
|                                                                  | EPA Tier #                                                                                                         |                                                                                                       |
| <b>Location of Emission Source</b>                               | UTM Northing (NAD 83, Zone 11)                                                                                     | m                                                                                                     |
|                                                                  | UTM Easting (NAD 83, Zone 11)                                                                                      | m                                                                                                     |
| <b>Operating Parameters /Fuel Usage</b>                          | Fuel Type                                                                                                          |                                                                                                       |
|                                                                  | Fuel Flow Meter Installed?                                                                                         | yes/no/NA                                                                                             |
|                                                                  | Sulfur Content                                                                                                     | %                                                                                                     |
|                                                                  | Heat Content                                                                                                       | Btu/unit                                                                                              |
|                                                                  | Start Time <i>if operating less than 24 hours/day</i>                                                              | hour:minute                                                                                           |
|                                                                  | End Time <i>if operating less than 24 hours/day</i>                                                                | hour:minute                                                                                           |
| <b>Control Equipment</b>                                         | Manufacturer                                                                                                       |                                                                                                       |
|                                                                  | Manufacturer's Guarantee Included?<br><i>If "yes", attach manufacturer's sheets immediately after these forms.</i> | yes/N/A                                                                                               |
| <b>Stack Parameters</b>                                          | Stack Height                                                                                                       | feet                                                                                                  |
|                                                                  | Stack Inside Diameter                                                                                              | feet                                                                                                  |
|                                                                  | Stack Temperature                                                                                                  | °F                                                                                                    |
|                                                                  | Stack Exit Velocity                                                                                                | feet/second                                                                                           |
|                                                                  | Actual Gas Volume Flow Rate                                                                                        | acfm                                                                                                  |
|                                                                  | Dry Gas Volume Flow Rate<br><i>If not included in detailed calculations.</i>                                       | dscfm                                                                                                 |
|                                                                  | Stack Release Type                                                                                                 | <input type="checkbox"/> vertical <input type="checkbox"/> capped <input type="checkbox"/> horizontal |

**Notes\***

| Code | Description                        | Code   | Description                       |
|------|------------------------------------|--------|-----------------------------------|
| LU   | Limited Use                        | E-SI   | Emergency Spark Ignition          |
| LDG  | Landfill/Digester Gas              | SI4SRB | Spark Ignition 4-Stroke Rich Burn |
| NECI | Non-Emergency Compression Ignition | SI4SLB | Spark Ignition 4-Stroke Lean Burn |
| ECI  | Emergency Compression Ignition     | SI2SLB | Spark Ignition 2-Stroke Lean Burn |

## COMBUSTION EQUIPMENT APPLICATION FORM CLASS I OPERATING PERMIT (continued)

**Emission Unit Description:** \_\_\_\_\_

1. Subject to a Federal Regulation specific to the emission unit (e.g. 40 CFR Part 60, 61, 63, 64, 76, or other):  
 **Yes**  **No** If yes, identify regulation and applicability and include required analysis or plans (e.g. siting analysis or Continuous Assurance Monitoring (CAM) plans).

\_\_\_\_\_  
\_\_\_\_\_

2. Subject to a State Regulation specific to the emission unit (e.g. NAC 445B.2203, NAC 445B.22047, NAC 445B.22017):  
 **Yes**  **No** If yes, identify regulation and applicability.

\_\_\_\_\_  
\_\_\_\_\_

3. Identify standards for work practices which affect emissions for all regulated air pollutants (e.g. At all times, including startup, shutdown and malfunction).

\_\_\_\_\_  
\_\_\_\_\_

4. Identify and describe compliance and performance testing with reference to any applicable test methods, monitoring devices, compliance plan, or other activities required to determine compliance with an applicable requirement (e.g. Emissions from this unit will be monitored by CEMS and/or COMS for the specific pollutant(s) (NO<sub>x</sub>, CO, etc.)).

\_\_\_\_\_  
\_\_\_\_\_

5. How will fuel consumption be monitored for this emission unit? (e.g. maximum fuel consumption rate supplied by manufacturer, fuel flow meter).

\_\_\_\_\_  
\_\_\_\_\_

6. Does this unit have the capability to bypass air pollution controls in an emergency situation as defined under NAC 445B.056?:

**Yes**  **No**

## STORAGE SILO APPLICATION FORM CLASS I OPERATING PERMIT

**System Number and Name:** \_\_\_\_\_

**Emission Unit Description:** \_\_\_\_\_

Alternative Operating Scenario:  Yes  No

Insignificant Activity:  Yes  No If yes, identify exemption regulation: \_\_\_\_\_

| Description                         |                                                                                                                    |                                                                                                       | Data         |                |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------|----------------|
|                                     |                                                                                                                    |                                                                                                       | Silo Loading | Silo Unloading |
| <b>Equipment Description</b>        | BAPC Emission Unit ID<br><i>Applicable for Renewal or Revision</i>                                                 | eg. Unit ID:<br>S2.001, PF1.001                                                                       |              |                |
|                                     | Source Classification Code (SCC)                                                                                   | e.g. 3-03-024-04<br><i>for Conveyors</i>                                                              |              |                |
|                                     | Manufacturer                                                                                                       |                                                                                                       |              |                |
|                                     | Date Manufactured                                                                                                  |                                                                                                       |              |                |
|                                     | Model Number                                                                                                       |                                                                                                       |              |                |
|                                     | Equipment Dimensions (LxWxH)                                                                                       | feet                                                                                                  |              |                |
|                                     | Drop Dimensions (LxWxH)<br><i>if applicable</i>                                                                    | feet                                                                                                  |              |                |
| Emissions Released Inside building? | yes/no                                                                                                             |                                                                                                       |              |                |
| <b>Location of Emission Source</b>  | UTM Northing (NAD 83, Zone 11)                                                                                     | m                                                                                                     |              |                |
|                                     | UTM Easting (NAD 83, Zone 11)                                                                                      | m                                                                                                     |              |                |
| <b>Operating Parameters</b>         | Material Type Processed                                                                                            |                                                                                                       |              |                |
|                                     | Batch Process <i>if applicable</i>                                                                                 | <i>unit</i> /batch                                                                                    |              |                |
|                                     | Start Time<br><i>if operating less than 24 hours/day</i>                                                           | hour:minute                                                                                           |              |                |
|                                     | End Time<br><i>if operating less than 24 hours/day</i>                                                             | hour:minute                                                                                           |              |                |
| <b>Control Equipment</b>            | Manufacturer                                                                                                       |                                                                                                       |              |                |
|                                     | Manufacturer's Guarantee Included?<br><i>If "yes", attach manufacturer's sheets immediately after these forms.</i> | yes/N/A                                                                                               |              |                |
| <b>Stack Parameters</b>             | Stack Height                                                                                                       | feet                                                                                                  |              |                |
|                                     | Stack Inside Diameter                                                                                              | feet                                                                                                  |              |                |
|                                     | Stack Temperature                                                                                                  | °F                                                                                                    |              |                |
|                                     | Stack Exit Velocity                                                                                                | feet/second                                                                                           |              |                |
|                                     | Actual Gas Volume Flow Rate                                                                                        | acfm                                                                                                  |              |                |
|                                     | Dry Gas Volume Flow Rate<br><i>If not included in detailed calculations.</i>                                       | dscfm                                                                                                 |              |                |
|                                     | Stack Release Type                                                                                                 | <input type="checkbox"/> vertical <input type="checkbox"/> capped <input type="checkbox"/> horizontal |              |                |

## STORAGE SILO APPLICATION FORM CLASS I OPERATING PERMIT (continued)

**Emission Unit Description:** \_\_\_\_\_

1. Subject to a Federal Regulation specific to the emission unit (e.g. 40 CFR Part 60, 61, 63, 64, 76, or other):  
 **Yes**  **No** If yes, identify regulation and applicability and include required analysis or plans (e.g. siting analysis or Continuous Assurance Monitoring (CAM) plans).

\_\_\_\_\_  
\_\_\_\_\_

2. Subject to a State Regulation specific to the emission unit (e.g. NAC 445B.2203, NAC 445B.22047, NAC 445B.22033, NAC 445B.22017):  
 **Yes**  **No** If yes, identify regulation and applicability.

\_\_\_\_\_  
\_\_\_\_\_

3. Identify standards for work practices which affect emissions for all regulated air pollutants (e.g. At all times, including startup, shutdown and malfunction).

\_\_\_\_\_  
\_\_\_\_\_

4. Identify and describe compliance and performance testing with reference to any applicable test methods, monitoring devices, compliance plan, or other activities required to determine compliance with an applicable requirement (e.g. Emissions from this unit will be monitored by CEMS and/or COMS for the specific pollutant(s) (NO<sub>x</sub>, CO, etc.)).

\_\_\_\_\_  
\_\_\_\_\_

## LIQUID STORAGE TANK APPLICATION FORM CLASS I OPERATING PERMIT

**System Number and Name:** \_\_\_\_\_

**Emission Unit Description:** \_\_\_\_\_

Alternative Operating Scenario:  Yes  No

Insignificant Activity:  Yes  No If yes, identify exemption regulation: \_\_\_\_\_

| Description                           |                                                                    | Data                           |
|---------------------------------------|--------------------------------------------------------------------|--------------------------------|
| <b>Equipment Description</b>          | BAPC Emission Unit ID<br><i>Applicable for Renewal or Revision</i> | eg. Unit ID: S2.001, PF1.001   |
|                                       | Source Classification Code (SCC)                                   | e.g. 3-03-024-04 for Conveyors |
|                                       | Manufacturer                                                       |                                |
|                                       | Date Manufactured                                                  |                                |
|                                       | Model Number                                                       |                                |
|                                       | Heated Tank                                                        | yes/no                         |
|                                       | Shell Height                                                       | feet                           |
|                                       | Shell Diameter                                                     | feet                           |
|                                       | Maximum Liquid Height                                              | feet                           |
|                                       | Average Liquid Height                                              | feet                           |
|                                       | Capacity of Tank                                                   | gallons                        |
|                                       | Shell Color                                                        |                                |
|                                       | Shell Condition                                                    | good/poor                      |
|                                       | Roof Type<br>(Cone, Dome, External, or Internal Floating Roof)     |                                |
|                                       | Roof Height                                                        | feet                           |
|                                       | Roof Color                                                         |                                |
|                                       | Cone Roof Slope                                                    |                                |
|                                       | Dome Roof Radius                                                   | feet                           |
|                                       | True Vapor Pressure of Liquid                                      | psig                           |
|                                       | Reid Vapor Pressure of Liquid                                      | psig                           |
| Orientation of Tank                   |                                                                    | Horizontal/Vertical            |
| Submerged Fill<br>[NAC 445B.22093(3)] | yes/no                                                             |                                |
| Equipment Dimensions<br>(LxWxH)       | feet                                                               |                                |
| <b>Location of Emission Source</b>    | UTM Northing<br>(NAD 83, Zone 11)                                  | m                              |
|                                       | UTM Easting<br>(NAD 83, Zone 11)                                   | m                              |

## LIQUID STORAGE TANK APPLICATION FORM CLASS I OPERATING PERMIT (continued)

Emission Unit Description: \_\_\_\_\_

| Description                                       |                                    |                      | Data |
|---------------------------------------------------|------------------------------------|----------------------|------|
| <b>Operating Parameters</b>                       | Material Type                      |                      |      |
|                                                   | Operating Time per Year            | hour/year            |      |
|                                                   | Maximum Throughput                 | gallon/month         |      |
|                                                   | Maximum Throughput                 | gallon/year          |      |
| <b>Control Equipment</b>                          | Type of Control                    |                      |      |
|                                                   | Control Efficiency                 | %                    |      |
|                                                   | Pollutant(s) Controlled            |                      |      |
|                                                   | Manufacturer                       |                      |      |
|                                                   | Manufacturer's Guarantee Included? | yes/NA               |      |
| <b>Volatile Organic Compounds (VOC) Emissions</b> | Emission Limit                     | ton/year             |      |
| <b>Other Pollutants</b>                           | Emission Factor (with units)       | <i>(insert unit)</i> |      |
|                                                   | Emission Factor Reference          |                      |      |
|                                                   | Emission Limit                     | pound/hour           |      |
|                                                   | Emission Limit                     | ton/year             |      |

## LIQUID STORAGE TANKS APPLICATION FORM CLASS I OPERATING PERMIT (continued)

**Emission Unit Description:** \_\_\_\_\_

1. Subject to a Federal Regulation specific to the emission unit (e.g. 40 CFR Part 60, 61, 63, 64, 76, or other):  
 **Yes**  **No** If yes, identify regulation and applicability and include required analysis or plans (e.g. siting analysis or Continuous Assurance Monitoring (CAM) plans).

\_\_\_\_\_  
\_\_\_\_\_

2. Subject to a State Regulation specific to the emission unit (e.g. NAC 445B.2203, NAC 445B.22047, NAC 445B.22033, NAC 445B.22017, NAC 445B.3363(1)(g):  
 **Yes**  **No** If yes, identify regulation and applicability.

\_\_\_\_\_  
\_\_\_\_\_

3. Identify standards for work practices which affect emissions for all regulated air pollutants (e.g. At all times, including startup, shutdown and malfunction).

\_\_\_\_\_  
\_\_\_\_\_

4. Identify and describe compliance and performance testing with reference to any applicable test methods, monitoring devices, compliance plan, or other activities required to determine compliance with an applicable requirement (e.g. Emissions from this unit will be monitored by CEMS and/or COMS for the specific pollutant(s) (NO<sub>x</sub>, CO, etc.)).

\_\_\_\_\_  
\_\_\_\_\_



**INDUSTRIAL PROCESS AND STORAGE SILO DETAILED CALCULATIONS**

| Unit No.                      | Unit Description | Operating Hours |        | Throughput |        |       | Controls |                                    | Emissions           |        |      |                      |                       | References |
|-------------------------------|------------------|-----------------|--------|------------|--------|-------|----------|------------------------------------|---------------------|--------|------|----------------------|-----------------------|------------|
|                               |                  | Daily           | Annual | Hourly     | Annual | Units | Type     | Efficiency or Dry Volume Flow Rate | Pollutant           | Factor | Unit | Hourly Rate (lbs/hr) | Yearly Rate (tons/yr) |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |            |        |       |          |                                    | <b>Uncontrolled</b> |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | <b>Controlled</b>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |            |        |       |          |                                    | <b>Uncontrolled</b> |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | <b>Controlled</b>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |            |        |       |          |                                    | <b>Uncontrolled</b> |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | <b>Controlled</b>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |            |        |       |          |                                    | <b>Uncontrolled</b> |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | <b>Controlled</b>   |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |            |        |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |

\*Exact format may be changed, but requested information is still required.

**COMBUSTION EQUIPMENT DETAILED CALCULATIONS**

| Unit No.                      | Unit Description | Operating Hours |        | Heat Input (MMBtu) |        | Fuel Usage |        |       | Power Output |       | Controls |                                    | Emissions           |        |      |                      |                       | References |
|-------------------------------|------------------|-----------------|--------|--------------------|--------|------------|--------|-------|--------------|-------|----------|------------------------------------|---------------------|--------|------|----------------------|-----------------------|------------|
|                               |                  | Daily           | Annual | Hourly             | Annual | Hourly     | Annual | Units | Amount       | Units | Type     | Efficiency or Dry Volume Flow Rate | Pollutant           | Factor | Unit | Hourly Rate (lbs/hr) | Yearly Rate (tons/yr) |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | <b>Uncontrolled</b> |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | SO <sub>2</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | NO <sub>x</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | CO                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | VOC                 |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Pb                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Hg                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | H <sub>2</sub> S    |        |      |                      |                       |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | <b>Controlled</b>   |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | SO <sub>2</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | NO <sub>x</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | CO                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | VOC                 |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Pb                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Hg                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | H <sub>2</sub> S    |        |      |                      |                       |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | <b>Uncontrolled</b> |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | SO <sub>2</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | NO <sub>x</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | CO                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | VOC                 |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Pb                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Hg                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | H <sub>2</sub> S    |        |      |                      |                       |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | <b>Controlled</b>   |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>10</sub>    |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | PM <sub>2.5</sub>   |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | SO <sub>2</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | NO <sub>x</sub>     |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | CO                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | VOC                 |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Pb                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | Hg                  |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |              |       |          |                                    | H <sub>2</sub> S    |        |      |                      |                       |            |

\*Exact format may be changed, but requested information is still required.

### GREENHOUSE GASES (GHG) DETAILED CALCULATIONS

| Unit No. | Unit Description   | Operating Hours |        | Heat Input (MMBtu) |        | Fuel Usage |        |       | Controls |                                    | Emissions        |        |      |                      |                       | References |
|----------|--------------------|-----------------|--------|--------------------|--------|------------|--------|-------|----------|------------------------------------|------------------|--------|------|----------------------|-----------------------|------------|
|          |                    | Daily           | Annual | Hourly             | Annual | Hourly     | Annual | Units | Type     | Efficiency or Dry Volume Flow Rate | Pollutant        | Factor | Unit | Hourly Rate (lbs/hr) | Yearly Rate (tons/yr) |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |
|          | System No. & Name: |                 |        |                    |        |            |        |       |          |                                    | CO <sub>2</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | CH <sub>4</sub>  |        |      |                      |                       |            |
|          |                    |                 |        |                    |        |            |        |       |          |                                    | N <sub>2</sub> O |        |      |                      |                       |            |

\*Exact format may be changed, but requested information is still required.

**HAZARDOUS AIR POLLUTANTS (HAPS) DETAILED CALCULATIONS**

| Unit No.                      | Unit Description | Operating Hours |        | Heat Input (MMBtu) |        | Fuel Usage |        |       | Controls |                                    | Emissions |        |      |                      |                       | References |
|-------------------------------|------------------|-----------------|--------|--------------------|--------|------------|--------|-------|----------|------------------------------------|-----------|--------|------|----------------------|-----------------------|------------|
|                               |                  | Daily           | Annual | Hourly             | Annual | Hourly     | Annual | Units | Type     | Efficiency or Dry Volume Flow Rate | Pollutant | Factor | Unit | Hourly Rate (lbs/hr) | Yearly Rate (tons/yr) |            |
| <b>System No. &amp; Name:</b> |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |
|                               |                  |                 |        |                    |        |            |        |       |          |                                    |           |        |      |                      |                       |            |

\*Exact format may be changed, but requested information is still required.

**FACILITY-WIDE POTENTIAL TO EMIT TABLE  
(FOR ALL SOURCES INCLUDING INSIGNIFICANT ACTIVITIES)  
(POUND/HOUR AND TON/YEAR)**

| Pollutant                                                  | Facility-Wide Potential to Emit<br>(pound/hour) | Facility-Wide Potential to Emit<br>(ton/year) |
|------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| Total Particulate Matter (PM)                              |                                                 |                                               |
| Total PM <sub>10</sub>                                     |                                                 |                                               |
| Total PM <sub>2.5</sub>                                    |                                                 |                                               |
| Total Sulfur Dioxide (SO <sub>2</sub> )                    |                                                 |                                               |
| Total Carbon Monoxide (CO)                                 |                                                 |                                               |
| Total Oxides of Nitrogen (NO <sub>x</sub> )                |                                                 |                                               |
| Total Volatile Organic Compounds (VOC)                     |                                                 |                                               |
| Total Lead (Pb)                                            |                                                 |                                               |
| Total Hydrogen Sulfide (H <sub>2</sub> S)                  |                                                 |                                               |
| Total Sulfuric Acid Mist (H <sub>2</sub> SO <sub>4</sub> ) |                                                 |                                               |
| Total Hazardous Air Pollutants (HAPs)                      |                                                 |                                               |
| Total Greenhouse Gases (CO <sub>2e</sub> )                 |                                                 |                                               |
|                                                            |                                                 |                                               |
| Other Regulated Pollutants (Specify)                       |                                                 |                                               |
|                                                            |                                                 |                                               |
|                                                            |                                                 |                                               |

**REVISION TABLE**

Please complete the table below if this application is for a Minor/Significant **Revision** of an existing Class I Air Quality Operating Permit. Add more columns if needed for any other applicable regulated pollutants. All Potential To Emit (PTE) values must be in tons per year (TPY) [NAC 445B.3425 and NAC 445B.344]

| Description                       | Pollutants |                  |                   |                 |                 |    |     |      |                  |       |
|-----------------------------------|------------|------------------|-------------------|-----------------|-----------------|----|-----|------|------------------|-------|
|                                   | PM         | PM <sub>10</sub> | PM <sub>2.5</sub> | SO <sub>2</sub> | NO <sub>x</sub> | CO | VOC | HAPs | CO <sub>2e</sub> | Other |
| Permitted Facility-Wide PTE (TPY) |            |                  |                   |                 |                 |    |     |      |                  |       |
| Proposed Facility-Wide PTE (TPY)  |            |                  |                   |                 |                 |    |     |      |                  |       |
| Change in Facility-Wide PTE (TPY) |            |                  |                   |                 |                 |    |     |      |                  |       |

## SURFACE AREA DISTURBANCE FORM

1. Total Acres of the Facility Site: [Click or tap here to enter text.](#)
2. Total Acres Disturbed: [Click or tap here to enter text.](#)
3. Add Surface Area Disturbance location as Township(s), Range(s) and Section  
[Click or tap here to enter text.](#)
4. NAC 445B.22037 requires fugitive dust to be controlled (regardless of the size or amount of acreage disturbed), and requires an ongoing program, using best practical methods, to prevent particulate matter from becoming airborne. All activities which have the potential to adversely affect the local air quality must implement all appropriate measures to limit controllable emissions. Appropriate measures for dust control may consist of a phased approach to acreage disturbance rather than disturbing the entire area all at once; using wet suppression through such application methods as water trucks or water spray systems to control wind-blown dust; the application of soil binding agents or chemical surfactant to roadways and areas of disturbed soil; as well as the use of wind-break or wind limiting fencing designed to limit wind erosion soils.
5. If the Surface Area Disturbance is greater than 5 acres, please check each box that applies for Best Management Practices (BMPs) used for controlling dust on project's disturbed areas:
  - Water trucks
  - Graveling/paving of roadway storage areas and staging areas
  - Dust palliatives
  - Posting and limiting vehicle speeds to 10-15 miles per hour
  - Ceasing operations during high wind events
  - Fencing or berming to prevent unauthorized access to disturbed areas
  - Application of water sprays on material storage piles on a regular basis
  - Covering material storage piles with tarpaulin or geo-textiles; tenting
  - Use of overhead water spray racks or water hoses
  - Track-out controls (graveled entranced, exit area, and street sweeping)
  - Landscape preservation and impact avoidance
  - Wind fence
  - Pre-watering of areas to be disturbed (including all unpaved onsite roads and staging areas)
  - Inform all subcontractors (including truck drivers) of their responsibilities for the control of fugitive dust while they are on the project site
  - Training of equipment operators to recognize fugitive dust generation and having the authority to shut down operations until water truck arrives and sprays water on the disturbed areas
  - Other Applicable BMPs: [Click or tap here to enter text.](#)
  - Other Applicable BMPs: [Click or tap here to enter text.](#)
  - If using water trucks, list how many water trucks are used and their capacity in gallons:  
[Click or tap here to enter text.](#)



# PLANT BUILDING PARAMETERS FORM

## Building Parameters

Building Name: \_\_\_\_\_  
Roof Height (ft): \_\_\_\_\_

Building Tier : \_\_\_\_\_  
Building Diameter (ft): \_\_\_\_\_

## Building UTM Coordinates

| UTM Easting | UTM Northing | UTM Easting | UTM Northing |
|-------------|--------------|-------------|--------------|
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## Building Parameters

Building Name: \_\_\_\_\_  
Roof Height (ft): \_\_\_\_\_

Building Tier : \_\_\_\_\_  
Building Diameter<sup>4</sup> (ft): \_\_\_\_\_

## Building UTM Coordinates

| UTM Easting | UTM Northing | UTM Easting | UTM Northing |
|-------------|--------------|-------------|--------------|
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## APPLICATION CERTIFICATION DOCUMENT (With Required Attachments)

Please check all applicable boxes below to indicate the information provided in your application submittal:

- Cover Page
- General Company Information Form
- Compliance Plan
- Industrial Process Application Form(s)
- Combustion Equipment Application Form(s)
- Storage Silo Application Form(s)
- Liquid Storage Tank Application Form(s)
- Manufacturer's Guarantee
- Facility-Wide Potential to Emit Table
- Revision Table
- Surface Area Disturbance Form
- Plant Boundary Coordinates Form
- Plant Building Parameters Form
- Detailed Emission Calculations (for all emission units including IA units)
- Source Testing Data (if referenced in calculations)
- Process Narrative (revision applications must include a description of the revision)
- Process Flow Diagram(s)
- Site Plan(s) showing the locations (UTM coordinates), dimensions, and heights of buildings on the site
- Maps:
  - Vicinity Map of where the facility is located in the State
  - Area Map of the Facility (including location of all emission units, building locations (with UTM's), location of front gate, and fence line/site boundary (with UTM's))
- Environmental Evaluation (AERMOD Air Dispersion Modeling Report and Electronic Input Files) (NAC 445B.310, NAC 445B.311)
- Manufacturer's Guarantee *if applicable*
- Equipment Specifications *if applicable*
- TANKs Modeling Output *if applicable*
- Application Fee Attached or Electronically Submitted
- Digital Copy of Application on CD or Thumb Drive
- Application Certification Document with Original Responsible Official Signature

**APPLICATION CERTIFICATION DOCUMENT (CONTINUED)**  
(With Required Attachments)

**PLEASE NOTE THE FOLLOWING REQUIREMENTS WHICH APPLY TO PERMIT APPLICANTS DURING THE APPLICATION PROCESS:**

- A. A permit applicant must submit supplementary facts or corrected information upon discovery. (NAC 445B.297(1)(b))
- B. A permit applicant is required to provide any additional information which the Director requests in writing within the time specified in the Director's request. (NAC 445B.297(1)(c))
- C. Submission of fraudulent data or other information may result in prosecution for an alleged criminal offense. (NRS 445B.470)

**CERTIFICATION:**

**I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete.**

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Signature of Responsible Official

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Print or Type Name and Title

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Date