

# Class I or II Air Quality Operating Permit (AQOP) Application Form

**Facility Name:** Click or tap here to enter text.

**Permit Class:** Choose an item.

**Existing Facility ID:** AClick or tap here to enter text.

**Existing Permit Number:** APClick or tap here to enter text.

**Type of Facility:** Click or tap here to enter text.

**Total Number of Permitted Emission Units:** Click or tap here to enter text.

**Total Number of Insignificant Activities:** Click or tap here to enter text.

## Application Type:

**Administrative Renewal of Existing AQOP**



### **Please Submit Application to:**

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

December 2019  
(Ver. 1)

## IMPORTANT INFORMATION

- The Application packet contains:
  - General Company Information Form
  - Facility-Wide Potential to Emit Table
  - Surface Area Disturbance Form
  - Plant Boundary Coordinates Form if applicable
  - Plant Building Parameters Form if applicable
  - Application Certification Document with Required Attachments
- 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 60 working days, for Class I, and within 10 working days, for Class II, of receipt of the application. The only exception is any items containing “if applicable” are only required if changes have been made to these items since the last permitting action.
- This application can **only** be used for an **Administrative Renewal** of either a Class I or a Class II Air Quality Operating Permit if the following criteria are met:
  - The facility has been issued a new or renewed operating permit that was issued on or after January 1, 2018;
  - The renewal does not require revisions to the existing operating permit; and
  - At the time of the operating permit renewal request, an environmental evaluation and an air pollutant dispersion model that were submitted within five years of the request are deemed adequate.
- If you are unclear on if your facility is eligible for an Administrative Renewal please contact the Bureau of Air Pollution Control (BAPC).
- A printed copy of the application must be submitted (mailed or hand delivered).
- The application 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 packet is not for use for an Administrative Amendment, a general permit, a Class I or Class II Renewal, a Class I or Class II Revision, a stand-alone Surface Area Disturbance (SAD) permit, nor for a Request for Change of Location Approval permit for a temporary source.
- An application for an administrative renewal of a Class I or Class II Air Quality Operating Permit must be signed by the Responsible Official, as defined in NAC 445B.156. The certification/signature page is the last page of the application and the original “wet” signature must be provided.
- For the administrative renewal of a Class I Operating Permit, a complete application and corresponding application 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 the administrative renewal of a Class II Operating Permit, a complete application and corresponding application fee must be submitted in accordance with NAC 445B.3473 at least 70 days prior to the expiration date of the current permit. The BAPC suggests that the application be submitted well in advance of the timeline outlined in NAC 445B.3473 to ensure the application is deemed complete.

## 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).

\_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
c \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. If records are 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. For Class II facilities, is the Facility located within 1,000 feet of a school, hospital, or residential area?**

Yes  No  Not Class II

**9. For Class I facilities, will the facility violate any “Applicable requirement” pursuant to NAC 445B.019?**

Yes  No  Not Class I

10. For Class I facilities only, 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>

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

Pollutant	Facility-Wide Potential to Emit (pound/hour)	Facility-Wide Potential to Emit (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)		

## 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.](#)







# APPLICATION CERTIFICATION DOCUMENT

(With Required Attachments)

Please check boxes below to indicate the information has been provided in your application submittal:

- General Company Information Form
- Facility-Wide Potential to Emit Table
- Surface Area Disturbance Form
- Plant Boundary Coordinates Form *if applicable*
- Plant Building Parameters Form *if applicable*
- Detailed List of Requested Decrease in Hours of Operation, Decrease in Throughput, Removal of Systems, Emission Units, or Insignificant Activities. *if applicable*
- Detailed Emission Calculations (for all emission units including IA units)
- Application Fee Attached or Electronically Submitted
- Application Certification Document with Original Responsible Official Signature

## 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