Class II Air Quality Operating Permit
Application Form
Surface Area Disturbance (SAD)

Facility Name:
Existing Facility ID: A
Existing Air Quality Operating Permit (AQOP): AP

Application Type:
☐ New Stand-Alone SAD AQOP
☐ Revision of Existing Stand-Alone SAD AQOP
☐ Renewal of Existing Stand-Alone SAD AQOP
☐ Revision of SAD Conditions within a Class II AQOP

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

June 2022
IMPORTANT INFORMATION

• The Application packet contains:
  o General Company Information Form
  o Surface Area Disturbance Form
  o Application Certification Document with Required Attachments

• The application is available from the Nevada Division of Environmental Protection – Bureau of Air Pollution Control (BAPC) in a Microsoft Word file or a PDF file 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 stand-alone Class II Surface Area Disturbance (SAD) Air Quality Operating Permits, revisions to existing Class II SAD Air Quality Operating Permits, revision to SAD Conditions within Class II Air Quality Operating Permits, and the renewal of Class II SAD Air Quality Operating Permits. This application packet is not for use for New Class II Air Quality Operating Permits, revisions to existing Class II Air Quality Operating Permits, the renewal of Class II Air Quality Operating Permits, an Administrative Amendment, a general permit, nor for a Request for Change of Location Approval permit for a temporary source.

• This application 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.

• 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 10 working days of receipt of the application.

• For the renewal of a stand-alone Class II SAD Air Quality Operating Permit, a complete application and corresponding processing fee must be submitted in accordance with NAC 445B.3473, prior to the expiration date of the current operating 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.

• Nevada Administrative Code 445B.22037 requires fugitive dust to be controlled, and requires an ongoing program, using best practical methods, to prevent particulate matter from becoming airborne. All construction 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.
GENERAL COMPANY INFORMATION FORM

1. Company Name and Address that are to appear on the operating permit [NAC 445B.295.1]:

   Name: ________________________________
   Address: ________________________________
   City: __________________ State: ______ Zip Code: _____

2. Owner's Name and Address [NAC 445B.295.1]:

   Name: ________________________________
   Address: ________________________________
   City: __________________ State: ______ Zip Code: _____

3. Site Name and Address, if different from #2 [NAC 445B.295.1]:

   Name: ________________________________
   Address: ________________________________
   City: __________________ State: ______ Zip Code: _____

4. If records that are required under the operating permit will be kept at a location other than the source, specify that location [NAC 445B.295.7]:

   Name: ________________________________
   Address: ________________________________
   City: __________________ State: ______ Zip Code: _____

5. 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: __________________________
6. Site 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: ____________________________________________________

7. Location and Driving Directions to the Site (For Example: From Elko, Nevada, 4 miles south of I-80 at xx Interchange) [NAC 445B.295.8]:

Township(s): ___________ N; Range(s): ___________ E; Section(s): ___________

________________________  __________________________  __________________________
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UTM Coordinates for Source (NAD83, Zone 11):

________________________ m North;  __________________________ m East

Hydrographic Basin: ________________________________________________
County: __________________________________________________________
Nearest City: _____________________________________________________

Driving Directions from Nearest City to the Source:

_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
SURFACE AREA DISTURBANCE FORM

1. Project Name:
2. Total Acres Disturbed:
3. 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.

4. 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
☐ 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:
☐ Other Applicable BMPs:
☐ Other Applicable BMPs:
☐ If using water trucks, list how many water trucks are used and their capacity in gallons:
APPLICATION CERTIFICATION DOCUMENT

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

☐ General Company Information Form
☐ Surface Area Disturbance Form
☐ Maps:
  ☐ Vicinity Map of where the site is located in the State.
  ☐ Area Map of the Surface Area Disturbance (including site boundary)
☐ Application Fee Attached or Electronically Submitted
☐ Digital Copy of Application on CD or USB Flash Drive
☐ Application Certification Document with Original 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.

________________________________________
Signature of Responsible Official

________________________________________
Print or Type Name and Title

________________________________________
Date