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: A Click or tap here to enter text.
Existing Class I AQOP/OPTC: AP 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:

☐ **New AQOP**
☐ **Minor Revision of Existing AQOP**
☐ **Significant Revision of Existing AQOP**
☐ **Renewal of Existing AQOP**
☐ **New OPTC**
☐ **Revision of OPTC**
☐ **Rollover OPTC to a New AQOP**
☐ **Rollover OPTC to Existing AQOP**
☐ **Administrative Revision of Existing AQOP**
☐ **New PSD AQOP**
☐ **Major PSD Revision of AQOP**
☐ **New PSD OPTC**
☐ **Major PSD Revision of OPTC**

NDEP

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

September 2024
(Ver. 5)

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: _____

Is this a new Responsible Official? ☐ Yes ☐ No

If yes, and the Responsible Official (RO) does not meet the definition under NAC 445B.156 then please fill out the "Responsible Official Identification/Designation/Change Request Form" and mail it in. (https://ndep.nv.gov/air/permitting/download-permit-forms)

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_2), 40 tons per year; Particulate Matter less than or equal to 10 microns in diameter (PM_{10}), 15 tons per year; Ozone (O_3), 40 tons per year of volatile organic compounds (VOC); Sulfuric acid mist, 7 tons per year; and Hydrogen sulfide (H_2S), 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:

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

STATE REQUIREMENTS			
NRS 445B.470	☐ Compliant	☐ Not Compliant	☐ Exempt, *Reason for Exemption*
NAC 445B.22013	☐ Compliant	☐ Not Compliant	☐ Exempt, *Reason for Exemption*
NAC 445B.326(1)	☐ Compliant	☐ Not Compliant	☐ Exempt, *Reason for Exemption*
NAC 445B.22087	☐ Compliant	☐ Not Compliant	☐ Exempt, *Reason for Exemption*
NAC 459.952-459.95528	☐ Compliant	☐ Not Compliant	☐ Exempt, *Reason for Exemption*

17. Has the facility provided modeling for each non-combustion baghouse individually? (See Testing Determination System for Baghouses Guidance Document)
☐ Yes ☐ No

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
Equipment Description	BAPC Emission Unit ID *Applicable for Renewal or Revision*	eg. Unit ID: S2.001, 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 *if applicable*	feet	
	Drop Height *if applicable*	feet	
	The Drop Height is measured from the ☐ top of the drop length ☐ middle of the drop length ☐ bottom of the Drop Length, in reference to the ground. *Choose one, if applicable*		
	Drop Horizontal Dimension 1 *if applicable*	feet	
	Drop Horizontal Dimension 2 *if applicable*	feet	
	Emissions Released Inside building?	yes/no	
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m	
	UTM Easting (NAD 83, Zone 11)	m	
Operating Parameters	Material Type Processed		
	Batch Process *if applicable*	*unit*/batch	
	Start Time *if operating less than 24 hours/day*	hour:minute	
	End Time *if operating less than 24 hours/day*	hour:minute	
Control Equipment	Manufacturer		
	Manufacturer's Guarantee included? *If "yes", attach manufacturer's sheets immediately after these forms.*	yes/N/A	
Stack Parameters	Stack Height	Feet	
	Stack Inside Diameter	Feet	
	Stack Temperature	ºF	
	Stack Exit Velocity	feet/second	
	Actual Gas Volume Flow Rate	Acfm	
	Dry Gas Volume Flow Rate *If not included in detailed calculations.*	dscfm	
	Stack Release Type		☐ vertical ☐ capped ☐ 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_X, 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
Equipment Description	BAPC Emission Unit ID *Applicable for Renewal or Revision*	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	
For Reciprocating Internal Combustion Engines (RICE) Only	Type of Engine Code (See Notes*)		
	Date Constructed	month/day/yr	
	Cylinder Displacement	liter/cylinder	
	EPA Tier #		
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m	
	UTM Easting (NAD 83, Zone 11)	m	
Operating Parameters /Fuel Usage	Fuel Type		
	Fuel Flow Meter Installed?	yes/no/NA	
	Sulfur Content	%	
	Heat Content	Btu/*unit*	
	Start Time *if operating less than 24 hours/day*	hour:minute	
	End Time *if operating less than 24 hours/day*	hour:minute	
Control Equipment	Manufacturer		
	Manufacturer's Guarantee Included? *If "yes", attach manufacturer's sheets immediately after these forms.*	yes/N/A	
Stack Parameters	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 *If not included in detailed calculations.*	dscfm	
	Stack Release Type		☐ vertical ☐ capped ☐ 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_X, 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**
Equipment Description	BAPC Emission Unit ID *Applicable for Renewal or Revision*	eg. Unit ID: S2.001, PF1.001		
	Source Classification Code (SCC)	e.g. *3-03-024-04 for Conveyors*		
	Manufacturer			
	Date Manufactured			
	Model Number			
	Equipment Dimensions (LxWxH)	feet		
	Drop Dimensions (LxWxH) *if applicable*	feet		
	Emissions Released Inside building?	yes/no		
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m		
	UTM Easting (NAD 83, Zone 11)	m		
Operating Parameters	Material Type Processed			
	Batch Process *if applicable*	*unit*/batch		
	Start Time *if operating less than 24 hours/day*	hour:minute		
	End Time *if operating less than 24 hours/day*	hour:minute		
Control Equipment	Manufacturer			
	Manufacturer's Guarantee Included? *If "yes", attach manufacturer's sheets immediately after these forms.*	yes/N/A		
Stack Parameters	Stack Height	feet		
	Stack Inside Diameter	feet		
	Stack Temperature	^{o}F		
	Stack Exit Velocity	feet/second		
	Actual Gas Volume Flow Rate	acfm		
	Dry Gas Volume Flow Rate *If not included in detailed calculations.*	dscfm		
	Stack Release Type	☐ vertical ☐ capped ☐ 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_X, 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
Equipment Description	BAPC Emission Unit ID *Applicable for Renewal or Revision*	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 (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 [NAC 445B.22093(3)]	yes/no	
	Equipment Dimensions (LxWxH)	feet	
Location of Emission Source	UTM Northing (NAD 83, Zone 11)	m	
	UTM Easting (NAD 83, Zone 11)	m	

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

Emission Unit Description: _____

Description			Data
Operating Parameters	Material Type		
	Operating Time per Year	hour/year	
	Maximum Throughput	gallon/month	
	Maximum Throughput	gallon/year	
Control Equipment	Type of Control		
	Control Efficiency	%	
	Pollutant(s) Controlled		
	Manufacturer		
	Manufacturer's Guarantee Included?	yes/NA	
Volatile Organic Compounds (VOC) Emissions	Emission Limit	ton/year	
Other Pollutants	Emission Factor (with units)	*(insert unit)*	
	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_X, 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)	
System No. & Name:									**Uncontrolled**					
									PM					
									PM_{10}					
									$PM_{2.5}$					
									Controlled					
									PM					
									PM_{10}					
									$PM_{2.5}$					
System No. & Name:									**Uncontrolled**					
									PM					
									PM_{10}					
									$PM_{2.5}$					
									Controlled					
									PM					
									PM_{10}					
									$PM_{2.5}$					
System No. & Name:									**Uncontrolled**					
									PM					
									PM_{10}					
									$PM_{2.5}$					
									Controlled					
									PM					
									PM_{10}					
									$PM_{2.5}$					
System No. & Name:									**Uncontrolled**					
									PM					
									PM_{10}					
									$PM_{2.5}$					
									Controlled					
									PM					
									PM_{10}					
									$PM_{2.5}$					
System No. & Name:									**Uncontrolled**					
									PM					
									PM_{10}					
									$PM_{2.5}$					
									Controlled					
									PM					
									PM_{10}					
									$PM_{2.5}$					

*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)	
System No. & Name:													**Uncontrolled**					
													PM					
													PM_{10}					
													$PM_{2.5}$					
													SO_2					
													NO_X					
													CO					
													VOC					
													Pb					
													Hg					
													H_2S					
													Controlled					
													PM					
													PM_{10}					
													$PM_{2.5}$					
													SO_2					
													NO_X					
													CO					
													VOC					
													Pb					
													Hg					
													H_2S					
System No. & Name:													**Uncontrolled**					
													PM					
													PM_{10}					
													$PM_{2.5}$					
													SO_2					
													NO_X					
													CO					
													VOC					
													Pb					
													Hg					
													H_2S					
													Controlled					
													PM					
													PM_{10}					
													$PM_{2.5}$					
													SO_2					
													NO_X					
													CO					
													VOC					
													Pb					
													Hg					
													H_2S					

*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_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					
	System No. & Name:															
											CO_2					
											CH_4					
											N_2O					

*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)	
	System No. & Name:															

*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 (pound/hour)	Facility-Wide Potential to Emit (ton/year)
Total Particulate Matter (PM)		
Total PM_{10}		
Total $PM_{2.5}$		
Total Sulfur Dioxide (SO_2)		
Total Carbon Monoxide (CO)		
Total Oxides of Nitrogen (NO_X)		
Total Volatile Organic Compounds (VOC)		
Total Lead (Pb)		
Total Hydrogen Sulfide (H_2S)		
Total Sulfuric Acid Mist (H_2SO_4)		
Total Hazardous Air Pollutants (HAPs)		
Total Greenhouse Gases (CO_{2e})		
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_{10}	$PM_{2.5}$	SO_2	NOx	CO	VOC	HAPs	CO_{2e}	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 BOUNDARY COORDINATES FORM

Corner Number	UTM Easting	UTM Northing

PLANT BUILDING PARAMETERS FORM

Building Parameters
Building Name: _____ **Building Tier :** _____
Roof Height (ft): _____ **Building Diameter (ft):** _____

Building UTM Coordinates

UTM Easting	UTM Northing	UTM Easting	UTM Northing

Building Parameters
Building Name: _____ **Building Tier :** _____
Roof Height (ft): _____ **Building Diameter[4] (ft):** _____

Building UTM Coordinates

UTM Easting	UTM Northing	UTM Easting	UTM Northing

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 UTMs), location of front gate, and fence line/site boundary (with UTMs))
- ☐ 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.

_____
Signature of Responsible Official

_____
Print or Type Name and Title

_____
Date