

Arkansas Department of Environmental Quality

AIR DIVISION

MINOR SOURCE PERMIT APPLICATION FORMS

October 6, 2010

PERMIT APPLICATION FORM GENERAL INFORMATION FOR MINOR SOURCES

AFIN:		Date:	
1. FACILITY PHYSICAL INFORMATION			
Facility Name:			
Physical Address or Location:			
City:			
County:			
Zip:			
Contact First Name:		Last Name:	
Contact Position:			
Phone:		FAX:	
Email Address:			
2. FACILITY MAILING INFORMATION			
Organization Name:			
Mailing Address :			
City:			
State:			
Zip:			
Contact First Name:		Last Name:	
Phone:		FAX:	
Email Address:			
3. INVOICE MAILING INFORMATION			
Organization Name:			
Mailing Address:			
City:			
State:			
Zip:			
Contact First Name:		Last Name:	
Phone Number:		Fax Number:	
Email Address:			
4. PERMIT APPLICATION CONTACT INFORMATION			
Organization Name:			
Mailing Address:			
City:			
State:			
Zip:			
Contact Name:			
Phone and Fax Number:			
Email Address:			

GENERAL INFORMATION FOR MINOR SOURCES (CONTINUED)

AFIN:		Date:	
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5. UTM Coordinates of Center of Plant	
UTM Zone	
UTM North (to nearest meter)	
UTM West (to nearest meter)	

6. NAICS Information	
NAICS Number	
NAICS Facility Description:	

7. Type of Permit Application (check one):			
<input type="checkbox"/>	Initial Permit for New Facility	If the AFIN is not known, list the County location:	
<input type="checkbox"/>	Initial Permit for Existing Facility	List permit # for any current air permits:	
<input type="checkbox"/>	Modification	List current permit #:	
<input type="checkbox"/>	De Minimis Change	List current permit #:	
<input type="checkbox"/>	Administrative Amendment	List current permit #:	
<input type="checkbox"/>	Name change	List current permit #:	
<input type="checkbox"/>	Transfer of Ownership	List current permit #:	

8. Date of Commencement of Construction or Reconstruction:	
Expected Date of Commencement of Construction or Reconstruction:	
Expected Date of Completion of Construction or Reconstruction:	
Anticipated Date of Operation:	

9. NSPS or NESHAP Applicability	
Is any source subject to a NSPS or NESHAP requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List all NSPS or NESHAP Subparts	

10. Email List	
Would you like to subscribe to the Air Permit Branch Email list? (A periodic email from the ADEQ Air Permit Branch of notable events and issues relating to air permits and permitting.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list the email address(es) you wish to use:	
(or you can email us at AirPermits@adeq.state.ar.us with “subscribe” (no quotes) in the subject box	

ORGANIZATIONAL STATUS OF APPLICANT

AFIN:		Date:	
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1. Please check the box which appropriately describes the legal organization of the applicant.

Solely Owned Proprietorship	<input type="checkbox"/>	Corporation	<input type="checkbox"/>
General Partnership	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>
Limited Partnership	<input type="checkbox"/>	Government Entity	<input type="checkbox"/>
Other: Please Specify _____			

2. If the applicant is a corporation, indicate if it is a domestic (Arkansas) corporation or a foreign (chartered outside of Arkansas) corporation.

Domestic Foreign

3. If the applicant is a corporation, is it currently registered to do business with the Arkansas Secretary of State?

YES NO

(Please note no permit will be issued to a corporation until the proper documents have been filed with the Secretary of State. Also, note that the name of the applicant must be identical to the name of the registered corporation.)

4. If the applicant is a partnership, then list the names and addresses of all partners involved.

Attach an additional sheet if necessary

5. If the applicant is organized as a joint venture, list the names and addresses of all of the principals involved:

Attach an additional sheet if necessary

CERTIFICATION OF APPLICATION

“Responsible Official” means one of the following:

- 1) For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
 - (i) the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
 - (ii) the delegation of authority to such representative is approved in advance by the permitting authority;
- (2) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
- (3) For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).

I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

typed/printed name of responsible official

title

signature of responsible official

date

typed/printed name of person preparing application

firm or company

Address of preparer's firm

telephone number (including area code)

EMISSION RATE TABLE

AFIN:		Date							Page		of	
EMISSION POINT NO.	YEAR INSTALLED OR	YEAR LAST MODIFIED	PROCESS DESCRIPTION (Descriptive Name)	SCC	STACK HEIGHT (FT)	INSIDE STACK DIMENSIONS (FT)	STACK GAS TEMP. (°F)	STACK GAS VELOCITY (FT/SEC)	UTM COORDINATES			
									HORIZ. (E)	VERT. (N)		
MAXIMUM OPERATING HOURS			ARE THE HOURS OF OPERATION OF THE UNIT RELIED UPON TO LIMIT THE ANNUAL POTENTIAL EMISSIONS?		HEAT INPUT CAPACITY (Boiler, Dryer, Furnace, Etc.) MMBTU/HR		FUEL HEAT VALUE MMBTU/UNIT		FUEL % S			
HRS/DAY	HRS/MTH	HRS/YR										
			YES <input type="checkbox"/> NO <input type="checkbox"/>									
PROPOSED MAXIMUM PRODUCTION/OPERATION RATES				RAW MATERIAL, PRODUCT, FUEL, ETC.			ARE THE HOURLY PRODUCTION/OPERATION RATES RELIED UPON TO LIMIT THE PROPOSED HOURLY MAXIMUM EMISSION RATES?					
ANNUAL	MONTHLY	HOURLY	UNITS (gal, lb, ft, etc.)									
							YES <input type="checkbox"/> NO <input type="checkbox"/>					
							ARE THE ANNUAL PRODUCTION/OPERATION RATES RELIED UPON TO LIMIT THE PROPOSED ANNUAL MAXIMUM EMISSION RATES?					
						YES <input type="checkbox"/> NO <input type="checkbox"/>						
POLLUTANT (Complete the HAPs EMISSION RATE TABLE for all VOC emissions)		PROPOSED MAXIMUM EMISSIONS		Regulations (NSPS, PSD, etc.)	EMISSION CONTROL EQUIPMENT							
		LBS/HOUR	TONS/YEAR		TYPE (Scrubber, Cyclone, Etc.)	EQUIPMENT MANUFACTURER AND MODEL NUMBER(S)			% CONTROL EFFICIENCY			
PM												
PM ₁₀												
SO ₂												
VOC												
CO												
NO _x												

THIS PAGE MAY BE PHOTOCOPIED AS NEEDED

Insignificant Activity List

List the Appendix A, Group A insignificant activities in the following table:

AFIN:		Date:	
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Activity	A-1 Fuel Burning Equipment							
Description	Design Heat Input (<10 MMBTU/hr)	Emission Factor	PM TPY	SO ₂ TPY	VOC TPY	CO TPY	NO _x TPY	HAP TPY
SUM (<5 tpy HAP and <10 tpy any other pollutant)	N/A							

AFIN:		Date:	
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A-13 Other Activities									
Description	Emission Factor	PM TPY	SO₂ TPY	VOC TPY	CO TPY	NO_x TPY	Single HAP TPY	Combination HAP TPY	() TPY
SUM (<5 tpy any other pollutant, <2.5 tpy Combination HAP and <1 tpy Single HAP)	Emission Factor Source:								

AFIN:		Date:		
A-5 Laboratory Vents				
Description	N/A	VOC TPY	HAP TPY	Other TPY
	N/A			
	N/A			
SUM (<5 tpy HAP and <10 tpy any other pollutant)	Emission Factor Source:			
A-7 Welding and Cutting				
Description	N/A	HAP TPY		
	N/A			
	N/A			
	N/A			
SUM (<0.1 tpy HAP)	Emission Factor Source:			
A-9 Surface Coating, Painting, Dipping, or Spraying				
Description	Design (<0.4 lbs/gal VOC and no hexavalent Chromium)	HAP TPY		
SUM (<0.1 tpy HAP)	Emission Factor Source:			

A-10 Waste Treatability Studies				
Description	PM TPY	Single HAP TPY	Combination HAP TPY	Other TPY
SUM (<10 tpy any other pollutant, <5 tpy Combination HAP, and <2 tpy Single HAP)	Emission Factor Source:			
A-11 Groundwater Remediation Wells				
Description	VOC TPY	Single HAP TPY	Combination HAP TPY	Other TPY
SUM (<10 tpy any other pollutant, <5 tpy Combination HAP, and <2 tpy Single HAP)	Emission Factor Source:			

CONTROL EQUIPMENT OPERATING PARAMETERS

AFIN:		Date:	
Source No:		Description:	

Fabric Filter Operating Parameters:			
Gas/Cloth Ratio:			
Pressure Drop Across Baghouse:		in. H ₂ O (min)	in. H ₂ O (max)
Inlet Gas Temperature:		°F (min)	°F (max)
Outlet Gas Temperature:		°F (min)	°F (max)
Inlet Gas Flow Rate:			

Electrostatic Precipitator Operating Parameters:			
Pressure Drop:			
Inlet Gas Temperature:		°F (min)	°F (max)
Gas Velocity (through ESP):		ft/sec	
Conditioning Agent Additions:		gr/ft ³	
Voltage and Current Readings for each Transformer-Rectifier (T-R) Set:			
Example:	first 3 fields - 3 at 50 KVA (55 kV _p , 35 kV _{av} , 500 mA)		
	last 2 fields - 4 at 64 KVA (70 kV _p , 45 kV _{av} , 500 mA)		

Mechanical Collector Operating Parameters:			
Gas Flow Rate:		ft ³ /min	
Pressure Drop:		in. H ₂ O (min)	in. H ₂ O (max)
Inlet Velocity:		ft/sec	
Inlet Gas Temperature:		°F (min)	°F (max)
Outlet Gas Temperature:		°F (min)	°F (max)

Scrubber Operating Parameters:			
Scrubbing Liquor:			
Gas Flow Rate:		ft ³ /min	
Liquor Flow Rate:		gal/min	
Gas Pressure Drop Across Unit:		in. H ₂ O (min)	in. H ₂ O (max)
Liquid Pressure Drop Across Unit:		psi (min)	psi (max)
Inlet Gas Temperature:		°F (min)	°F (max)
Outlet Gas Temperature:		°F (min)	°F (max)
Solids Content of Recirculated Scrubber Water:			gr/gal
pH of Recirculated Scrubber Water:		max	min

Oxidizer Operations			
Thermal Oxidizer Combustion Zone Temperature:		°F (min)	°F (max)
Catalytic Oxidizer:		Catalyst Bed Inlet °F	Outlet °F

STORAGE TANK SUMMARY FORM

AFIN:		Date:	
Source No:		Description:	

GENERAL INFORMATION				
Facility Name:				
Source No.:				
Tank Capacity:		Gallons		Barrels
Tank Dimensions:	Height	Units	Diameter	Units
	Length	Units	Width	Units

OPERATIONAL DATA				
Max. Filling Rate:		Gallons/Hr		Barrels/Hr
Average Outage:			Feet	
Average Throughput:		Gallons/Yr		Barrels/Yr
Turnovers per Year:				

TANK CHARACTERISTICS				
Tank Shape:	<input type="checkbox"/>	Cylindrical	<input type="checkbox"/>	Spherical
	Other: Please Describe:			
Roof Paint Color:	<input type="checkbox"/>	White	<input type="checkbox"/>	Specular
	<input type="checkbox"/>	Light Gray	<input type="checkbox"/>	Med Gray
	Other: Please Specify Color:			
Shell Paint Color:	<input type="checkbox"/>	White	<input type="checkbox"/>	Specular
	<input type="checkbox"/>	Light Gray	<input type="checkbox"/>	Med Gray
	Other: Please Specify Color:			
Tank Condition:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair
	<input type="checkbox"/>		<input type="checkbox"/>	Poor

TANK STATUS				
Status:	<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Alteration
	<input type="checkbox"/>		<input type="checkbox"/>	Neither

TANK TYPE				
<input type="checkbox"/>	Underground	<input type="checkbox"/>	Fixed Roof	<input type="checkbox"/>
			Internal Floating Roof	
<input type="checkbox"/>	External Floating Roof	<input type="checkbox"/>	Pressure	<input type="checkbox"/>
			On Top	
<input type="checkbox"/>	Internally Heated	<input type="checkbox"/>	Insulated	
Other: Please Explain				

FIXED ROOF TANK INFORMATION				
<input type="checkbox"/>	Cone Roof	<input type="checkbox"/>	Dome Roof	Roof Height
				Feet

AFIN:		Date:	
Source No:		Description:	

FLOATING ROOF TANK INFORMATION			
Roof Type:	Double Deck		Pontoon
	Other	Describe:	
Seal Type:	Single		Double
	Other	Describe:	
Shell Construction:	Riveted		Welded
	Other: Please Describe:		

ADDITIONAL INFORMATION			
If the tank has any other type of roof cover, describe:			
Identify material to be stored in tank:			
Molecular Weight:		Density:	Lb/Gal
			API
Storage Temperature:		°F (min)	°F (max)

PETROLEUM PRODUCTS/ORGANIC MATERIALS			
Vapor Pressure:	Lbs Reid	or PSI Absolute	at °F
Initial Boiling Point:		°F	
Flash Point:	°F (heavy petroleum products only)		

SOLUTIONS		
Solvent:		
Dissolved Material:		
Concentration of Dissolved Material:		Percent by Weight
		Percent by Volume
		Pounds per Gallon

GAS/LIQUIFIED GAS			
Material Stored:			
Storage Pressure:		PSI Gage at	°F