

# **ADEQ**

**Arkansas Department of Environmental Quality**

## **AIR DIVISION**

### **OPERATING (MAJOR SOURCE) PERMIT APPLICATION FORMS**

**October 6, 2010**

## TITLE V OPERATING PERMIT (MAJOR SOURCE) APPLICATION FORM GENERAL INFORMATION

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

**GENERAL INFORMATION (CONTINUED)**

<b>AFIN:</b>		<b>Date:</b>	
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**5. Neighboring States Within 50 Miles of the Permitted Facility (check all that apply):**

<input type="checkbox"/>	Texas	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>	Kentucky
<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Kansas
<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Louisiana		

**6. UTM Coordinates of Center of Plant**

UTM Zone (15 or 16)	
UTM North (to the nearest meter)	
UTM West (to the nearest meter)	

**7. NAICS Information**

NAICS Number:	
NAICS Facility Description:	

**8. Type of Permit Application (check one):**

<input type="checkbox"/>	<b>Initial Permit for New Facility</b>	<b>If the AFIN is not known, list the County location:</b>
<input type="checkbox"/>	<b>Initial Permit for Existing Facility</b>	<b>List permit # for any current air permits:</b>
<input type="checkbox"/>	<b>Significant Modification</b>	<b>List current permit #:</b>
<input type="checkbox"/>	<b>Minor Modification</b>	<b>List current permit #:</b>
<input type="checkbox"/>	<b>Renewal of Existing Permit</b>	<b>List current permit # and expiration date:</b>
<input type="checkbox"/>	<b>Administrative Amendment</b>	<b>List current permit #:</b>
<input type="checkbox"/>	<b>Name change</b>	<b>List current permit #:</b>
<input type="checkbox"/>	<b>Transfer of Ownership</b>	<b>List current permit #:</b>

**9. 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:	

**GENERAL INFORMATION (CONTINUED)**

<b>AFIN:</b>		<b>Date:</b>		
			<b>Yes</b>	<b>No</b>
<p><b>10.</b> Is any source subject to a NSPS or NESHAP requirement? If yes, list subparts:</p>				
<p><b>11.</b> Will the facility engage in construction, reconstruction, or modification that will require a PSD application?</p>				
<p><b>12.</b> Will the facility engage in construction or reconstruction that will require a 112(g) application?</p>				
<p><b>13.</b> Does the facility have any air conditioners or refrigeration equipment that uses CFCs, HCFs or other ozone depleting substances?</p>				
<p><b>14.</b> Does the air conditioner or refrigeration equipment contain a refrigeration charge greater than 50 pounds per unit?</p>				
<p><b>15.</b> Do facility personnel maintain, service, repair or dispose of any motor vehicle air conditioners or appliances (as defined in 40 CFR 82.152)?</p>				
<p><b>16.</b> Is the facility subject to the Accidental Release Prevention requirements of §112(r)? If yes, is the facility in compliance (If no, submit a compliance plan.)</p>				
<p><b>17.</b> 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.)</p>				

If yes, list the email address(es) you wish to use:

(or you can email us at [AirPermits@adeq.state.ar.us](mailto:AirPermits@adeq.state.ar.us) with “subscribe” (no quotation marks) in the subject box.

**ORGANIZATIONAL STATUS OF APPLICANT**

<b>AFIN:</b>		<b>Date:</b>	
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Please check the box which appropriately describes the legal organization of the applicant.

Solely Owned Proprietorship

Corporation

General Partnership

Joint Venture

Limited Partnership

Government Entity

Other

Please Specify \_\_\_\_\_

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

Domestic

Foreign

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.)

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

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Attach an additional sheet if necessary

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

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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)

# CERTIFICATION OF COMPLIANCE

“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 that this facility is in compliance with all applicable requirements of the Act or the compliance schedule submitted with this application, including any applicable enhanced monitoring and compliance certification requirements. The methods used for determining compliance, including a description of monitoring, recordkeeping, and reporting requirements and test methods, are attached to this form. A schedule for submission of compliance certifications during the permit term (no less frequently than annually) is attached. These 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

## 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?  YES <input type="checkbox"/> NO <input type="checkbox"/>			HEAT INPUT CAPACITY (Boiler, Dryer, Furnace, Etc.) MMBTU/HR		FUEL HEAT VALUE MMBTU/UNIT		FUEL % S		
HRS/DAY	HRS/MTH	HRS/YR										
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?  YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANNUAL	MONTHLY	HOURLY	UNITS (gal, lb, ft, etc.)									
								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 <sub>10</sub>												
SO <sub>2</sub>												
VOC												
CO												
NO <sub>x</sub>												

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## Insignificant Activity List

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

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

<b>AFIN:</b>		<b>Date:</b>	
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<b>A-13 Other Activities</b>									
<b>Description</b>	<b>Emission Factor</b>	<b>PM TPY</b>	<b>SO<sub>2</sub> TPY</b>	<b>VOC TPY</b>	<b>CO TPY</b>	<b>NO<sub>x</sub> TPY</b>	<b>Single HAP TPY</b>	<b>Combination HAP TPY</b>	<b>( ) TPY</b>
<b>SUM (&lt;5 tpy any other pollutant, &lt;2.5 tpy Combination HAP, and &lt;1 tpy Single HAP)</b>	<b>Emission Factor Source:</b>								

<b>AFIN:</b>		<b>Date:</b>	
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<b>A-2 Storage Tanks</b>					
<b>Description</b>	<b>Design Capacity ≤250 gal Organic)</b>	<b>True Vapor Pressure (≤3.5 psia)</b>	<b>VOC TPY</b>	<b>HAP TPY</b>	<b>Other TPY</b>
<b>SUM (&lt;5 tpy HAPs and &lt;10 tpy any other pollutant)</b>	<b>Emission Factor Source:</b>				

<b>A-3 Storage Tanks</b>					
<b>Description</b>	<b>Design Capacity (≤10,000 gal Organic)</b>	<b>True Vapor Pressure (≤0.5 psia)</b>	<b>VOC TPY</b>	<b>HAP TPY</b>	<b>Other TPY</b>
<b>SUM (&lt;5 tpy HAP and &lt;10 tpy any other pollutant)</b>	<b>Emission Factor Source:</b>				

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

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

<b>AFIN:</b>		<b>Date:</b>	
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**A-4 – Caustic Tanks, A-6 – Empty Drums, A-8 – Five Gallon or Less Containers, and A-12 – Emergency Equipment**

<b>Insignificant Activity Number</b>	<b>Description</b>

## CONTROL EQUIPMENT OPERATING PARAMETERS

<b>AFIN:</b>		<b>Date:</b>	
<b>Source No:</b>		<b>Description:</b>	

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

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

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

<b>Scrubber Operating Parameters:</b>			
Scrubbing Liquor:			
Gas Flow Rate		ft <sup>3</sup> /min	
Liquor Flow Rate:		gal/min	
Gas Pressure Drop Across Unit:		in. H <sub>2</sub> O (min)	in. H <sub>2</sub> 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

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

### STORAGE TANK SUMMARY FORM

<b>AFIN:</b>		<b>Date:</b>	
<b>Source No:</b>		<b>Description:</b>	

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:		Cylindrical		Spherical
	Other: Please Describe:			
Roof Paint Color:		White		Specular
		Light Gray		Med Gray
		Other: Please Specify Color:		
Shell Paint Color:		White		Specular
		Light Gray		Med Gray
		Other: Please Specify Color:		
Tank Condition:		Good		Fair
				Poor

TANK STATUS				
Status:		New Construction		Alteration
				Neither

TANK TYPE				
	Underground		Fixed Roof	
	External Floating Roof		Pressure	
	Internally Heated		Insulated	
	Other: Please Explain			

FIXED ROOF TANK INFORMATION				
	Cone Roof		Dome Roof	
			Roof Height	Feet

<b>AFIN:</b>		<b>Date:</b>	
<b>Source No:</b>		<b>Description:</b>	

<b>FLOATING ROOF TANK INFORMATION</b>				
Roof Type:	<input type="checkbox"/>	Double Deck	<input type="checkbox"/>	Pontoon
	<input type="checkbox"/>	Other	Describe:	
Seal Type:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Double
	<input type="checkbox"/>	Other	Describe:	
Shell Construction:	<input type="checkbox"/>	Riveted	<input type="checkbox"/>	Welded
	<input type="checkbox"/>	Other: Please Describe:		

<b>ADDITIONAL INFORMATION</b>				
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)

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

<b>SOLUTIONS</b>	
Solvent:	
Dissolved Material:	
Concentration of Dissolved Material:	Percent by Weight
	Percent by Volume
	Pounds per Gallon

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

## Checklist/Application Mailing

The following are required information for an application:	Initial Permit (New or existing Facility)	Renewal	Significant or Minor Modifications	Administrative Amendment
General Information Forms	Yes	Yes	Yes	Yes
Emission Rate Tables	Yes	Yes	Yes	No
Calculations	Yes	Yes	Yes	Maybe
Control Equipment Operating Parameters	Yes	Yes	Yes	Not Applicable
Process Flow Diagram	Yes	Yes	Yes	No
Process Description	Yes	Yes	Yes	No
Area Map	Yes	Yes	Maybe <sup>1</sup>	No
Plot Plan	Yes	Yes	Maybe <sup>1</sup>	No
Operating Scenarios	Yes	Yes	Yes	No
Equipment Specifications	Yes	Yes	Maybe <sup>1</sup>	No
Compliance Plan and Schedule	Yes	Yes	Yes	No
Additional Information	Yes	Yes	Yes	No
List of Exempted Activities	Yes	Yes	Yes	No
Disclosure Statement	Maybe <sup>2</sup>	Maybe <sup>2</sup>	Maybe <sup>2</sup>	No

1 - Modifications involving new construction or modification of the manner in which the current process operates will require this attachment. Modifications involving production increases, hour of operation increases, etc. (i.e. do not involve the addition of any new equipment units or modification of the manner in which the current process operates) will not require this attachment.

2 - Disclosure statements are required for all new facilities and all transfers of ownership. If a disclosure statement has been previously submitted to the Air Division or any other Division, it is not necessary to submit another one unless there have been changes to the information contained therein. The disclosure statements should be submitted separately from any application package. The disclosure statement should be accompanied by a cover page which states in large letters, preferably in red: "DISCLOSURE STATEMENT – CONFIDENTIAL." No other application documents except the cover page and the Disclosure Statement should be included.

## Copies and Mailing Instructions

Mail the **original and one copy** of the completed application and required attachments. If the application is a PSD application, mail the **original and four copies**. If the submittal includes confidential information, mail **one (1) complete (original) confidential** application in addition to the non-confidential original and copies required above.

An electronic version of any or all of the application is not required, but is helpful in processing your permit. Please include with your application or email to [AirPermits@adeq.state.ar.us](mailto:AirPermits@adeq.state.ar.us).

Mail permit applications to:

Arkansas Department of Environmental Quality  
Attention: Air Division  
5301 Northshore Drive  
North Little Rock, AR 72118

Our street address for other delivery purposes is:

5301 Northshore Drive  
North Little Rock, AR 72118

Phone Number

(501) 682-0744

Fax Number

(501) 682-0753

Our Email Address is:

[AirPermits@adeq.state.ar.us](mailto:AirPermits@adeq.state.ar.us)