

# **ADEQ**

**Arkansas Department of Environmental Quality**

## **AIR DIVISION**

### **AIR PERMIT APPLICATION FORMS**

**September 2014**

# GENERAL INFORMATION APPLICATION FORMS

(Complete this General Information section for all Registrations and Applications)

<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:	
Contact 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:	
Contact Email Address:			

<b>3. INVOICE MAILING INFORMATION</b>			
Organization Name:			
Mailing Address:			
City:			
State:			
Zip:			
Invoice First Name:		Invoice Last Name:	
Invoice Phone Number:		Invoice FAX:	
Invoice Email Address:			

<b>4. PERMIT APPLICATION CONTACT INFORMATION</b>			
Organization Name:			
Mailing Address:			
City:			
State:			
Zip:			
Applicant First Name:		Applicant Last Name:	
Applicant Phone Number:		Applicant FAX:	
Applicant Email Address:			

## GENERAL INFORMATION APPLICATION FORMS

<b>5. UTM COORDINATES OF CENTER OF PLANT</b> <i>(Not Required for Permit Transfers or Name Changes)</i>					
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UTM Zone (15 or 16)					
UTM North (to the nearest meter)					
UTM West (to the nearest meter)					
Datum System (indicate only one)	NAD 27		NAD 83		WGS 84

<b>6. NAICS INFORMATION</b>	
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NAICS Number:	
NAICS Title:	

<b>7. TYPE OF PERMIT (CHECK ONE):</b>		
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<input type="checkbox"/> Air Permit Registration	<input type="checkbox"/> Minor Source Permit	<input type="checkbox"/> Title V/Major Source Permit
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<b>8. TYPE OF PERMIT APPLICATION (CHECK ONE):</b>	
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<input type="checkbox"/>	Initial (New) Permit (Includes changes between Minor, Title V, Registrations and General Permit types)
<input type="checkbox"/>	Renewal Of Existing Permit (Title V Permits Only)
<input type="checkbox"/>	Minor Modification (Title V Permits Only)
<input type="checkbox"/>	De Minimis (Minor Source Permits Only)
<input type="checkbox"/>	Significant Modification
<input type="checkbox"/>	Administrative Amendment
<input type="checkbox"/>	Name Change
<input type="checkbox"/>	Transfer Of Ownership

<b>9. CURRENT ACTIVE PERMIT NUMBER (IF APPLICABLE):</b>	
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Air Permit No.	
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<b>10. DATE OF COMMENCEMENT OF CONSTRUCTION OR RECONSTRUCTION:</b> <i>(Not Required for Permit Transfers or Name Changes)</i>	
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Expected Date of Commencement of Construction or Reconstruction:	
Expected Date of Completion of Construction or Reconstruction:	
Anticipated Date of Operation:	

# GENERAL INFORMATION APPLICATION FORMS

<b>GENERAL APPLICATION QUESTIONS</b>			
<b>11. Disclosure Statement</b>		<b>Yes</b>	<b>No</b>
Is this an Initial Permit, Registration, Renewal, or Change of Ownership? If yes, attach a disclosure statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Federal Regulations</b> <i>(Not Required for Permit Transfers or Name Changes)</i>			
Is any source, <u>existing</u> or <u>new</u> , subject to a NSPS (40 CFR Part 60) or NESHAP (40 CFR Part 61 or 63) requirement? If yes, is a list of the source and subparts attached? (required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this application for a new or modified source affected by a subpart If yes, is a list of the source and subparts attached? (required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this a Renewal application and are any sources affected by a subpart If yes, is a list of the source and subparts attached? (required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Would you like to subscribe to the Air Permit Branch Email list?</b> (A periodic email from the ADEQ Air Permit Branch of notable events and issues relating to air permits and permitting.) If yes, list the email address(es) you wish to use: _____ (or you can email us at <a href="mailto:AirPermits@adeq.state.ar.us">AirPermits@adeq.state.ar.us</a> with "subscribe" (no quotation marks) in the subject box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>14. ORGANIZATIONAL STATUS OF APPLICANT</b>
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a. Please check the box which appropriately describes the legal organization of the applicant.

<input type="checkbox"/> 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"/> LLC	<input type="checkbox"/> Other (Specify)

b. Is the applicant currently registered to do business with the Arkansas Secretary of State?

YES (indicate SOS filing number)  NO

# GENERAL INFORMATION APPLICATION FORMS

- c. If the applicant is registered with the Arkansas Secretary of State, indicate if it is domestic (Arkansas) or a foreign (chartered outside of Arkansas).

Domestic

Foreign

- d. Attach a Certificate of Good Standing for Arkansas and a Certificate of Good Standing from the State of Origin, if other than Arkansas

(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.)

- e. If the applicant is organized as a partnership, then list the names and addresses of all partners involved. Attach additional sheets if necessary.


- f. If the applicant is organized as a joint venture, list the names and addresses of all of the principals involved. Attach additional sheets if necessary.


**END OF GENERAL INFORMATION APPLICATION FORMS  
GO TO REGISTRATION, MAJOR SOURCE APPLICATION FORMS OR  
EMISSION RATE TABLE AND OTHER FORMS**

## REGISTRATIONS

(Complete this section for Registration applications only. Otherwise, skip to the next section.)

**15.** Provide a description of the facility, processes and sources of air pollution emissions. Also include a Process Flow Diagram. Attach additional pages if necessary.

**16.** What are the total actual emissions from this facility?

Pollutant	Tons per year	Eligible TPY limits
PM		$\geq 15$ and $< 25$
PM <sub>10</sub>		$\geq 10$ and $< 15$
SO <sub>2</sub>		$\geq 25$ and $< 40$
VOC		$\geq 25$ and $< 40$
CO		$\geq 40$ and $< 75$
NO <sub>x</sub>		$\geq 25$ and $< 40$
Single HAP		$\geq 1$ and $< 2$
Combination HAP		$\geq 3$ and $< 5$
Air Contaminants		$< 25$
Lead		$< 0.5$

**17.** Provide a detailed explanation of how the emissions estimate was determined e.g. AP-42, test information, etc. Attach additional pages if necessary.

**END OF REGISTRATION SPECIFIC QUESTIONS  
GO TO MAILING AND CERTIFICATION FORMS**

## MAJOR SOURCE APPLICATIONS

(Complete this section for Title V/Major Source Air Permit Applications only. Otherwise, skip to the Emission Rate Table and Other Forms section.)

<b>18. NEIGHBORING STATES WITHIN 50 MILES OF THE PERMITTED FACILITY (CHECK ALL THAT APPLY):</b>		
<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	

<b>TITLE V/MAJOR SOURCE QUESTIONS</b>	<b>Yes</b>	<b>No</b>
<b>19.</b> Will the facility engage in construction, reconstruction, or modification that will require a PSD application? If yes, complete Request for Applicability of Class I Area Modeling form.	<input type="checkbox"/>	<input type="checkbox"/>
<b>20.</b> RESERVED		
<b>21.</b> Will the facility engage in construction or reconstruction that will require a 112(g) application?	<input type="checkbox"/>	<input type="checkbox"/>
<b>22.</b> Title VI applicability		
a. Does the facility have any air conditioners or refrigeration equipment that uses CFCs, HCFs or other ozone depleting substances?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the air conditioner or refrigeration equipment contain a refrigeration charge greater than 50 pounds per unit?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do facility personnel maintain, service, repair or dispose of any motor vehicle air conditioners or appliances (as defined in 40 CFR 82.152)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>23.</b> Is the facility subject to the Accidental Release Prevention requirements of §112(r)? If yes, is the facility in compliance (If not in compliance, submit a compliance plan.)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

END OF MAJOR SOURCE APPLICATION SPECIFIC QUESTIONS  
GO TO EMISSION RATE TABLE AND OTHER FORMS SECTION

## EMISSION RATE TABLE AND OTHER FORMS

The following additional forms may be necessary for any air permit applications other than Registrations and Administrative Amendments.

- EMISSION RATE TABLE – All sources must have an Emission Rate Table. Each ERT should be accompanied by a calculation sheet and emission factor source sheet.
- HAPS EMISSION RATE TABLE – If the source also emits HAPs a HAPs Emission Rate Table must be completed.
- INSIGNIFICANT ACTIVITY LIST – Complete for all sources that are proposed to be classified as Insignificant in the permit.
- INTERNAL COMBUSTION ENGINE SUMMARY FORM – Complete for any engines included in the permit application.
- CONTROL EQUIPMENT OPERATING PARAMETERS – Complete for any air pollution control equipment included in the permit application.
- STORAGE TANK SUMMARY FORM – Complete for any storage tanks included in the permit application.



### EMISSION RATE TABLE

EMISSION POINT NO.	YEAR INSTALLED	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.)							
POLLUTANT (Complete the HAPs EMISSION RATE TABLE for all HAP 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>										
Other (list)										



## INSIGNIFICANT ACTIVITY LIST

List the Appendix A, Group A insignificant activities in the following tables. Refer to Regulation 18 or 19, Appendix A for details:

<b>A-1 Fuel Burning Equipment</b>							
<b>Source Description</b>	<b>Design Heat Input (must be &lt;10 MMBTU/hr each)</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>HAP TPY</b>
<b>SUM (must be &lt;5 tpy HAP and &lt;10 tpy any other pollutant)</b>	N/A						

**A-13 Other Activities**

<b>Source Description</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>( Other _____ ) TPY</b>
<b>SUM (must be &lt;5 tpy any other pollutant, &lt;2.5 tpy Combination HAP, and &lt;1 tpy Single HAP)</b>								

**A-2 Storage Tanks**

Source Description	Design Capacity (must be $\leq 250$ gallons)	True Vapor Pressure ( $\leq 3.5$ psia)	VOC TPY	HAP TPY	( Other _____ ) TPY
<b>SUM (must be &lt;5 tpy HAPs and &lt;10 tpy any other pollutant)</b>					

**A-3 Storage Tanks**

Source Description	Design Capacity (must be $\leq 10,000$ gal Organic)	True Vapor Pressure (must be $\leq 0.5$ psia)	VOC TPY	HAP TPY	( Other _____ ) TPY
<b>SUM (must be &lt;5 tpy HAP and &lt;10 tpy any other pollutant)</b>					

<b>A-5 Laboratory Vents</b>			
<b>Source Description</b>	<b>VOC TPY</b>	<b>HAP TPY</b>	<b>( Other _____ ) TPY</b>
<b>SUM (must be &lt;5 tpy HAP and &lt;10 tpy any other pollutant)</b>			

<b>A-7 Welding and Cutting</b>	
<b>Source Description</b>	<b>HAP TPY</b>
<b>SUM (must be &lt;0.1 tpy HAP)</b>	

<b>A-9 Surface Coating, Painting, Dipping, or Spraying</b>		
<b>Source Description</b>	<b>VOC Content (must be ≤0.4 lbs/gal VOC and no hexavalent Chromium)</b>	<b>HAP TPY</b>
<b>SUM (must be &lt;0.1 tpy HAP)</b>		

<b>A-10 Treatability Studies</b>				
<b>Source Description</b>	<b>PM TPY</b>	<b>Single HAP TPY</b>	<b>Combination HAP TPY</b>	<b>( Other _____ ) TPY</b>
<b>SUM (must be &lt;10 tpy any other pollutant, &lt;5 tpy Combination HAP, and &lt;2 tpy Single HAP)</b>				

A-11 Groundwater Remediation Wells				
Description	VOC TPY	Single HAP TPY	Combination HAP TPY	( Other _____ ) TPY
<b>SUM (must be &lt;10 tpy any other pollutant, &lt;5 tpy Combination HAP, and &lt;2 tpy Single HAP)</b>				

A-4 – Caustic Tanks, A-6 – Empty Drums, A-8 – Five Gallon or Less Containers, and A-12 – Emergency Equipment	
Insignificant Activity Number	Description

## INTERNAL COMBUSTION ENGINE SUMMARY FORM

Source Number:	Description:	
Engine Manufacturer:		Model:
Engine Type: (check one)	<input type="checkbox"/> Compression Ignition <input type="checkbox"/> 2 Stroke <input type="checkbox"/> 4 Stroke	<input type="checkbox"/> Spark Ignition <input type="checkbox"/> 2 Stroke <input type="checkbox"/> 4 Stroke
		Model Year:
		Serial Number:
Maximum Rated Output: (bhp)		Engine Displacement (cc):
Date Engine Ordered:		Maximum Engine Speed (RPM):
Date of Engine Installation:		Displacement Per Cylinder (L/cylinder):
Air Fuel Ratio: (check one)	<input type="checkbox"/> Rich Burn	<input type="checkbox"/> Lean Burn
Primary Use:	<input type="checkbox"/> Electrical Generation <input type="checkbox"/> Cogeneration <input type="checkbox"/> Compressor Driver <input type="checkbox"/> Fire Pump Driver <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Pump Driver <input type="checkbox"/> Black Start
Is the engine an emergency engine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the engine limited use (<100hrs/year)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Add on Control:	<input type="checkbox"/> Diesel Particulate Filter <input type="checkbox"/> Oxidation catalyst <input type="checkbox"/> Non-selective catalytic reduction (NSCR)	<input type="checkbox"/> Selective catalytic reduction (SCR) <input type="checkbox"/> Other (specify): _____
Is the engine certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list certification standard. _____	
Is the engine classified as Commercial/Residential/Institutional? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the engine provide electricity back to the grid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this engine subject to NSPS or NESHAPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes , include a detailed list of the applicable sections of the subpart		



## CERTIFICATION AND MAILING CONTROL EQUIPMENT OPERATING PARAMETERS

<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

## CERTIFICATION AND MAILING STORAGE TANK SUMMARY FORM

<b>Source No:</b>		<b>Description:</b>				
<b>GENERAL INFORMATION</b>						
Facility Name:						
Source No.:						
Tank Capacity:		Gallons	Barrels			
Tank Dimensions:	Height	Units	Diameter Units			
	Length	Units	Width Units			
<b>OPERATIONAL DATA</b>						
Max. Filling Rate:		Gallons/Hr	Barrels/Hr			
Average Outage:			Feet			
Average Throughput:		Gallons/Yr	Barrels/Yr			
Turnovers per Year:						
<b>TANK CHARACTERISTICS</b>						
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"/>	Gray
	<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"/>	Gray
	<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"/>	Poor
<b>TANK STATUS</b>						
Status:	<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Neither
<b>TANK TYPE</b>						
<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			
<input type="checkbox"/>	Other: Please Explain					
<b>FIXED ROOF TANK INFORMATION</b>						
<input type="checkbox"/>	Cone Roof	<input type="checkbox"/>	Dome Roof	Roof Height	Feet	
<b>FLOATING ROOF TANK INFORMATION</b>						
Roof Type:	<input type="checkbox"/>	Double Deck	<input type="checkbox"/>	Pontoon		
		Other	Describe:			
Seal Type:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Double		
		Other	Describe:			
Shell Construction:	<input type="checkbox"/>	Riveted	<input type="checkbox"/>	Welded		
		Other: Please Describe:				

## CERTIFICATION AND MAILING

### 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:

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

### GAS/LIQUIFIED GAS

Material Stored

Storage Pressure:		PSI Gage at			°F
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# CERTIFICATION AND MAILING

## Certifications

For all Registrations and applications complete the CERTIFICATION OF APPLICATION that follows.

Additionally, for all Title V permit applications, complete the CERTIFICATION OF COMPLIANCE that follows. If the Title V application is a Minor Modifications, then also complete the CERTIFICATION OF MINOR MODIFICATION.

## Checklist

Review the checklist below for items to include in your registration or application.

<b>The following are required information for an application:</b>	Registration	Initial Permit (New or existing Facility)	Renewal	Significant, De Minimis or Minor Modifications	Administrative Amendment
General Information Forms	Yes	Yes	Yes	Yes	Yes
Emission Rate Tables	No	Yes	Yes	Yes	No
Calculations	Yes	Yes	Yes	Yes	Maybe
Control Equipment Operating Parameters	No	Yes	Yes	Yes	Not Applicable
Process Flow Diagram	Yes	Yes	Yes	Yes	No
Process Description	Yes	Yes	Yes	Yes	No
USGS (Area) Map	No	Yes	Yes	Maybe <sup>1</sup>	No
Plot Plan	No	Yes	Yes	Maybe <sup>1</sup>	No
Property Description	No	Yes	Yes	No	No
Operating Scenarios	No	Yes	Yes	Yes	No
Equipment Specifications	Yes	Yes	Yes	Maybe <sup>1</sup>	No
Compliance Plan and Schedule	No	Title V Only	Yes	Title V Only	No
Detailed NSPS and NESHAP/MACT Requirements	Maybe	Maybe	Maybe	Maybe	No
Additional Information	No	Yes	Yes	Yes	No
List of Insignificant Activities	No	Yes	Yes	Yes	Maybe
Disclosure Statement	Yes	Yes	Yes	No	No
Certificate of Good Standing, Domestic and Foreign	Yes	Yes	Yes	Yes	No
Certification of Application	Yes	Yes	Yes	Yes	Yes
Certification of Compliance	No	Title V Only	Yes	Title V Only	Title V Only
Certification of Minor Mod	No	No	No	Minor Mod Only	No
Request for Applicability of Class I Area Modeling Analysis	No	PSD Only Email to: AirPermits@adeq.state.ar.us	No	PSD Only Email to: AirPermits@adeq.state.ar.us	No

<sup>1</sup> - 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.

# CERTIFICATION AND MAILING

## Copies and Mailing Instructions

Compile copies of your registration or application as follows:

Type of application	# of copies needed
Registration	Original Only
Minor Source	Original Only
Title V/Major	Original Only
PSD	Original Only and email of FLM form
Confidential Applications	One Complete Application with all information, including confidential. One non-confidential original with confidential information redacted

Mail the completed Registration or application and required attachments to the address below. 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 72118-5317

Phone Number:

(501) 682-0744

Fax Number:

(501) 682-0880

Our Email Address is:

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

## **CERTIFICATION OF APPLICATION** **COMPLETE FOR ALL REGISTRATIONS AND APPLICATIONS**

“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 (a copy of this delegation of authority must be attached);
- (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

(A copy of any delegation of authority must be attached)

typed/printed name of person preparing application

firm or company

Address of preparer's firm

telephone number (including area code)

# CERTIFICATION OF COMPLIANCE

## REQUIRED FOR ALL TITLE V/MAJOR SOURCE PERMIT APPLICATIONS ONLY

“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 (a copy of this delegation of authority must be attached);
- (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).

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.

Check One

- I certify that this facility is in compliance with all applicable requirements, including any applicable enhanced monitoring and compliance certification requirements and will continue to comply with such requirements. For applicable requirements that will become effective during the permit term, the source will meet such requirements on a timely basis.
- Attached is a compliance plan and compliance schedule that meets the requirements of Regulation 26.402(B)(8) and (9).

\_\_\_\_\_  
typed/printed name of responsible official

\_\_\_\_\_  
title

\_\_\_\_\_  
signature of responsible official

\_\_\_\_\_  
date

(A copy of any delegation of authority must be attached)

**CERTIFICATION OF MINOR MODIFICATION  
REQUIRED FOR TITLE V/MAJOR SOURCE MINOR MODIFICATION PERMIT  
APPLICATIONS ONLY**

“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 (a copy of this delegation of authority must be attached);
- (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).

<p>I certify that this proposed modification meets the criteria for use of minor permit modification procedures and further request that such procedures be used. 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.</p>	
<p>_____</p> <p>typed/printed name of responsible official</p>	<p>_____</p> <p>title</p>
<p>_____</p> <p>signature of responsible official</p>	<p>_____</p> <p>date</p>
<p>(A copy of any delegation of authority must be attached)</p>	