

STATE OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL PERMIT SECTION P. O. BOX 19506 SPRINGFIELD, ILLINOIS 62794-9506

This Agency is authorized to require and you must disclose this information under 415 ILCS 5/39. Failure to do so could result in the application being denied and penalties under 415 ILCS 5 et seq. It is not necessary to use this form in providing this information. This form has been approved by the forms management center.

APPLICATION FOR PERMIT (A)						FOR AGENCY USE ONLY			
CONSTRUCT OPERATE						I.D. N	NO		
	_					PERI	MIT NO.		
	ME OF EQUIPMENT TO BE NSTRUCTED OR OPERATED				(D)	DATE	=		
COI	NSTRUCTED OR OPERATED				(B)	DATE			
NO	TE: THIS APPLICATION FORM IS ON 39.5 OF THE ILLINOIS ENVIRON			UIR	ED TO OBTAIN	A FESO	OP OR CAAPP PERM	/IIT P	URSUANT SECTION
1a.	NAME OF OWNER:	WEITH	31201101171011	2	2a. NAME OF O	PERA	TOR:		
1b. STREET ADDRESS OF OWNER:			2	2b. STREET ADDRESS OF OPERATOR:					
1c.	1c. CITY OF OWNER:			2	2c. CITY OF OPERATOR:				
	07175 05 01115								
1d.	STATE OF OWNER:	1e. ZIP CC	DDE:	2	2d. STATE OF (SPERA	ATOR:	2e.	ZIP CODE:
32	NAME OF CORPORATE DIVISION O	D DI ANT:			Sh STDEET AD	DDDESS OF EMISSION SOLIDOF.			
						STREET ADDRESS OF EMISSION SOURCE:			
3c.	CITY OF EMISSION SOURCE:	3d. LOCAT	ED WITHIN CITY YES NO	() 3	3e. TOWNSHIP:	:	3f. COUNTY:		3g. ZIP CODE:
4.	ALL CORRESPONDENCE TO: (TITLE	AND/OR NAM	E OE INDIVIDUAL)	ı	5. YOUR DESI	GNATI	ON FOR THIS APPLI	ΙΟΔΤ	ION: .a.
	· ·		•					10711	
6.	ADDRESS FOR CORRESPONDENC OWNER OPERATOR	E: (CHECK C EMISSION S	,	7	7. WHO IS THE PERMIT APPLICANT? OWNER OPERATOR				
				-					
8.	THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT AND CERTIFIES THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT, AND FURTHER CERTIFIES THAT ALL PREVIOUSLY SUBMITTED INFORMATION REFERENCED IN THIS APPLICATION REMAINS TRUE, CORRECT AND CURRENT. BY AFFIXING HIS/HER SIGNATURE HERETO THE UNDERSIGNED FURTHER CERTIFIES THAT HE/SHE IS AUTHORIZED TO EXECUTE THIS APPLICATION.								
	AUTHORIZED SIGNATURE(S): $_{(D)}$								
	BY		E	3Y	CIONATURE				DATE
	SIGNATURE				SIGNATURE				DATE
	TYPED OR PRINTED NAME OF S	SIGNER			TYPED OR PRII	NTED	NAME OF SIGNER		
	TITLE OF SIGNER				TITLE OF SIGN	ER			
(A)	THIS FORM IS TO PROVIDE THE ILL OPERATED. THIS FORM MAY BE U CONSTRUCTION AND OPERATING	SED TO REC							
(B)	ENTER THE GENERIC NAME OF TH WHICH MAY BE ISSUED PURSUAN INFORMATION.								
(C)	PROVIDE A DESIGNATION IN ITEM 5 ABOVE WHICH YOU WOULD LIKE THE ILLINOIS EPA TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS. (OPTIONAL)								
(D)) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH 35 ILL. ADM. CODE 201.154 OR 201.159 WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."								
	IF THE OWNER OR OPERATOR IS A COPY OF A RESOLUTION OF THE C TO CAUSE OR ALLOW THE CONST	CORPORATIO	N'S BOARD OF	DIRE	ECTORS AUTHO	ORIZIN	G THE PERSONS SI	GNIN	IG THIS APPLICATION

BILLING INFORMATION	10. CONTACT PERSON FOR APPLICATION:							
9a. COMPANY NAME:	11. CONTACT PERSON'S TELEPHONE NUMBER:							
9b. STREET ADDRESS:	12. CONTACT PERSON'S FACSIMILE NUMBER:							
9c. CITY:	13. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):							
9d. STATE: 9f. BILLING CONTACT PERS	14. PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CATEGORY:							
9e. ZIP CODE: 9g. CONTACT TELEPHONE N	15. PRIMARY SIC NUMBER: 16. TAXPAYER IDENT	IFICATION NUMBER (TIN):						
17. DOES THIS APPLICATION CONTAIN FORM 19	17. DOES THIS APPLICATION CONTAIN FORM 197-FEE, "CONSTRUCTION PERMIT APPLICATION FEE DETERMINATION?"							
18. DOES THE APPLICATION CONTAIN A PLOT PLAN/MAP? YES NO IF THE PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY: I. D. NO.: APPLICATION NUMBER IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE? YES NO IF "NO", SPECIFY ACRES								
19. DOES THE APPLICATION CONTAIN A PROCE PRACTICE? YES NO	9. DOES THE APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE? YES NO							
20. IS THE EMISSION UNIT COVERED BY THIS APPLICATION ALREADY CONSTRUCTED? YES NO IF "YES", PROVIDE THE DATE CONSTRUCTION WAS COMPLETED:								
21. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION-INCORPORATION BY REFERENCE" BEEN SUBMITTED? YES NO								
EXCESS OF APPLICABLE STANDARD YES NO IF "YES", HAS FORM APC-203, "OPER YES NO 23. DOES THIS APPLICATION REQUEST BREAKDOWNS? YES NO IF "YES", HAS FORM APC-204, "OPER	IF "YES", HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS UNIT? YES NO 23. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION UNIT DURING MALFUNCTIONS OR BREAKDOWNS? YES NO IF "YES", HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS UNIT?							
YES NO	YES NO IF "YES", HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE" BEEN COMPLETED FOR THIS UNIT?							
VOIT 25. DOES THE SOURCE COVERED BY THE SPISODE ACTION PLANS)? YES NO YES NO	,							
26. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS OF EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):								
	TOTAL NE	IMPER OF RACES						
	I OTAL N	JMBER OF PAGES						