REQUIRED AIR PERMIT APPLICATION FORMS MATRIX

Revised: 6/26/2012

"X" INDICATES REQUIRED FORM

"XX" INDICATES REQUIRED ONLY AS APPROPRIATE

NON-TITLE V APPLICATIONS

	A1	A2	A3	A4	A5	A6	Section B	Section C	D1	D2(1-2)	D3(1-3)	D4	D5	D6	E1	E2	E3	E4	E5	E6	E7	E8	E9
NEW FACILITY	X			X	XX		XX	XX	XX	XX	X	X	X	X									
MODIFIED EXISTING SOURCE	X		X		XX		XX	XX	XX	XX	X	X	X	X									
RENEWAL	X	X																					
LIKE-FOR-LIKE REPLACEMENT	X	X	X																				
RELOCATION (WITHIN FACILITY)	X	X																					
ADMINISTRATIVE AMENDMENT	X	X																					
CHANGE OF OWNERSHIP	X	X																					
TAX CERTIFICATION	X					X																	

TITLE V APPLICATIONS

	A1	A2	A3	A4	A5	A6	Section B	Section C	D1	D2(1-2)	D3(1-3)	D4	D5	D6	E1	E2	E3		E5	E6	E7	E8	E9
INITIAL FACILITY	X				XX		XX	XX	XX		X	X	X	X	X	XX	X	X	X	X			
NEW FACILITY	X			X	XX		XX	XX	XX	XX	X	X	X	X	X	XX		X	X	X			
ADMINISTRATIVE AMENDMENT	X	X																	X	X			
SECTION 502(B)(10) CHANGE NOTIFICATION																						X	
MINOR MODIFICATION	X		X		XX		XX	XX	XX	XX	X	X	X	X	X	XX		X	X		X		
SIGNIFICANT MODIFICATION	X		X		XX		XX	XX	XX	XX	X	X	X	X	X	XX		X	X	X			
RENEWAL							XX	XX			XX			XX				XX		XX			X
112(g)	X		X		XX		XX	XX	XX	XX	X	X	X	X	X	XX		X	X	X			
PSD	X		X		XX		XX	XX	XX	XX	X	X	X	X	X	XX		X	X	X			
NON-ATTAINMENT	X		X		XX		XX	XX	XX	XX	X	X	X	X	X	XX		X	X	X			
LIKE-FOR-LIKE REPLACEMENT	X	X	X																				
CHANGE IN OWNERSHIP	X	X																	X	X			
RELOCATION (WITHIN FACILITY)	X	X																					
TAX CERTIFICATION	X					X																	

PRINTING APPLICATIONS

GO TO THE FILE MENU, CHOOSE "PRINT" AND CLICK ON "ENTIRE WORKBOOK" TO PRINT ALL OF THE WORKBOOK TOGETHER.
HOLD DOWN THE "CTRL" KEY AND CLICK ON TABS BELOW TO PRINT VARIOUS WORSHEETS.

SECTION A

A1

FACILITY (General Information)

REVISED: 6/26/2012 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

FACILITY NAME: _____ MAILING ADDRESS : _____

SITE ADDRESS: _____ _____

_____ CITY: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FACILITY LATITUDE: _____ FACILITY LONGITUDE: _____

HORIZONTAL COLLECTION METHOD CODE: ___ HORIZONTAL REFERENCE DATUM CODE: ___ GEOGRAPHIC REFERENCE POINT CODE: ___

ON-SITE CONTACT PERSON: _____ TITLE: _____

PHONE: _____ FAX: _____ EMAIL: _____

LEGAL CORPORATE OWNER: _____

TECHNICAL CONTACT: _____ TITLE: _____

ADDRESS: _____ CITY: _____

_____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

RESPONSIBLE OFFICIAL: _____ TITLE: _____

ADDRESS: _____ CITY: _____

_____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

CURRENT PERMIT NO: _____ EXPIRATION DATE: _____

TYPE OF OPERATION: _____

PRIMARY 6 DIGIT NAICS CODE: _____ PRIMARY NAICS DESCRIPTION: _____

PRIMARY SIC CODE: _____ PRIMARY SIC CODE DESCRIPTION: _____

FACILITY CLASSIFICATION: ☐ TITLE V ☐ SYNTHETIC MINOR ☐ EXCLUSIONARY SMALL ☐ SMALL

TITLE V APPLICABILITY: ☐ CAP EMISSIONS ☐ HAP EMISSIONS ☐ OTHER EMISSIONS ☐ CATEGORY: _____

APPLICATION IS BEING MADE FOR (CHECK ALL THAT APPLY, NOTE: (TV) INDICATES APPLICABILITY TO TITLE V FACILITIES ONLY):

☐ NEW FACILITY	☐ MODIFICATION	☐ DISPERSION MODELING
☐ INITIAL TITLE V PERMIT (TV)	☐ SIGNIFICANT MODIFICATION (TV)	☐ MINOR MODIFICATION (TV)
☐ NEW SOURCE REVIEW PSD/NAA	☐ CASE-BY-CASE MACT	☐ TAX CERTIFICATION
☐ ADMINISTRATIVE AMENDMENT	☐ RELOCATION (WITHIN FACILITY)	☐ LIKE-FOR-LIKE REPLACEMENT
☐ RENEWAL	☐ OWNERSHIP CHANGE	☐ OFF PERMIT NOTIFICATION (TV)

HAVE YOU INCLUDED: ☐ SOURCE REDUCTION & RECYCLING FORM D3-3 ☐ APPLICATION FEE ☐ PLANT LAYOUT

☐ FLOW CHART(S) ☐ ROOF DIAGRAM ☐ PLOT PLAN ☐ AREA DIAGRAM

PROPOSED SCHEDULE

BEGIN CONSTRUCTION: _____ COMPLETE CONSTRUCTION: _____ STARTUP: _____ BEGIN OPERATION: _____

DO YOU CLAIM CONFIDENTIALITY OF DATA? ☐ NO ☐ YES *(SEE INSTRUCTIONS)*

_____ _____ _____

SIGNATURE OF RESPONSIBLE OFFICIAL TITLE DATE

_____

PRINTED NAME

A2

SECTION A
NOTIFICATION/CHANGE FORM

REVISED: 6/26/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

Check which of the following permit change(s) is being requested:

☐ Administrative Amendment ☐ Renewal ☐ Change of Ownership

☐ Like-for-like Replacement ☐ Off Permit Modification (TV) ☐ Relocation (Within Facility)

ADMINISTRATIVE AMENDMENT (explain): ☐ NON-TITLE V ☐ TITLE V

REQUEST FOR RENEWAL (Title V Use Form E9):

Permit Number: _____ Expiration Date: _____ Fee Enclosed: _____

ALL REQUESTS FOR RENEWAL MUST BE ACCOMPANIED BY A SIGNED STATEMENT INDICATING NO CHANGES IN OPERATION FROM LAST PERMIT ISSUANCE. ALSO, ATTACH THE RENEWAL FORM FOR NON-TITLE V FACILITIES.

CHANGE OF OWNERSHIP: ☐ NON-TITLE V ☐ TITLE V

Current Permit Holder: _____ New Permit Holder: _____

Address: _____ Address: _____

_____ _____

_____ _____

Attach letter as required by 3Q .0305 or .0524 of the Forsyth County Air Quality Technical Code.

RELOCATION (WITHIN FACILITY): ☐ NON-TITLE V ☐ TITLE V

(Include layout drawings showing new equiment location(s)

LIKE-FOR-LIKE REPLACEMENT (explain): ☐ NON-TITLE V ☐ TITLE V

SECTION A

A3

EMISSION SOURCE LISTING (EXISTING FACILITY)

(New, Modified, Previously Unpermitted, Replaced, Deleted)

REVISED: 10/24/2000

EMISSION SOURCE ID NO.	EMISSION SOURCE DESCRIPTION	CONTROL DEVICE ID NO.	CONTROL DEVICE DESCRIPTION	EMISSION POINT ID NO. or "FUGITIVE"
EQUIPMENT TO BE MODIFIED BY THIS APPLICATION				
EQUIPMENT TO BE ADDED BY THIS APPLICATION (New, Previously Unpermitted, or Replacement)				
EQUIPMENT TO BE DELETED BY THIS APPLICATION				
EQUIPMENT BEING REPLACED BY THIS APPLICATION				

A4

SECTION A
EMISSION SOURCE LISTING (NEW FACILITY)

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

REVISED: 10/24/2000

EMISSION SOURCE ID NO.	EMISSION SOURCE DESCRIPTION	CONTROL DEVICE ID NO.	CONTROL DEVICE DESCRIPTION	EMISSION POINT ID NO. or "FUGITIVE"

COMMENTS:

SECTION A

A5

EMISSION SOURCE/CONTROL DEVICE ALTERNATIVE OPERATING SCENARIOS

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE ID NO:	*ATTACH TO APPROPRIATE FORM B*
CONTROL DEVICE ID NO:	

PRIMARY OPERATING SCENARIO (DESCRIBE):

DESCRIBE ALTERNATIVE OPERATING SCENARIO (AOS) NO. _____ , (specify no.):

DESCRIBE ALTERNATIVE OPERATING SCENARIO (AOS) NO. _____ , (specify no.):

DESCRIBE ALTERNATIVE OPERATING SCENARIO (AOS) NO. _____ , (specify no.):

COMMENTS:

SECTION A

A6

REQUEST FOR TAX CERTIFICATION

REVISED:2/26/2012 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

The following conditions must be satisfied in order to qualify for tax certification for an air cleaning device or equipment, facilities or land:	
1.	actually be constructed and placed into operation;
2.	comply with the requirements of the Forsyth County Office of Environmental Assistance and Protection with respect to such facilities, and be effectively operated in accordance with the terms and conditions of the permit, certificate of approval, or other document of approval issued by this Office; and
3.	is used exclusively for the purpose the reduction of air pollution from the emission of air contaminants and not merely incidental to other purposes and functions.

LIST THE AIR CLEANING DEVICES/EQUIPMENT COVERED BY THIS TAX CERTIFICATION REQUEST

ID NO.	AIR CLEANING DEVICE/EQUIPMENT, FACILITIES, AND/OR LAND DESCRIPTION (MUST BE USED EXCLUSIVELY FOR AIR POLLUTION CONTROL)

ATTACH ADDITIONAL INFORMATION (e.g. VENDOR SPECIFICATIONS, INSTALLATION PLANS) TO SUPPORT EACH REQUEST. YOU MAY REFERENCE PERMIT APPLICATIONS THAT HAVE PREVIOUSLY BEEN SUBMITTED TO THIS OFFICE. IN ADDITION TO THE EVALUATION OF THESE PLANS, THIS OFFICE WILL PERFORM A SITE INSPECTION OF THE EQUIPMENT LISTED ABOVE BEFORE ISSUING TO ISSUE A TAX CERTIFICATION.

CERTIFICATION

I hereby certify that the above equipment, facilities, and/or land are used exclusively for air pollution control and the information provided is complete and accurate. Furthermore, I certify that any portable equipment listed above is used exclusively in the state of North Carolina.

Signature _____ Date _____

Title _____ Preparer's Business Entity- _____

SECTION B

B1

EMISSION SOURCE (GENERAL)

REVISED: 10/24/2000 **FORSYTH COUNTY- APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NO:
CONTROL DEVICE ID NO(S):	EMISSION POINT ID NO(S):
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS	
ALTERNATIVE OPERATING SCENARIO (AOS) NO:	
DESCRIBE PROCESS:	
MANUFACTURER:	DATE MANUFACTURED:
MODEL NUMBER:	OPERATION DATE:

OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:	
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:

MATERIALS ENTERING PROCESS - CONTINUOUS PROCESS TYPE	UNITS	MAX. DESIGN CAPACITY (UNIT/HR)	REQUESTED CAPACITY LIMITATION(UNIT/HR)

MATERIALS ENTERING PROCESS - BATCH OPERATION TYPE	UNITS	MAX. DESIGN CAPACITY (UNIT/BATCH)	REQUESTED CAPACITY LIMITATION (UNIT/BATCH)

MAXIMUM DESIGN - BATCHES / HOUR : REQUESTED LIMITATION - BATCHES / HOUR : BATCHES/YR :

FUEL USED:	TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):
MAX. CAPACITY HOURLY FUEL USE:	REQUESTED CAPACITY ANNUAL FUEL USE:

DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B
EMISSION SOURCE (WOOD FIRED BURNER)

B2

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:			EMISSION SOURCE ID NO:	
CONTROL DEVICE ID NO(S):		EMISSION POINT ID NO(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS				
ALTERNATIVE OPERATING SCENARIO (AOS) NO:				
DESCRIBE USE: ☐ PROCESS HEAT ☐ SPACE HEAT ☐ ELECTRICAL GENERATION ☐ CONTINUOUS USE ☐ STAND BY/EMERGENCY ☐ OTHER:				
MANUFACTURER (include model #):			DATE MANUFACTURED:	
MAX. FIRING RATE (MMBTU/HOUR):			OPERATION DATE:	
OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:	
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:
WOOD TYPE ☐ BARK ☐ WOOD/BARK ☐ WOOD ☐ OTHER				
☐ UNCONTROLLED ☐ FLYASH REINJECTION ☐ NO FLYASH REINJECTION				
FUEL FEED METHOD:		HEAT TRANSFER MEDIA: ☐ STEAM ☐ AIR		

FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)			METHOD OF TUBE CLEANING:
FUEL TYPE	BTU CONTENT	UNITS	
			CLEANING SCHEDULE:

FUEL USAGE (INCLUDE STARTUP/BACKUP FUELS)		MAX. DESIGN	REQUESTED CAPACITY	
FUEL TYPE	UNITS	CAPACITY (UNIT/HR)	LIMITATION (UNIT/HR)	

DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B

B3

EMISSION SOURCE (OIL/GAS FIRED BURNER)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NO:
CONTROL DEVICE ID NO(S):	EMISSION POINT ID NO(S):

INDICATE WHETHER THIS SOURCE IS SUBJECT ☐ NSPS OR ☐ NESHAP REGULATIONS

ALTERNATIVE OPERATING SCENARIO (AOS) NO:

DESCRIBE USE: ☐ PROCESS HEAT ☐ SPACE HEAT ☐ ELECTRICAL GENERATION

☐ CONTINUOUS USE ☐ STAND BY / EMERGENCY ☐ OTHER:

MANUFACTURER (include model #):	DATE MANUFACTURED:
MAXIMUM FIRING RATE (MILLION BTU/HOUR):	OPERATION DATE:

OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:	
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:

TYPE OF BOILER ☐ UTILITY ☐ INDUSTRIAL ☐ COMMERCIAL ☐ RESIDENTIAL

METHOD OF TUBE CLEANING:	CLEANING SCHEDULE:

FUEL USAGE (INCLUDE STARTUP/BACKUP FUEL)		MAX. DESIGN	REQUESTED CAPACITY	
FUEL TYPE	UNITS	CAPACITY (UNIT/HR)	LIMITATION (UNIT/HR)	

FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)			SULFUR CONTENT	
FUEL TYPE	BTU CONTENT	UNITS	(% BY WEIGHT)	

DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B

B4

EMISSION SOURCE (COAL FIRED BURNER)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NO:
CONTROL DEVICE ID NO(S):	EMISSION POINT ID NO(S):
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS	
ALTERNATIVE OPERATING SCENARIO (AOS) NO:	

DESCRIBE USE: ☐ PROCESS HEAT ☐ SPACE HEAT ☐ ELECTRICAL GENERATION
☐ CONTINUOUS USE ☐ STAND BY / EMERGENCY ☐ OTHER:

MANUFACTURER (include model #):	DATE MANUFACTURED:
MAXIMUM FIRING RATE (MILLION BTU/HOUR):	OPERATION DATE:

OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:	
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:

TYPE OF BOILER IF OTHER DESCRIBE:

PULVERIZED	OVERFED STOKER	UNDERFED STOKER	SPREADER STOKER	FLUIDIZED BED
☐ WET BED	☐ UNCONTROLLED	☐ UNCONTROLLED	☐ UNCONTROLLED	☐ CIRCULATING
☐ DRY BED	☐ MULTICYCLONE	☐ MULTICYCLONE	☐ FLYASH REINJECTION	☐ RECIRCULATING
			☐ NO FLYASH REINJECTION	

METHOD OF LOADING: ☐ CYCLONE ☐ HANDFIRED ☐ TRAVELING GRATE

FUEL USAGE (INCLUDE STARTUP/BACKUP FUEL)		MAX. DESIGN	REQUESTED CAPACITY	
FUEL TYPE	UNITS	CAPACITY (UNIT/HR)	LIMITATION (UNIT/HR)	

FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)			SULFUR CONTENT	ASH CONTENT
FUEL TYPE	BTU CONTENT	UNITS	(% BY WEIGHT)	(% BY WEIGHT)

METHOD OF TUBE CLEANING:	CLEANING SCHEDULE:

DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

Comments:

SECTION B
EMISSION SOURCE (INCINERATION)

B5

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NO:
	EMISSON POINT ID NO(S):

INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS.

ALTERNATIVE OPERATING SCENARIO (AOS) NO:

DESCRIBE INCINERATOR:

MANUFACTURER (include model #):	DATE MANUFACTURED:
MAXIMUM FIRING RATE (MILLION BTU/HOUR):	OPERATION DATE:

OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:	
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:

	SECONDARY CHAMBER	EXCESS AIR (%):
FIRING RATE (MMBTU/HR):	FIRING RATE (MMBTU/HR):	☐ OVERFIRED ☐ UNDERFIRED
OPERATING TEMP. (F):	OPERATING TEMP. (F):	AIR FLOW ENTERING UNIT (ACFM):
	RETENTION TIME (SEC):	TYPE OF CHARGING:

QUANTITY	*HOURLY CHARGE RATE (LB/HOUR)*	*YEARLY CHARGE RATE (TONS/YEAR)*
WASTE BURNED	DESIGNED MAXIMUM (lbs/hr):	DESIGNED MAXIMUM (lbs/yr):

WASTE COMPOSITION	AVERAGE BTU/LB:	AVERAGE % MOISTURE CONTENT:

WASTE TYPE	% BY WT.	WASTE TYPE	% BY WT.	WASTE TYPE	% BY WT.

FUEL USAGE (INCLUDE STARTUP FUEL)		MAX. DESIGN	REQUESTED CAPACITY
FUEL TYPE	UNITS	CAPACITY (UNIT/HR)	LIMITATION (UNIT/HR)

FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)			SULFUR CONTENT
FUEL TYPE	BTU CONTENT	UNITS	(% BY WEIGHT)

FINAL DISPOSITION OF ASH:

INCLUDE WITH APPLICATION (ON SEPARATE PAGES):

1) STARTUP PROCEDURES

2) MAINTENANCE PROCEDURES

3) ALL MANUFACTURERS LITERATURE/SPECIFICATIONS

4) SUMMARY OF RCRA APPLICABILITY

5) DESCRIPTION OF AUTOMATIC AND MANUAL CONTROLS

6) SCHEMATIC OF INCINERATOR

7) DESCRIBE ALL MONITORING DEVICES, GAUGES, TEST PORTS, ETC.

8) COMMENTS

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

SECTION B

B6

EMISSION SOURCE (PRINTING)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO(S):	
CONTROL DEVICE ID(S):			EMISSION POINT ID NO(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS.					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:		
DESCRIBE PROCESS:					
OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:		
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:	
TYPE OF PRINTING OPERATION:					
WHAT IS BEING PRINTED?					
CONTINUOUS PRINTING	NUMBER OF PRINT STATIONS:		WEIGHT OF MATERIAL BEING PRINTED (LB/FT2):		
MAXIMUM WIDTH OF ITEMS BEING PRINTED (INCHES):			MAXIMUM SPEED (FT/MIN):	ACTUAL:	
NON-CONTINUOUS PRINTING	NUMBER OF PRINT STATIONS:		WEIGHT OF MATERIAL (LB/100 ITEMS):		
MAXIMUM DIMENSIONS (INCHES)	LENGTH:	WIDTH:	MAXIMUM PRINTED/MINUTE:		

COATING USE (INCLUDE FORM D1 FOR EACH COATING)		ACTUAL USAGE		MAXIMUM DESIGN CAPACITY		
PRINT STATION	COATING(S) APPLIED AT THIS STATION (LIST ID)	UNIT/HR	UNIT/YR	UNIT/HR	UNIT/YR	UNITS

NO. OF OVENS:	*METHOD OF HEATING:*	☐ STEAM	☐ DIRECT FIRED
		☐ ELECTRIC	☐ OTHER:

FUEL USED:	TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):
MAXIMUM ANNUAL FUEL USE:	MAXIMUM HOURLY FUEL USE:
ACTUAL ANNUAL FUEL USE:	ACTUAL HOURLY FUEL USE:

DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B

B7

EMISSION SOURCE (COATING/PAINTING)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO:	
CONTROL DEVICE ID NO(S):			EMISSON POINT ID NO(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP Regulations					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:		
DESCRIBE PROCESS:					
OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:		
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:	
WHAT IS BEING COATED?					
TYPE OF COATING OPERATION:					
CONTINUOUS COATING	TYPE FEED SYSTEM:				
MAXIMUM NO. ITEMS COATED/HOUR:			MAXIMUM SPEED (FT/MIN):		
FOR BATCH OPERATION	MAX. NO. ITEMS COATED/BATCH:		BATCH TIME AT MAX. (MINUTES):		
NUMBER OF STATIONS OR BOOTHS:	NUMBER SPRAY GUNS:		TRANSFER EFF:	CAPTURE EFF:	

STATION	COATING(S) APPLIED AT THIS STATION (LIST ID) *(INCLUDE FORM D1 FOR EACH)*	NO. GUN	ACTUAL USAGE	MAXIMUM DESIGN CAPACITY GAL/YR	GAL/HR	GAL/YR

TYPE OF SPRAY GUNS/NOZZLES:			
NO. OF OVENS:	*METHOD OF HEATING* ☐ STEAM	☐ DIRECT FIR	☐ ELECTRIC ☐ OTHER:
FUEL USED:	TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):		
MAXIMUM ANNUAL FUEL USE:	MAXIMUM HOURLY FUEL USE:		
ACTUAL ANNUAL FUEL USE:	ACTUAL HOURLY FUEL USE:		
DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:			
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.			
COMMENTS:			

SECTION B

B8 EMISSION SOURCE (PRODUCTION/MIXING OF INKS/COATINGS)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NO:
CONTROL DEVICE ID NO(S):	EMISSION POINT ID(S):
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS.	
ALTERNATIVE OPERATING SCENARIO (AOS) NO:	OPERATION DATE:

DESCRIBE PROCESS:

OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:	
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:

EQUIPMENT SUMMARY TYPE	CAPACITY (GALLONS)	NO. OF UNITS	*EQUIPMENT SUMMARY (CONT'D)* TYPE	CAPACITY (GALLONS)	NO. OF UNITS

PRODUCT THROUGHPUT (GAL)	HOURLY	ANNUAL	MAX. VOC WEIGHT (LB/GAL):
ACTUAL			EVAPORATION RATE (% OF THROUGHPUT):
MAXIMUM			METHOD FOR DETERMINATION:
ATTACH FORM D1 FOR EACH PRODUCT			

NO. OF COOKERS:	METHOD OF HEATING:	☐ STEAM ☐ DIRECT FIRED ☐ ELECTRIC ☐ OTHER:

FUEL USED:	TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):
DESIGNED MAX. ANNUAL FUEL USE:	DESIGNED MAX. HOURLY FUEL USE:
ACTUAL ANNUAL FUEL USE:	ACTUAL HOURLY FUEL USE:

DESCRIBE DEVICES USED TO REDUCE EVAPORATION:

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B

B9

EMISSION SOURCE (STORAGE SILO/BINS)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:					EMISSION SOURCE ID NO:	
CONTROL DEVICE ID NO(S):			EMISSION POINT ID NO(S):			
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS.						
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:			
DESCRIPTION OF PROCESS:						
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:		
MATERIAL STORED:			DENSITY OF MATERIAL (LB/FT3):			
CAPACITY	CUBIC FEET:	TONS:				
DIMENSIONS (FEET)	HEIGHT:	DIAMETER:	*(OR)*	LENGTH:	WIDTH:	HEIGHT:
ANNUAL PRODUCT THROUGHPUT (TONS)	ACTUAL:		MAXIMUM DESIGN CAPACITY:			

☐ *PNEUMATICALLY FILLED*	☐ *MECHANICALLY FILLED*	☐ *FILLED FROM*
☐ BLOWER	☐ SCREW CONVEYOR	MOTOR HP: ☐ RAILCAR
☐ COMPRESSOR	☐ BELT CONVEYOR	☐ TRUCK
NO. FILL TUBES:	☐ BUCKET ELEVATOR	☐ STORAGE PILE
MAXIMUM ACFM:	OTHER:	OTHER:

MATERIAL IS UNLOADED TO:

BY WHAT METHOD IS MATERIAL UNLOADED FROM SILO?

MAXIMUM DESIGN FILLING RATE OF MATERIAL (TONS/HR):

MAXIMUM DESIGN UNLOADING RATE OF MATERIAL (TONS/HR):

DESCRIBE EMISSION CONTROLS WHILE LOADING SILO:

DESCRIBE EMISSION CONTROLS WHILE UNLOADING SILO:

DESCRIBE ANY MONITORING OR WARNING DEVICES:

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B

B10

EMISSION SOURCE (FIXED ROOF STORAGE TANK)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:					EMISSION SOURCE ID NO:
CONTROL DEVICE ID NO(S):			EMISSION POINT ID NO(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:		
DESCRIPTION OF STORAGE TANK:					
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:	
LIQUID STORED:			TRUE VAPOR PRESSURE (PSIA):		
DAILY AVG. LIQUID SURFACE TEMP. (R):			VAPOR MOLECULAR WEIGHT (LB/LB MOLE):		
AVERAGE STORAGE TEMP. (F):			***ATTACH FORM D1 FOR EACH LIQUID STORED***		
CAPACITY	GALLONS:	TONS:	*DIMENSIONS (FEET)*	HEIGHT:	DIAMETER:
TANK ROOF HEIGHT (FT):		TANK LIQUID HEIGHT (FT):		TANK SHELL HEIGHT (FT):	
TANK ROOF/SHELL COLOR:			PAINT CONDITION:		
MAXIMUM FILLS PER DAY:		MAX. FILLING RATE (GAL/MIN):		MAX. DURATION OF FILL (HOUR/FILL):	
MAX. THROUGHPUT PER YEAR (GAL):		*TURNOVERS PER YEAR:*	MAXIMUM:	ACTUAL:	
DESCRIBE ALL MAINTENANCE PROCEDURES:					
DESCRIBE ANY MONITORING OR WARNING DEVICES (SUCH AS LEAK AND FUME DETECTION INSTRUMENTATION):					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					

SECTION B

B11 EMISSION SOURCE (AIR STRIPPING OF GROUNDWATER)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO:
CONTROL DEVICE ID(S):			EMISSION POINT ID(S):	
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS				
DESCRIPTION OF EMISSION SOURCE:				
OPERATING SCHEDULE				DATE FIRST PUT INTO OPERATION:
ACTUAL	HR/DAY:	DAY/WK:	WEEK/YR:	
WHAT WILL DETERMINE WHEN UNIT WILL BE SHUT DOWN?				
LIQUID FLOW RATE (GAL/MIN)		REMOVAL EFFICIENCY OF DESIGN CONTAMINANT:		
ACTUAL:		TARGET EFFLUENT CONCENTRATION OF DESIGN CONTAMINANT (MG/L):		
DESIGNED MAX.:		NO. OF WELLS:		
STRIPPING TOWER DATA	TOWER DIAMETER (FT):		TOTAL HEIGHT (FT):	
NO. OF TOWERS:	PACKING HEIGHT (FT):		PACKING MATERIAL:	

DESCRIBE HOW CONTAMINANT CONCENTRATIONS WERE DETERMINED: (ATTACH RESULTS)

CONTAMINANTS	CAS #	CONCENTRATION (MG/L)
Total volatile contamination (always included)		

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B

B12 ## EMISSION SOURCE(VACUUM EXTRACTION FOR SOIL CONTAMINATION

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO:
CONTROL DEVICE ID(S):			EMISSION POINT ID(S):	
INDICATE WHETHER THIS SOURCE IS SUBJECT TO ☐ NSPS OR ☐ NESHAP REGULATIONS				
DESCRIPTION OF EMISSION SOURCE:				
OPERATING SCHEDULE				DATE FIRST PUT INTO OPERATION:
ACTUAL	HR/DAY:	DAY/WK:	WEEK/YR:	
WHAT WILL DETERMINE WHEN UNIT WILL BE SHUT DOWN?				
TYPE OF OPERATION: ☐ CONTINUOUS ☐ PULSED				AIR/WATER SEPARATOR: ☐ YES ☐ NO

INLET WELL DATA:	# OF WELLS	AVG. DEPTH (FT)	AVG. DIAMETER (FT)	MAX. SPACING (FT)

EXTRACTION WELL DATA:	# OF WELLS	AVG. DEPTH (FT)	AVG. DIAMETER (FT)	RADIUS OF INFLUENCE (FT)

TOTAL EXTRACTION FLOW RATE (SCFM):	TOTAL EXHAUST FLOW RATE (SCFM):

DESCRIBE HOW CONTAMINANT CONCENTRATIONS WERE DETERMINED: (ATTACH RESULTS)

CONTAMINANTS	**CAS #**	**CONCENTRATION (PPM-V)**
Total volatile contamination (always included)		

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS:

SECTION B

B13

SOLVENT USE: CLEANUP ACTIVITIES

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

SEASONAL VARIATION (%)	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC

ATTACH FORM D1 FOR EACH - ONLY THOSE CHEMICALS ASSOCIATED WITH EMISSION SOURCES.

EMISSION SOURCE ID (s)	**CLEANUP PRODUCT NAME**	***PRODUCT USAGE***				
		ACT/YR	**MAX/HR**	**MAX/DAY**	**MAX/YEAR**	**UNITS**

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

COMMENTS

SECTION C

C1

CONTROL DEVICE (GENERAL)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS		
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED:			
CORRESPONDING EFFICIENCY:	%	%	%	%
EFFICIENCY DETERMINATION CODE *(see C1 instructions)*				
BEFORE CONTROL EMISSION RATE (LB/HR):				
AFTER CONTROL EMISSION RATE (LB/HR):				
PRESSURE DROP (IN. H20): MIN MAX			
INLET TEMPERATURE (F): MIN MAX	OUTLET TEMPERATURE (F): MIN MAX		
INLET AIR FLOW RATE (ACFM):	OUTLET AIR FLOW RATE (ACFM):		
INLET AIR FLOW VELOCITY (FT/SEC):	OUTLET AIR FLOW VELOCITY (FT/SEC):		
INLET MOISTURE CONTENT (%):			
COLLECTION SURFACE AREA (FT2):	FUEL USED:	FUEL USAGE RATE:	
DESCRIBE STARTUP PROCEDURES:			
DESCRIBE MAINTENANCE PROCEDURES:			
DESCRIBE ANY AUXILIARY MATERIALS INTRODUCED INTO THE CONTROL SYSTEM:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:			
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):			
ATTACH MANUFACTURER'S SPECIFICATIONS, SCHEMATICS, AND ALL OTHER DRAWINGS NECESSARY TO DESCRIBE THIS CONTROL DEVICE AND ITS RELATIONSHIP TO ITS EMISSION SOURCE.			

SECTION C

C2

CONTROL DEVICE (FABRIC FILTER)

REVISED 7/20/2001 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROL EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS		
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED:			
CORRESPONDING EFFICIENCY:	%	%	% %
EFFICIENCY DETERMINATION CODE: *(see C2 instruction)*			
BEFORE CONTROL EMISSION RATE (LB/HR):			
AFTER CONTROL EMISSION RATE (LB/HR):			
PRESSURE DROP (IN. H20): MIN MAX	WARNING ALARM? ☐ YES ☐ NO		
INLET TEMPERATURE (F): MIN MAX	OUTLET TEMPERATURE (f): MIN MAX		
INLET AIR FLOW RATE (ACFM):			
AIR TO CLOTH RATIO:	FILTER SURFACE AREA (FT2):	FILTER MAX. OPERATING TEMP.(F)	
FILTER MATERIAL:	DESCRIBE CLEANING PROCEDURES:		
TIME BETWEEN CLEANING:	☐ MECHANICAL	☐ REVERSE FLOW	☐ SIMPLE BAG COLLAPSE
CLEANING TIME:	☐ SONIC	☐ AIR PULSE	☐ RING BAG COLLAPSE
	☐ OTHER:		
DESCRIBE MAINTENANCE PROCEDURES:			
DESCRIBE MOISTURE BLINDING, CHEMICAL RESISTIVITY, AND/OR SPECIAL OPERATING CONDITIONS:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:			
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):			

SECTION C

C3

CONTROL DEVICE (ESP)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS		
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED:			
CORRESPONDING EFFICIENCY	%	%	% %
EFFICIENCY DETERMINATION CODE: *(see C3 instructions)*			
BEFORE CONTROL EMISSION RATE (LB/HR):			
AFTER CONTROL EMISSION RATE (LB/HR):			
PRESSURE DROP (IN. H20): MIN MAX	WARNING ALARM? ☐ YES ☐ NO		
INLET TEMPERATURE (F): MIN MAX	OUTLET TEMPERATURE (F): MIN MAX		
INLET AIR FLOW RATE (ACFM):			
COLLECTION PLATE AREA (FT2):	NO. COMPARTMENTS:	NO. CELLS/COMPARTMENT:	
PARTICLE MIGRATION VELOCITY (FT/SEC):	PARTICLE DENSITY (LB/FT3):		
FIELD STRENGTH (VOLTS):	COLLECTING:		
CORONA POWER (WATTS/1000CFM):	ELECTRICAL USAGE (KW/HOUR):		
RESISTIVITY OF POLLUTANT (OHM-CM):	GAS VISCOSITY (POISE):		
DESCRIBE CLEANING PROCEDURES: ☐ PLATE RAPPING ☐ PLATE VIBRATING ☐ WASHING ☐ OTHER			
DESCRIBE MAINTENANCE PROCEDURES:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:			
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):			
ATTACH A DIAGRAM OF THE TOP VIEW OF THE ESP WITH DIMENSIONS (include at a minimum the plate spacing and wire spacing and indicate the electrode type)			

SECTION C

C4

CONTROL DEVICE (THERMAL OR CATALYTIC)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS		
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED:			
CORRESPONDING EFFICIENCY:	%	%	%
EFFICIENCY DETERMINATION COD *(see C4 instructions)*			
BEFORE CONTROL EMISSION RATE (LB/HR):			
AFTER CONTROL EMISSION RATE (LB/HR):			
IF CATALYST USED	TYPE:	VELOCITY THROUGH CATALYST (fps):	
	Catalyst vol. (cubic ft)	SCFM through catalyst:	
PRESSURE DROP (IN. H2O MIN MAX		OUTLET TEMPERATURE (F): MIN MAX	
INLET TEMPERATURE (F): MIN MAX		RESIDENCE TIME (SECONDS):	
INLET AIR FLOW RATE (ACFM):		COMBUSTION TEMPERATURE (F):	
COMBUSTION CHAMBER VOLUME (FT3):		INLET MOISTURE CONTENT (%):	
% EXCESS AIR:			
FUEL USED:		TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):	
MAXIMUM ANNUAL FUEL USE:		MAXIMUM HOURLY FUEL USE:	
ACTUAL ANNUAL FUEL USE:		ACTUAL HOURLY FUEL USE:	
METHOD USED TO INCREASE MIXING:			
DESCRIBE STARTUP/SHUTDOWN PROCEDURES:			
DESCRIBE MAINTENANCE PROCEDURES:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:			
ON A SEPARATE PAGE, SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):			

SECTION C

C5

CONTROL DEVICE (MECHANICAL)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS		
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED:			
CORRESPONDING EFFICIENCY:	____ %	____ %	____ % ____ %
EFFICIENCY DETERMINATION CODE *(see C5 instructons)*			
BEFORE CONTROL EMISSION RATE (LB/HR):			
AFTER CONTROL EMISSION RATE (LB/HR):			
PRESSURE DROP (IN. H20): MIN MAX	WARNING ALARM ☐ YES ☐ NO		
INLET TEMPERATURE (F): MIN MAX	OUTLET TEMPERATURE (F): MIN MAX		
INLET AIR FLOW RATE (ACFM):	PARTICLE DENSITY (LB/FT3):		

SETTLING CHAMBER	*CYCLONE*			*MULTICYCLONE*
LENGTH (INCHES):	INLET VELOCITY (FT/SEC):		☐ CIRCULAR ☐ SQUARE	NO. TUBES:
WIDTH (INCHES):	*DIMENSIONS (INCHES) See instructions*		*IF WET SPRAY UTILIZED*	DIAMETER OF TUBES:
HEIGHT (INCHES):	H:	Dd:	LIQUID USED:	HOPPER ASPIRATION SYSTEM?
VELOCITY (FT/SEC.):	W:	Lb:	FLOW RATE (GPM):	☐ YES ☐ NO
NO. TRAYS:	De:	Lc:	MAKE UP RATE (GPM):	LOUVERS?
NO. BAFFLES:	D:	S:		☐ YES ☐ NO

DESCRIBE MAINTENANCE PROCEDURES:

DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:

SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):

SECTION C

C6

CONTROL DEVICE (ADSORBER)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS			
MANUFACTURER:	MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:				
DESCRIBE CONTROL SYSTEM:				
POLLUTANT(S) COLLECTED:				
CORRESPONDING EFFICIENCY:	____ %	____ %	____ %	____ %
EFFICIENCY DETERMINATION CODE: *(see C6 instructions)*				
BEFORE CONTROL EMISSION RATE (LB/HR):				
AFTER CONTROL EMISSION RATE (LB/HR):				
INLET AIR FLOW RATE (ACFM):				
PRESSURE DROP (IN. H2O): MIN MAX	WARNING ALARM? ☐ YES ☐ NO			
INLET TEMPERATURE (F): MIN MAX	OUTLET TEMPERATURE (F): MIN MAX			
SIZE OF COMPARTMENTS (FT)	LENGTH:	WIDTH:	HEIGHT:	DIAMETER:
METHOD OF ADSORPTION: ☐ ONE-PASS REGENERATIVE ☐ ONE-PASS NONREGENERATIVE ☐ RECIRCULATING ☐ OTHER:				
TYPE OF ADSORPTION MATERIAL:	NUMBER OF COMPARTMENTS:			
REGENERATIVE METHOD: ☐ DISCARDED ☐ CHEMICAL ☐ THERMAL (DRY HEAT) ☐ THERMAL (STEAM) ☐ OTHER:				
REGENERATIVE SCHEDULE	MAX. TIME FOR DESORPTION	LENGTH OF TIME TO MAX. SATURATION		
HOW ARE EMISSIONS CONTROLLED DURING REGENERATION?				
VOLATILE CONCENTRATIONS (PPMV)	ENTERING UNIT:	LEAVING UNIT:	ORIENTATION OF BEDS:	
RELATIVE HUMIDITY OF AIR STREAM ENTERING UNIT (%):				
BREAKTHROUGH CAPACITY (LB. VAPOR/LB. ADSORBENT):	BREAKTHROUGH ALARM? ☐ YES ☐ NO			
CYCLE TIME:				
DESCRIBE MAINTENANCE PROCEDURES:				
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:				
DESCRIBE HOW REGENERATION CYCLE IS INITIATED: (e.g. - fixed time, ppm monitor, etc.)				
ON A SEPARATE PAGE, SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):				

SECTION C

C7

CONTROL DEVICE (GASEOUS ABSORBER)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS		
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED:			
CORRESPONDING EFFICIENCY:	%	%	% %
EFFICIENCY DETERMINATION CODE: *(see C7 instructions)*			
BEFORE CONTROL EMISSION RATE (LB/HR):			
AFTER CONTROL EMISSION RATE (LB/HR):			
PRESSURE DROP (IN. H20): MIN MAX	WARNING ALARM? ☐ YES ☐ NO		
INLET TEMPERATURE (F): MIN MAX	OUTLET TEMPERATURE (F): MIN MAX		
INLET AIR FLOW RATE (ACFM):			
TOTAL GAS PRESSURE (PSIG):	GAS DEW POINT (F):	GAS VELOCITY (FT/SEC):	
TYPE OF SYSTEM:			
PACKED COLUMN	TYPE OF PACKING:	COLUMN LENGTH (FT):	COLUMN DIAMETER (FT):
PLATE COLUMN	PLATE SPACING (INCHES):	COLUMN LENGTH (FT):	COLUMN DIAMETER (FT):
ADDITIVE LIQUID SCRUBBING MEDIUM:	PERCENT RECIRCULATED:		
TOTAL LIQUID INJECTION RATE (GAL/MIN):	MAKE UP RATE (GAL/MIN):	FOR ADDITIVE (GAL/MIN):	
DESCRIBE MAINTENANCE PROCEDURES:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:			
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):			

SECTION C

C8

CONTROL DEVICE (WET SCRUBBER)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS			
MANUFACTURER:	MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:				
DESCRIBE CONTROL SYSTEM:				
POLLUTANT(S) COLLECTED:				
CORRESPONDING EFFICIENCY:	%	%	%	%
EFFICIENCY DETERMINATION CODE: *(see C8 instructions)*				
BEFORE CONTROL EMISSION RATE (LB/HR):				
AFTER CONTROL EMISSION RATE (LB/HR):				
PRESSURE DROP (IN. H20): MIN MAX	WARNING ALARM? ☐ YES ☐ NO			
INLET TEMPERATURE (F): MIN MAX	OUTLET TEMPERATURE (F): MIN MAX			
INLET AIR FLOW RATE (ACFM):	MOISTURE CONTENT : INLET % OUTLET %			
THROAT VELOCITY (FT/SEC):	THROAT TYPE: ☐ FIXED ☐ VARIABLE			
EMISSION STREAM MEAN PARTICULATE DIAMETER (MICRONS):				
TYPE OF SYSTEM:	TYPE OF PACKING USED IF ANY:			
ADDITIVE LIQUID SCRUBBING MEDIUM:	PERCENT RECIRCULATED:			
TOTAL LIQUID INJECTION RATE (GAL/MIN): MIN MAX	FLOW RATE GAUGE INSTALLED? ☐ YES ☐ NO			
MAKE UP RATE (GAL/MIN):	FOR ADDITIVE (GAL/MIN):			
DESCRIBE MAINTENANCE PROCEDURES:				
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:				
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):				

SECTION C

C9

CONTROL DEVICE (CONDENSER)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS NO. OF UNITS		
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED:			
CORRESPONDING EFFICIENCY:	____ %	____ %	____ % ____ %
EFFICIENCY DETERMINATION CODE *(see C9 instructions)*			
BEFORE CONTROL CONCENTRATION (PPMV):			
AFTER CONTROL CONCENTRATION (PPMV):			
EMISSION STREAM FLOW RATE (ACFM):	INLET EMISSION STREAM TEMPERATURE (F):		
MOISTURE CONTENT OF EMISSION STREAM (%):	TEMPERATURE OF CONDENSATION (F):		
COOLANT USED:	TEMPERATURE OF INLET COOLANT (F):		
COOLANT FLOW RATE (LB/HR):	REFRIGERATION CAPACITY (TONS):		
CONDENSER SURFACE AREA (FT2):	SPECIFIC HEAT OF POLLUTANT COLLECTED (BTU/LB-MOL F):		
HEAT OF VAPORIZATION OF COLLECTED POLLUTANT (BTU/LB-MOL):			
DESCRIBE MAINTENANCE PROCEDURES:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:			
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):			

D1

REVISED: 6/26/2012

SECTION D
PRODUCT ANALYSIS WORKSHEET (VOC EMISSIONS)
FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

Attach to Appropiate "B" Form

PRODUCT NAME:	PRODUCT NO:	PRODUCT ID NO:
MANUFACTURER:	SUPPLIER:	
LIST EMISSION SOURCE ID NO(S) WHERE PRODUCT IS USED:		
ATTACH MATERIAL SAFETY DATA SHEET		
DESCRIPTION OF USE:		

PRODUCT DENSITY (LB/GAL):			% BY WEIGHT	% BY VOLUME
VOLATILE DENSITY IN PRODUCT (LB/GAL):		SOLIDS		
LB VOC/GAL SOLID PRODUCT:	DELIVERED TO APPLICATOR:	VOLATILES		
KG VOC/L SOLID PRODUCT:	DELIVERED TO APPLICATOR:	WATER		

VOLATILE CONSTITUENTS	CAS NO.	EXEMPT	% BW IN PRODUCT	% BV IN VOLATILE
		☐		
		☐		
		☐		
		☐		
		☐		
		☐		
		☐		
		☐		
		☐		
		☐		
		☐		
			TOTAL:	TOTAL: **100%**

SOLID CONSTITUENTS	CAS NO.	% WT IN PRODUCT

THINNERS/ADDITIVES	PRODUCT ID NO.	AMOUNT ADDED PER GALLON

ATTACH SEPARATE D1 FORM FOR EACH THINNER AND ADDITIVE

COMMENTS:

D2-1

SECTION D
TOXIC POLLUTANT EMISSION
EMISSION SOURCE SUMMARY

REVISED: 10/24/2000 **FORSYTH COUNTY-APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE**

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NUMBER:
PRIMARY CONTROL DEVICE:	CONTROL ID #:
SECONDARY CONTROL DEVICE:	CONTROL ID #:

ATTACH DOCUMENTATION EXPLAINING ALL CAPTURE AND CONTROL EFFICIENCIES, ATTACH ALL CALCULATIONS

	PERMITTED MAXIMUM EMISSIONS			EMISSION	EMISSION
TOXIC AIR POLLUTANT (TAP)	CAS #	LB/YEAR	LB/HOUR	POINT ID	FACTOR TYPE
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					

READ INSTRUCTIONS PRIOR TO COMPLETING MODELING PARAMETERS SECTION

MODELING PARAMETERS

EMISSION POINT ID	EXHAUST TEMPERATURE (deg F)	EMISSION POINT DIAMETER (FT)	EMISSION POINT HEIGHT (FT)	EXIT VELOCITY (FT/SEC)	Stack Direction
					RC V H
					RC V H
					RC V H
					RC V H
					RC V H

IF YOU ENTERED PERMITTED MAXIMUM EMISSIONS LESS THAN THE DESIGN CAPACITY, INDCATE THE PERMIT LIMITS YOU ARE REQUESTING AND THE MANNER THAT YOU WILL BE RECORDING, VERIFYING, AND/OR REPORTING THE CONDITIONS:

SECTION D
TOXIC AIR POLLUTANT NETTING WORKSHEET &
FACILITY-WIDE EMISSIONS SUMMARY

D2-2

REVISED: 10/24/2000

FORSYTH COUNTY-APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE

TOXIC AIR POLLUTANT:				CAS #.
EMISSION SOURCE ID #S:				
SECTION A - EMISSION OFFSETTING ANALYSIS FOR MODIFIED/NEW SOURCES				
Summarize in this section using the D2-1 forms.	TAP EMISSIONS			
	LB/YEAR	LB/DAY	LB/HOUR	LB/15-MINUTE
MODIFICATION INCREASE			`	
- MINUS -	- MINUS -	- MINUS -	- MINUS -	- MINUS -
MODIFICATION DECREASE				
- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -
NET CHANGE FROM MODIFICATION				

ATTACH WITH THIS FORM ALL EMISSION CALCULATIONS FOR SECTIONS B AND C

SECTION B - FACILITY-WIDE EMISSION NETTING ANALYSIS				
CREDITABLE INCREASES				
- MINUS -	- MINUS -	- MINUS -	- MINUS -	- MINUS -
CREDITABLE DECREASE				
- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -
NET CREDITABLE CHANGE				
SECTION C - FACILITY-WIDE EMISSIONS				
TOTAL FACILITY EMISSIONS				
Rule 3Q .0711 LEVEL				

IS AN AIR DISPERSION MODELING ANALYSIS REQUIRED? ☐ YES ☐ NO

COMMENTS:

SECTION D
TOXIC MODELING WORKSHEET

If the applicant desires, the FCOEAP will perform the initial modeling compliance demonstration using EPA approved screening and, if applicable and where possible, refined models. If the model results indicate the facility will be unable to demonstrate c....

To perform the dispersion modeling compliance demonstration, the FCOEAP will require the following data:

1. INTRODUCTION	Provide a brief description of the facility, new source, or source modification.

2. EMISSIONS DATA	Facility- wide emission, by source, of all toxic(Rule 3Q .0704 Rule 3Q .0705(b) or (c), or Rule 3Q .0712) or all toxic affected by the new source of modification (Rule 3Q .0706 or Rule 3Q .0708) must be listed (as applicable).

TOXIC AIR POLLUTANT (TAP)		**MAXIMUM TOXIC AIR POLLUTANT (TAP) EMISSIONS (after controls)**			
Pollutant Name	CAS#	Source Id.	lbs/year	lbs/24 hours	lbs/hour

3. SOURCE DATA	Source data requirements are based on the appropriate source classification- each source emission is classified as a point, area, or volume source. NOTE: fugitive sources (individually or grouped) should be classified as a point, area or volume source.				
Point Source	**STACK DATA**				
Source ID					
Stack Description					
Stack Height (m) - AGL					
Stack Temperature (Kelvin)					
Stack Exit Velocity (m/s)					
Stack Diameter (m)					
Stack Base Elevation (m) - MSL					
Stack UTM Coordinates (m) - E					
- N					
Rain Cap? (Y/N)					
Vertical Stack? (Y/N)					
Shortest Distance to Property Boundary (m)					

AREA SOURCE	**AREA SOURCE DATA**				
Source ID					
Source Description					
Area Source Height (m)					
Area Source Length (m)					
Area Source Width (m)					
Source Base Elevation (m) - MSL					
Area Source UTM Coordinates (m) - E					
- N					
Shortest Distance to Property Boundary (m)					

VOLUME SOURCE	**VOLUME SOURCE DATA**				
Source ID					
Source Description					
Volume Source Height (m)					
Volume Source Length (m)					
Volume Source Building Height (m)					
Source base Elevation (m) - MSL					
Volume Source UTM Coordinates (m) - E					
- N					
Shortest Distance to Property Boundary (m)					

m - meters m/s - meters per second AGL - Above Ground Level
Kelvin(degrees) = 273+((F-32) x 5/9) MSL - Mean Sea Level UTM - Universal Transverse Mercator

4. SITE DATA	A detailed site diagram (certified map or platt, from the **County Register of Deeds Office)** must be included and should include the information listed below.

1. Property boundaries
2. Locations of all emission sources (existing and proposed) listed in section 2.
3. All existing and proposed buildings or structures on site.
4 All Public right-of-ways traversing the property) e.g., .roads, railroad tracks, rivers, etc.)
5. Scale and true north indicator.
6. Utm or latitude/longitude coordinates of at least one point (e.g., source or building corner).

5. BUILDING DATA	Complex or tiered structures may be treated as separate or combined structures-indicate building ID and, where applicable, tier number(e.g.Bldg.1 - T1)				
Building ID					
Building Description					
Building Height (m)					
Building Length (m)					
Building Width(m)					

6. MISCELLANEOUS DATA	Where applicable, provide the information requested below.
1. Facility Operating Limits (Operating hours, fuel limits, or other enforceable limits)	_____ _____ _____ _____ _____ _____ _____ _____ _____ If an operating schedule is not given, continuous operations will be assumed(i.e., 24 hours/day, 8760 hours/year) - NOTE if compliance is demonstrated using the above facility operating limits, these limits will be imposed as a permit restriction.
2. Facility Point of Contact	Name: _____ Title: _____ Phone: _____

SECTION D
SPECIFIC EMISSION SOURCE (EMISSION INFORMATION)

D3-1

(*see note in instructions concerning local air toxics regulations)

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE DESCRIPTION:

EMISSION SOURCE ID NO: ☐ YES ☐ NO

ALTERNATIVE OPERATING SCENARIO (AOS) NO:

POLLUTANT	EMISSION FACTOR TYPE	EMISSION RATE IN LBS/HR		EMISSION RATE IN LBS/YR	
		POTENTIAL	ACTUAL	POTENTIAL	ACTUAL

COMMENTS:

SECTION D

D3-2

SPECIFIC EMISSION SOURCE (REGULATORY ANALYSIS)

REVISED: 10/24/2000 **FORSTYH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPEARATE**

EMISSION SOURCE DESCRIPTION:

EMISSION SOURCE ID NO:

REGULATED POLLUTANT	EMISSION AND OPERATING LIMITS	APPLICABLE REGULATION

COMMENTS:

D3-3

EMISSION SOURCE (REDUCTION AND RECYCLING ACTIVITIES)

REVISED: 7/20/2001 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

FACILITY NAME:

CURRENT FACILITY PERMIT NUMBER (if applicable):

REPORTING REDUCTIONS FOR CALENDAR YEAR:

FACILITY-WIDE OR SPECIFIC EMISSION SOURCE?

IF SPECIFIC EMISSISON SOURCE, SOURCE I.D. NUMBER and DESCRIPTION:

POLLUTANT EMITTED	SOURCE REDUCTION ACTIVITIES (ENTER CODES*)	QUANTITY EMITTED LAST CALENDAR YEAR (LBS/YR)	QUANTITY EMITTED LAST CALENDAR YEAR (TONS/YR)	QUANTITY EMITTED THIS CALENDAR YEAR (LBS/YR)	QUANTITY EMITTED THIS CALENDAR YEAR (TONS/YR)	AMOUNT REDUCED (IF APPLICABLE) (LBS/YR)	AMOUNT REDUCED (IF APPLICABLE) (TONS/YR)	PLANNED REDUCTION ACTIVITIES CY: (ENTER CODES*)

COMMENTS:

Signature: **Date:**

* Refer to list of "Source Reduction and Recycling Activity Codes" included in instructions.

D4

SECTION D
EMISSION POINT SUMMARY

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

LIST ALL INFORMATION ASSOCIATED WITH EACH EMISSION POINT							
EMISSION POINT ID NO.	EMISSION POINT HIGHT (FT)	EQUIV. DIAM (FT)	TEMP. (F)	VELOCITY (FT/SEC)	FLOW RATE (ACFM)	EMISSION POINT DIRECTION	RAIN CAP? (Y OR N)

COMMENTS:

SECTION D

D5

FACILITY EMISSIONS SUMMARY

REVISED: 6/26/2012 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

POLLUTANT	CAS #	H/T/O	ANNUAL EMISSIONS IN LBS/YR	
			ACTUAL	POTENTIAL
PM				
PM10				
PM2.5				
SO2				
NOx				
CO				
VOC				
LEAD				

TOTAL FACILITY FIRING RATE FOR FOSSIL FUEL AND WOOD-FIRED BURNERS: _____ MILLION BTU/HR: _____

COMMENTS:

SECTION D

D5 FACILITY EMISSIONS SUMMARY (continued)

REVISED: 6/26/2012 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

POLLUTANT	CAS #	H/T/O	ANNUAL EMISSIONS IN LBS/YR	
			ACTUAL	POTENTIAL

SECTION D
D6 TECHNICAL ANALYSIS TO SUPPORT PERMIT APPLICATION

PROVIDE DETAILED TECHNICAL CALCULATIONS TO SUPPORT ALL EMISSION, CONTROL, AND REGULATORY DEMONSTRATIONS MADE IN THIS APPLICATION. INCLUDE A COMPREHENSIVE PROCESS FLOW DIAGRAM AS NECESSARY TO SUPPORT AND CLARIFY CALCULATIONS AND ASSUMPTIONS. ADDRESS THE FOLLOWING SPECIFIC ISSUES ON SEPARATE PAGES:

A. **SPECIFIC EMISSION SOURCE (EMISSION INFORMATION) (FORM D3-1) -** SHOW CALCULATIONS USED, INCLUDING EMISSION FACTORS, MATERIAL BALANCES, AND/OR OTHER METHODS FROM WHICH THE POLLUTANT EMISSION RATES IN THIS APPLICATION WERE DERIVED. INCLUDE CALCULATIONS OF POTENTIAL BEFORE AND, WHERE APPLICABLE, AFTER CONTROL. CLEARLY STATE ANY ASSUMPTIONS MADE AND PROVIDE ANY REFERENCES AS NEEDED TO SUPPORT MATERIAL BALANCE CALCULATIONS.

B. **SPECIFIC EMISSION SOURCE (REGULATORY INFORMATION)(FORM D3-2) -** PROVIDE AN ANALYSIS OF ANY REGULATIONS APPLICABLE TO INDIVIDUAL SOURCES AND THE FACILITY AS A WHOLE. INCLUDE A DISCUSSION OUTLINING METHODS (e.g. FOR TESTING AND/OR MONITORING REQUIREMENTS) FOR COMPLYING WITH APPLICABLE REGULATIONS, PARTICULARLY THOSE REGULATIONS LIMITING EMISSIONS BASED ON PROCESS RATES OR OTHER OPERATIONAL PARAMETERS. PROVIDE JUSTIFICATION FOR AVOIDANCE OF ANY FEDERAL REGULATIONS (PREVENTION OF SIGNIFICANT DETERIORATION [PSD], NEW SOURCE PERFORMANCE STANDARDS [NSPS], NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS [NESHAPS], TITLE V), INCLUDING EXEMPTIONS FROM THE FEDERAL REGULATIONS WHICH WOULD OTHERWISE BE APPLICABLE TO THIS FACILITY. SUBMIT ANY ANALYSES REQUIRED TO DOCUMENT COMPLIANCE WITH ANY REGULATIONS. INCLUDE EMISSION RATES CALCULATED IN ITEM "A" ABOVE, DATES OF MANUFACTURE, CONTROL EQUIPMENT, ETC. TO SUPPORT THESE CONCLUSIONS.

C. **CONTROL DEVICE ANALYSIS (SECTION C) -** PROVIDE A TECHNICAL EVALUATION WITH SUPPORTING REFERENCES FOR ANY CONTROL EFFICIENCIES LISTED ON SECTION C FORMS, OR USED TO REDUCE EMISSION RATES IN CALCULATIONS UNDER ITEM "A" ABOVE. INCLUDE PERTINENT OPERATING PARAMETERS (E.G. OPERATING CONDITIONS, MANUFACTURER RECOMMENDATIONS, AND PARAMETERS AS APPLIED FOR IN THIS APPLICATION) CRITICAL TO ENSURING PROPER PERFORMANCE OF THE CONTROL DEVICE(S). INCLUDE ANY LIMITATIONS OR MALFUNCTION POTENTIAL FOR THE PARTICULAR CONTROL DEVICES AS EMPLOYED AT THIS FACILITY. DETAIL PROCEDURES FOR ASSURING PROPER OPERATION OF THE CONTROL DEVICE INCLUDING MONITORING SYSTEMS AND MAINTAINENCE TO BE PERFORMED.

D. **PROCESS AND OPERATIONAL COMPLIANCE ANALYSIS -** SHOWING HOW COMPLIANCE WILL BE ACHIEVED WHEN USING PROCESS, OPERATIONAL, OR OTHER DATA TO DEMONSTRATE COMPLIANCE. REFER TO COMPLIANCE REQUIREMENTS IN THE REGULATORY ANALYSIS IN ITEM "B" WHERE APPROPRIATE. LIST ANY CONDITIONS OR PARAMETERS THAT CAN BE MONITORED AND REPORTED TO DEMONSTRATE COMPLIANCE WITH THE APPLICABLE REGULATIONS.

COMMENTS:

SECTION E

E1

TITLE V INFORMATION

REVISED: 10/24/2000 **FORSTYH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

IF YOUR FACILITY IS CLASSIFIED AS "MAJOR" FOR TITLE V YOU MUST COMPLETE THIS FORM AND ALL OTHER REQUIRED "E" FORMS (E2 THROUGH E8 AS APPLICABLE).

INDICATE HERE IF YOUR FACILITY IS SUBJECT TO TITLE V BY ☐ CATEGORY OR ☐ EMISSIONS

IF SUBJECT BY CATEGORY, INDICATE THE CATEGORY:

IF SUBJECT BY EMISSION LEVEL, COMPLETE THE FOLLOWING:

POLLUTANT(S) FOR WHICH THE FACILITY IS MAJOR	*EMISSION RATE (SPECIFY UNITS)*

IF YOUR FACILITY IS SUBJECT TO SECTION 112(r) "PREVENTION OF ACCIDENTAL RELEASE" OF THE CLEAN AIR ACT, HAVE YOU PREPARED, RETAINED ON SITE, AND SUBMITTED TO EPA A RISK MANAGEMENT PLAN? ☐ YES ☐ NO

ARE YOU OR WILL YOU BE SUBJECT TO ANY MAXIMUM ACHIEVABLE CONTROL TECHNOLOGY STANDARDS (MACTS) ISSUED PURSUANT TO SECTION 112 (d) OF THE CLEAN AIR ACT?
IF SO, SPECIFY:

LIST ANY ADDITIONAL REGULATIONS WHICH ARE REQUESTED TO BE INCLUDED IN THE PERMIT SHIELD AND PROVIDE AN EXPLANATION FOR THE REQUESTED SHIELD:

REGULATION	

SECTION E

E2

TITLE V INSIGNIFICANT ACTIVITIES SUMMARY

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

INSIGNIFICANT ACTIVITIES PER FCAQTC 3Q .0503(8)		
DESCRIPTION OF EMISSION SOURCE	**UNITS**	**BASIS FOR EXEMPTION**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

E3

SECTION E

EMISSION SOURCE LISTING (INITIAL TITLE V FACILITY)

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

REVISED: 6/26/2012

FOR INITIAL TITLE V APPLICATIONS DO NOT USE FORM A4.

EMISSION SOURCE ID NO.	EMISSION SOURCE DESCRIPTION	CONTROL DEVICE ID NO.	CONTROL DEVICE DESCRIPTION	EMISSION POINT ID NO. or "FUGITIVE"

SECTION E

E4

COMPLIANCE PLAN (METHOD OF COMPLIANCE)

REVISED: 6/21/2010 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

EMISSION SOURCE ID NO. REGULATED POLLUTANT _____
APPLICABLE REGULATION

ALTERNATIVE OPERATING SCENARIO (AOS) NO:

ATTACH A SEPARATE PAGE TO EXPAND ON ANY OF THE BELOW COMMENTS

MONITORING REQUIREMENTS

IS COMPLIANCE ASSURANCE MONITORING (CAM) APPLICABLE ☐ YES ☐ NO
IS CAM MONITORING PLAN ATTACHED? ☐ YES ☐ NO
MONITORING DEVICE TYPE:
MONITORING LOCATION:
OTHER MONITORING METHODS (DESCRIBE IN DETAIL):

DESCRIBE THE FREQUENCY AND DURATION OF MONITORING AND HOW THE DATA WILL BE RECORDED (i.e., every 15 minutes, 1 minute instantaneous readings taken to produce an hourly average):

TEST METHODS

REFERENCE TEST METHOD DESCRIPTION:

REFERENCE TEST METHOD CITATION:

RECORDKEEPING REQUIREMENTS

DATA (PARAMETER) BEING RECORDED:

FREQUENCY OF RECORDKEEPING (HOW OFTEN IS DATA RECORDED):

REPORTING REQUIREMENTS

GENERALLY DESCRIBE WHAT IS REPORTED:

FREQUENCY: ☐ MONTHLY ☐ QUARTERLY ☐ ONCE EVERY 6 MONTHS
☐ OTHER (DESCRIBE):

SECTION E

E5

TITLE V COMPLIANCE CERTIFICATION

REVISED: 10/24/2000 **FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

In accordance with the provisions of FCAQTC 3Q .0520 the responsible company official of:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, NC : _____

COUNTY: _____

PERMIT NUMBER : _____

CERTIFIES THAT:

1. *For applicable requirements with which the facility is in compliance, the facility shall continue to comply with such requirements;*

2. *For applicable requirements that will become effective during the permit term, the facility shall comply with such requirements;*

3. *Or applicable requirements for which the facility is not in compliance at the time of permit issuance, a narrative description of how the equipment will achieve compliance with the applicable requirements has been submitted to the Forsyth County Office of Environmental Assistance and Protection; and*

4. *The facility shall fulfill applicable compliance assurance monitoring requirements and submit a compliance certification as required by the EPA and 40 CFR Part 64.*

Schedule for Submission of Compliance Certifications During the Term of The Permit:

Frequency of Submittal _____ Beginning _____

The undersigned certifies under the penalty of law that all information and statements provided in the application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

_____ Date _____

Signature of responsible company official

_____

Name, Title of responsible company official (Type or print)

E6

SECTION E
COMPLIANCE SCHEDULE

COMPLIANCE STATUS WITH RESPECT TO ALL APPLICABLE REQUIREMENTS

Will each emission source at your facility be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements?

☐ YES ☐ NO **If NO**, complete **A** through **F** below for each requirement for which compliance is not achieved.

Will your facility be in compliance with all applicable requirements taking effect during the term of the permit and meet such requirements on a timely basis?

☐ YES ☐ NO **If NO**, complete **A** through **F** below for each requirement for which compliance is not achieved.

A. Identify emission source ID No.: _____

B. Identify applicable requirement for which compliance is not achieved:

_____
_____
_____
_____
_____
_____

C. Narrative description of how compliance will be achieved with this applicable requirements:

_____
_____
_____
_____
_____
_____

D. Detailed Schedule of Compliance:

Step(s)	Date Expected

E. Frequency for submittal of progress reports (6 month minimum):

_____

F. Starting date of submittal of progress reports: _____

E7

SECTION E
TITLE V MINOR MODIFICATION

REVISED 10/24/2000 **FORSYTH COUNTY- APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE**

FACILITY NAME:	CDS PLANT ID (10 digits): 37067
PERMIT NO:	

NEW OR MODIFIED EQUIPMENT

ES ID NO.	EMISSION SOURCE DESCRIPTION	CD ID NO.	CONTROL DEVICE DESCRIPTION	EP ID NO.

DESCRIPTION OF MODIFICATION :

EMISSIONS CHANGES RESULTING FROM MODIFICATION

POLLUTANT	POTENTIAL EMISSIONS CHANGE (tpy)	POLLUTANT	POTENTIAL EMISSIONS CHANGE (tpy)
PM		VOC	
SO2		LEAD	
NOx		HAP	
CO			

COMPLETED D3-2 FORMS ATTACHED? ☐YES ☐ NO (D3-2 FORMS MUST ALSO BE INCLUDED WITH THE STANDARD CONSTRUCTION AND OPERATION APPLICATION [SECTION 3Q .0300])

REQUEST FOR GROUP PROCESSING: ☐YES ☐NO	IF "YES" ATTACH INFORMATION REQUIRED BY RULE 3Q .0515(b)(2)
DRAFT PERMIT ATTACHED: ☐ YES ☐ NO	IF "NO" A DRAFT PERMIT WILL BE PROVIDED BY THIS OFFICE.

CERTIFICATION

The undersigned certifies that the proposed modification meets the criteria for using modification procedures set out in Rule 3Q .0515.

The undersigned certifies under the penalty of law that all information and statements provided in this application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

Signature of responsible company official _____ Date _____

Name, Title of responsible company official (Type or print) _____

SECTION E

E8

SECTION 502 (B) (10) CHANGE NOTIFICATION

REVISED 10/24/2000 **FORSTYH COUNTY- APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE**

FACILITY NAME:	CDS PLANT ID(10 digits): 37067
PERMIT NO:	ANTICIPATED DATE OF CHANGE:

NEW OR MODIFIED EQUIPMENT

ES ID NO.	EMISSION SOURCE DESCRIPTION	CD ID NO.	CONTROL DEVICE DESCRIPTION	EP ID NO.

DESCRIPTION OF CHANGES

EMISSIONS CHANGE RESULTING FROM CHANGE

POLLUTANT	POTENTIAL EMISSIONS CHANGE(tpy)	POLLUTANT	POTENTIAL EMISSION CHANGE(TPY)
PM		VOC	
SO2		LEAD	
NOx		HAP	
CO			

PERMIT CONDITIONS NOT APPLICABLE AFTER CHANGE

ES ID NO.	NONAPPLICABLE PERMIT CONDITIONS	ES ID NO.	NONAPPLICABLE PERMIT CONDITIONS

NOTIFICATION MAILED TO EPA REGION4? ☐ YES ☐ NO

CERTIFICATION

This change does not exceed the allowable emission rates for regulated pollutants affected by the change and does not constitute a Title I modification. This change does not violate applicable requirements or contravene federally enforceable permit terms and conditions that are monitoring (including test methods), recordkeeping, reporting, or compliance certification requirements. Based on information and belief formed after reasonable inquiry, the statements and information in this notification and associated permit application are true, accurate, and complete.

Signature of responsible company official

Date

Name, Title of responsible company official (Type or print)

SECTION E

E9

TITLE V RENEWAL

REVISED 6/26/2012

GENERAL INFORMATION

FACILITY NAME: _____

SITE ADDRESS: _____

_____

CITY: _____

MAILING ADDRESS : _____

_____

CITY: _____

STATE: _____ ZIP CODE: _____

ON-SITE CONTACT PERSON: _____ TITLE: _____

PHONE: _____ FAX: _____ EMAIL: _____

LEGAL CORPORATE OWNER: _____

TECHNICAL CONTACT: _____ TITLE: _____

ADDRESS: _____ CITY: _____

_____ STATE: _____ ZIP CODE: _____

PHONE: _____ _____ EMAIL: _____

RESPONSIBLE OFFICIAL: _____ TITLE: _____

ADDRESS: _____ CITY: _____

_____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

CURRENT PERMIT NO: _____ EXPIRATION DATE: _____

TITLE V APPLICABILITY

☐ CAP EMISSIONS ☐ HAP EMISSIONS ☐ OTHER EMISSIONS ☐ CATEGORY: _____

POLLUTANT(S) FOR WHICH THE FACILITY IS MAJOR

_____ _____

_____ _____

_____ _____

_____ _____

NEW APPLICABLE REQUIREMENTS

LIST ANY APPLICABLE REGULATIONS OR REQUIREMENTS NOT INCLUDED IN THE CURRENT PERMIT

LIST ANY APPLICABLE REGULATIONS THAT WILL BECOME EFFECTIVE DURING THE NEXT PERMIT TERM

For requirements not included in the current permit or that will become effective during the next permit term, appropriate forms must be included with the renewal application describing the affected equipment (B forms) and any associated control devices (C forms), emissions (D3-1 form), applicable requirements (D3-2 form), supporting information and calculations (D6 form), compliance method (form E4), and compliance schedule (form E6). If modifications to your facility are required to comply with an applicable requirement, you may also be required to submit additional forms, and an application processing fee.

CERTIFICATION

In accordance with the provisions of Forsyth Air Quality Technical Code Rule 3Q .0513 the responsible official hereby formally requests renewal of the above referenced air quality permit and further certifies that:

1. The current air quality permit identifies and describes all emissions units at the above subject facility, except where such units are exempted under the Forsyth County Title V regulations at FCAQTC Rule 3Q .0500.
2. Except as specified under NEW APPLICABLE REQUIREMENTS, the current air quality permit cites all applicable requirements and provides the method or methods for determining compliance with the applicable requirements.
3. The facility is currently in compliance, and shall continue to comply, with all applicable requirements. (Note: As provided under FCAQTC Rule 3Q .0512 compliance with the conditions of the permit shall be deemed compliance with the applicable requirements specifically identified in the permit.).
4. The facility will comply with applicable requirements that become effective during the term of the renewed permit on a timely basis.
5. The facility shall fulfill applicable enhanced monitoring requirements and submit a compliance certification as required by 40 CFR Part 64 AND FORM E4 Compliance Assurance Monitoring (CAM) Plan.

The undersigned certifies under the penalty of law that all information and statements provided in the application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

SIGNATURE OF RESPONSIBLE OFFICIAL	TITLE	DATE

PRINTED NAME