ALLEGHENY COUNTY HEALTH DEPARTMENT
AIR QUALITY PROGRAM
301 39TH STREET, CLACK HEALTH CENTER BUILDING 7, PITTSBURGH, PA 15201-1811
PHONE 412.578.8103 • 24-HR: 412.687.ACHD (2243)
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT

Air Quality Permit Application Form

SECTION 1. PERMIT DESCRIPTION

Check Type of Permit:		
	Installation	**Operating**
Initial		
New Construction		
Major Modification		
Minor Modification		
Reactivation		
Temp.Source/Multi.Loc		
New Permit		
Renewal		
Adm. Permit Amend.		
Other (Explain Below)		

This permit application is for a:

Major Source	
Minor Source	
Synthetic Minor Source (See Section 10)	

Amount enclosed:

$_____

FOR ACHD USE ONLY

Permit Number: _____

Completeness: _____

Administration: _____

Engineering: _____

Assigned to: _____

Brief Description of Permit Application/Source:

SECTION 2. APPLICANT INFORMATION

Applicant Type Code	Applicant Name or Registered Fictitious Name		**FOR ACHD USE ONLY**
First Name	M. I.	Last Name	
Title			Relationship of Applicant to Permitted Activity. See instructions for appropriate code.
Mailing Address (Street # and Name or P. O. Box #, Box #, RR #, RD #)			
City	State	Zip Code + Extension	
Telephone	FAX	E-mail	

SECTION 3. SITE INFORMATION

Facility Site Name			Federal Tax Identification Number
Address (Street #, Street Prefix, Street Name, Street Type, Street Suffix) ***P. O. BOX # IS NOT ACCEPTABLE***			
Municipality	State	Zip Code + Extension	
Telephone (Day)	Telephone (Eve.)	FAX	

SECTION 3. (cont.)

MAP LOCATION: Please provide the Universal Transverse Mercator (UTM) coordinates or the exact latitude and longitude of the plant. UTM coordinates are preferable to latitude and longitude and can be determined from US Geological Survey 7.5 Minute 1:24,000 scale maps.

Attach a drawing of your source showing all emission points. Number each stack S001, S002, S003, etc., and number each fugitive emission location F001, F002, etc. Identify roads as paved or unpaved, marking all parking lots (see Form E). Identify the plant boundary on the map. Include local roads and other necessary identifiers that will allow the Department to locate your source on County-wide maps.

UTM North _____ Or Latitude _____ Degrees _____ Minutes _____ Seconds NORTH

UTM East _____ Or Longitude _____ Degrees _____ Minutes _____ Seconds WEST

PLANT PROPERTY _____ Acres or _____ Square feet

BUILDING AREA _____ Acres or _____ Square feet

GIVE TRAVEL DIRECTIONS FROM DOWNTOWN PITTSBURGH:

DESCRIPTION OF BUSINESS

GIVE A BRIEF DESCRIPTION OF BUSINESS OR ACTIVITY CARRIED OUT AT THIS LOCATION:

PRINCIPAL PRODUCT(S):

APPROXIMATE NUMBER OF EMPLOYEES: _____
If employment is seasonal, give the typical peak employment and indicate what season.

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE FOR THIS LOCATION:
If there is more than one activity at this location, provide the Standard Industrial Code (SIC) for the principal activity, and other SIC codes in descending order of importance.

Primary SIC Code: _____ Primary activity: _____

Secondary SIC Code: _____ Secondary activity: _____

Tertiary SIC Code: _____ Tertiary activity: _____

SECTION 4. ENVIRONMENTAL CONTACT		
First Name	M. I.	Last Name
Title		
Telephone	FAX	
Mailing Address (Street # and Name or P. O. Box #, Box #, RR #, RD #)		
City	State	Zip Code + Extension
E-mail		

SECTION 5: APPLICABLE REQUIREMENTS

In this section, briefly describe all applicable federal, state, or local air rules or requirements pertaining to the facility or any part of the facility.

"Applicable requirements" can come from any of the following:

(i.) Regulations that have been promulgated or approved by the EPA under the Clean Air Act or the regulations adopted under the Clean Air Act through rulemaking at the time of issuance but have future-effective compliance dates.

(ii.) A regulation under Allegheny County Article XXI (Air Pollution Control), including those incorporated by reference.

(iii.) A term or condition of any installation or operating permits issued pursuant to the County air quality regulations.

(iv.) A standard or other requirement under Section 111 of the Clean Air Act, including subsection (d).

(v.) A standard or other requirement under Section 112 of the Clean Air Act (42 U.S.C.A. □ 7412), including any requirement concerning accident prevention under subsection (r) (7).

(vi.) A standard or other requirement of the acid rain program under Title IV of the Clean Air Act (42 U.S.C.A.□□ 7641 - 7651o) or the regulations promulgated under the Clean Air Act.

(vii.) Requirements established under Section 504(b) or Section 114(a)(3) of the Clean Air Act (42 U.S.C.A. □ 7414(a)(3).

(viii.) A standard or other requirement governing solid waste incineration, under Section 129 of the Clean Air Act (42 U.S.C.A. □ 7429).

(ix.) A standard or other requirement for consumer and commercial products, under Section 183(e) of the Clean Air Act (42 U.S.C.A. □ 7511b(e)).

(x.) A standard or other requirement for tank vessels, under Section 183(f) of the Clean Air Act (42 U.S.C.A. □ 7511b).

(xi.) A standard or other requirement of the program to control air pollution from outer continental shelf sources, under Section 328 of the Clean Air Act (42 U.S.C.A. □ 7627).

(xii.) A standard or other requirement of the regulations promulgated to protect stratospheric ozone under Title VI of the Clean Air Act (42 U.S.C.A. □□ 7671-7671q), unless the Administrator of the EPA has determined that such requirements need not be contained in a Title V permit.

(xiii.) A national ambient air quality standard or increment or visibility requirement under Title I, Part C of the Clean Air Act (42 U.S.C.A. □□ 7470-77491), but only as it would apply to temporary sources permitted pursuant to Section 504(e) of the CAA (42 U.S.C.A. □ 7661d).

Include any regulations that are final, but may require controls to be put on, or lower emission rates to come into effect in the future. Be as specific as necessary. For example, if you have boilers rated at 10, 70, and 100 MMBtu, then for sulfur dioxide emissions list Article XXI 2104.03 a.1, 2, and 3. When you complete the Forms for specific operations, you will be requested to repeat those requirements unique to that unit. Include general emission requirements, such as 2104.04, odor emissions, if they apply.

If there are any limitations on source operation affecting emissions or any work practice standards, provide details in this section. Include supporting documents, if necessary. If the facility is claiming any exemptions to a part of an applicable requirements stated above or any other requirements, clearly identify what section. Copy this page as needed, and attach these additional pages to this section.

An example of how Section 5.A might be completed:

Emission Regulation	**Description**
Art. XXI □ 2104.02.a.2	**PM** 0.40 #/10^6 BTU
Art. XXI □ 2104.03.a.1	**SO_2** 1.0 #/10^6 BTU
Art. XXI □ 2104.01.a	**Opacity** □20% for ≤3 min./hr. or 60% at no time
Art. XXI □ 2105.06.d.1	Low **NOx** Burners w/overfire air

List and summarize all applicable federal, state, or local air rules or requirements pertaining to the facility or any part of the facility. Also describe any regulated work practice standards that affect air emissions. Include any regulations that are in place, but have delayed deadlines for compliance. (COPY THIS PAGE AS NEEDED)

REGULATION	DESCRIPTION

SECTION 6: METHOD OF DEMONSTRATING COMPLIANCE

List the method of demonstrating compliance with each of the emission standards (these may become conditions of the Operating Permit):

A. Compliance Method/ Monitoring Devices:

EMISSION UNIT #	POLLUTANT	REFERENCE TEST METHOD OR COMPLIANCE METHOD OR MONITORING DEVICE	FREQUENCY / DURATION OF SAMPLING
Attach any details that would further explain the method of compliance.			

B. Record keeping and Reporting:

1. List what parameter will be recorded and the frequency of recording:

PARAMETER	FREQUENCY

2. Describe what is to be reported and the frequency of reporting? (Reports must be submitted at least every six (6) months)

DESCRIPTION	FREQUENCY

3. Beginning reporting date: __ /__ /__

COPY THIS PAGE AS NEEDED

SECTION 7: COMPLIANCE PLAN

A source may apply for and receive an Operating Permit if one or more emission units are out of compliance with a regulation, provided that an adequate plan is in place to bring the unit(s) into compliance.

A.__ 1. At the time of this permit application is your source in compliance with all applicable requirements, and do you expect your source to remain in compliance with these requirements during the permit duration (with the exception noted in item C)?

__ Yes __ No

2. Will your source be in compliance with all applicable requirements scheduled to take effect during the term of the permit, and will they be met by the applicable deadline?

__ Yes __ No

B.__ If you checked "No" for any question in Part A, please attach information identifying the requirement(s) and emission units for which compliance is not achieved, briefly describe how compliance will be achieved with the applicable requirement(s), and provide a detailed Schedule of Compliance (i.e., a schedule of remedial measures, including an enforceable sequence of actions with milestones and projected compliance dates). Title this portion of the document "Schedule M: Compliance Information". Indicate the frequency for submittal of progress reports (at least every six (6) months) and the starting date for submittal of progress reports.

C.__ Do you have scheduled shutdown of control equipment for maintenance while the emission units are still operating?

__ Yes __ No

If yes, attach a description of the equipment that will be taken out of service, what pollutants and emission sources are affected, the schedule and duration of the shutdown, and what actions will be taken to minimize emissions.

SECTION 8: OTHER PERMITS

Do you own or are you related to any other permitted company in Pennsylvania?

__ Yes __ No

If so, please list the company names:

SECTION 9: COMPLIANCE CERTIFICATION

You are required to submit a certificate of compliance with all applicable requirements and a method of determining compliance with those requirements (CEMS, monitoring, tests, record keeping and other reporting). Compliance certifications are to be submitted at least on an annual basis. Please answer the following:

Schedule for Submission of Compliance Certification during the term of the permit:

___ We will submit a Compliance Certification annually at the same time as the submittal of the annual administrative fee. OR

___ Beginning on: __ /__ /__

CERTIFICATION OF COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS

A "responsible official" must sign this certification. Applications without original signed certifications or necessary corporate authorizations will be returned as incomplete.

Except for the requirements identified in Section 7 for which compliance is not yet achieved, I hereby certify that, based on information and belief formed after reasonable inquiry, the source identified in this application is in compliance with all applicable air requirements.

Signature of Responsible Official

Name and Title of Signer (Print or Type)

Mailing Address (Street # and Name or P. O. Box #, RR #, RD #, Box #)

City, State, and Zip Code + Extension

Date: __/__/__

SECTION 10: SYNTHETIC MINOR

A Major source may, at its option, choose to place limits on its operation or emissions in order to become a "Synthetic Minor" source, and not be subject to the additional requirements of a Major source. These limits will become permit restrictions and will be federally enforceable.

Does this application include any requested restrictions?
__ Yes __ No

If so, have these restrictions caused this site to go below Major source thresholds and become a Synthetic Minor?
__ Yes __ No

Is this facility requesting to become a Synthetic Minor source?
__ Yes __ No
(Please check the box on the top of page 1 as well.)

Be sure to include on each source information sheets, Forms A, B, and C, a complete description of the limitations that make this source a Synthetic Minor. Attach extra pages, if needed.

SECTION 11: INFORMATION FOR INSTALLATION PERMITS

Is this a new Major source or Major Modification for any criteria pollutant which is in or impacting a non-attainment area?
__ Yes __ No

If yes, list below for which pollutant(s).

Attach all required documents required under Article XXI, sections 2102.05 and 2102.06.

Is this a new Major source or Major Modification for any criteria pollutant which is in or impacting an attainment area or unclassified area?
__ Yes __ No

If yes, list below for which pollutant(s).

Attach all required documents required under Article XXI, sections 2102.05 and 2102.07.

A source applying for a Minor Installation Permit may request public review at this time.

Are you requesting public review for a Minor Installation Permit?

__ Yes __ No

SECTION 12: ALTERNATIVE OPERATING SCENARIOS

This permit allows for certain flexibility in operations. Please note the explanation of this section in the instructions. While filling out your permit application, consider all the different operating scenarios you might want to operate under during the 5-year term of your permit. This may include a change in inks or solvents, operating schedules, or other expected departures from operations that cannot be adequately described in the main body of the permit application.

Do you seek approval of any alternative operating scenario?

__ Yes __ No

If "Yes": Complete Form N to provide complete information for each alternative operating scenario to be employed at this location. Duplicate pages as needed.

Please note that there may be additional reporting requirements for alternative scenarios.

SECTION 13: ADDITIONAL SUBMITTALS

A form must be submitted for each process, boiler, incinerator, etc., as indicated below. Provide the numbers of each type of unit below, and submit the designated form for each unit. Also, identify each criteria pollutant and other regulated pollutant emitted by this source (facility). See Article XXI, definition of hazardous air pollutant and section 2101.10. Include also other pollutants not regulated, but with known emission rates. Provide the total below, and submit an emissions summary for each pollutant. List below all attachments made for this application. All applicable forms must be attached to each copy of the application.

__ Number of Processes - Submit one Form A for each process. Number each P001, P002, etc.
__ Number of Boilers - Submit one Form B for each boiler. Number each B001, B002, etc.
__ Number of Incinerators - Submit Form C for each incinerator. Number each I001, I002, etc.
__ Number of storage tanks - Submit one Form D for each tank or group of tanks. Number each D001, D002, etc.
__ Dry bulk materials storage and handling - Submit Form E.
__ Roads and vehicles - Submit Form F.
__ Miscellaneous fugitive emissions - Submit Form G.
__ Number of Form F: Roads and Vehicles.
__ Number of Form G: Miscellaneous Fugitive Emissions.
__ Number of Form K: One Emissions Summary Form for Each Pollutant.
__ Number of Form M: One Form M for each.
__ Number of Form N: One Form N for each scenario.

Are map(s)/drawing(s) attached? __ Yes __ No

Are required documents attached pertaining to an Installation Permit? __ Yes __ No

Are other comments/notes attached? __ Yes __ No

Is a **Best Available Control Technology (BACT) analysis attached for installations?** __ Yes __ No

Is a **Compliance Assurance Monitoring** (CAM) **Plan** (40 CFR Part 64) attached? (applicable to Title V Operating Permit Renewals.) __ Yes __ No

SECTION 14: ANNUAL APPLICATION / ADMINISTRATION FEE CALCULATION

(*These fees are accurate from 01/012022 through 12/31/2025)*

INSTALLATION PERMIT APPLICATION - Check all that pertain to this application:

If this source is applicable to more than one category listed below, it is subject to the **highest** of the applicable fees, not to the total.

A	☐	Prevention of Significant Deterioration ($32,500)
B	☐	Involving ACHD Development of a MACT Standard ($9,500)
C	☐	ACHD Establishment of a MACT standard ($9,500)
D	☐	Any source subject to an existing NSPS, NESHAP, or MACT ($2,500)
E	☐	Any other Installation Permit ($2,500)
F	☐	Modification to an existing Installation Permit ($1,500)

Installation Permit Fee $ _____

OPERATING PERMIT APPLICATION - Check all that pertain to this application:

A. ***Base fee*** (New Minor/Synthetic Minor Source - $2,500.00 / Major Source - $5,000.00): $ _____
(Renewal Minor/Synthetic Minor Source - $2,100.00 / Major Source - $4,000.00)

B. **Hazardous Air Pollutant Source fee** - (Major Source only - if any "hazardous air pollutants" (see §2101.10) are listed on Form K, add 50% of operating permit fee.) +$ _____

C. **Acid Rain Source fee** (Major Source only - if any "acid rain" regulations are listed in Section 5, add 50% of operating permit fee.) +$ _____

D. **Adjusted Base fee** - Add A., B., and C.: =$ _____

E. **Noncomplying Source fee** (if "No" is checked in Section 7 Part A)
Add 50% of the "Adjusted Base fee" from line D. above: +$ _____

F. **Total Fee Due** - Add D. and E.: =$ _____

Additional, less frequently encountered, fees can be found on the ACHD website.

Checks are to be made payable to the "ACHD Air Pollution Control Fund."

All minor sources that apply for Operating Permits will be required to pay an annual maintenance fee of $500 for small minor sources, $2000.00 for minor sources, and $4,000 for synthetic minor sources. Major sources are also required to pay annual emissions fees. These are to be paid at the scheduled submittal of the annual emissions inventory.

SECTION 14. BILLING CONTACT		
First Name	M. I.	Last Name
Title		
Telephone		FAX
Mailing Address (Street # and Name or P. O. Box #, Box #, RR #, RD #):		
City	State	Zip Code + Extension
E-mail		

SECTION 15: SIGNATURES AND CERTIFICATION

CERTIFICATION OF COMPLETED APPLICATION

CERTIFICATION {for corporate applicants: Attach Certificate of Corporate Authority}

Subject to the penalties of Title 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities, I certify that I have the authority to submit this Permit Application on behalf of the applicant named herein and that the information provided in this Application is true and correct to the best of my knowledge and information.

Signature **Date**

Name – Print or Type

Title – Print or Type

Mailing Address – Print or Type

City, State, and Zip Code + Extension – Print or Type

( ) **( )**

Day Phone Number **Fax Phone Number**

Signature of Preparer of Form (if different than applicant).

Signature

Name, Mailing Address, and Phone# - Print or Type

{For corporations:
Certificate of Corporate Authority must be completed, by the Corporate Secretary, and attached}

CERTIFICATE OF CORPORATE AUTHORITY

I, _____, certify that I am the Secretary of the corporation named above; that _____, who has signed this document on behalf of the corporation was then _____ of the said corporation; and that I know his/her signature and his/her signature is genuine; and that said Agreement was fully signed, sealed, and attested for and in behalf of said corporation by authority of its governing body.

ATTESTED TO BY: _____ DATE: ___/___/_____

{Signature}

NAME:

{Print or type}

TITLE:

[AFFIX CORPORATE SEAL]

PERMIT APPLICATION FORM A
PROCESS OPERATIONS

PLANT NAME AND LOCATION: _____

PART I - DESCRIPTION OF PROCESS (MAKE A COPY OF SCHEDULE A FOR EACH PROCESS.)

Company Identification or Description: _____

Installer: _____ Installation Date: _____

Contractor (if operated by another): _____

Design __ Charging or __ Production rate (specify units): _____

Total Annual Production (specify units normally used): _____

Raw Materials: _____

Materials Produced: _____

Process Operation Units: (Name and Previous County Permit Number, if any)

(1.) _____

(2.) _____

(3.) _____

(4.) _____

(5.) _____

(6.) _____

Diagram of Process Flow: Attach a separate sheet with a drawing of a flow diagram of this process, labeling each segment listed under Process Operation Segments. Label product intake points and product discharge points for each segment. Label emissions discharge points and the location of emissions control devices.

PART II - PROCESS OPERATION SCHEDULE

A. Normal schedule: (Provide information for last year. If a new unit, please estimate)

Hours/day _____ Days/week _____ Weeks/year _____ Hours/year _____

Start time __:__ _____ End time __:__ _____

Seasonal: Periods correspond to seasons instead of calendar quarters. The first season is split to include December, January, and February of the calendar year reported.

Percent of Annual Production

December, January, & February _____ June, July, & August _____

March, April, & May _____ September, October, & November _____

B. Requested limits: (Limitations on operating hours are optional.) Choose One:

__ 8760 hours (no limitations) or

__ I/We request the following limitation -- **This may become a federally enforceable permit condition:** Describe how this can be enforced: either list an operating schedule or downtime (e.g. only operate 8:00 to 4:00) or an operating hour reporting requirement.

_____ Total days x _____ Hours/day = _____ Hours/year

PART III - FUELS

A. Normal operation (Provide information for last year. If a new unit, please estimate)

____ Year _____ or _____ Estimate	Primary	Secondary	Other	Other
Type:				
Max Amount/hour				
Sulfur Content (% wt):				
Ash Content (% wt):				
BTU Rating (specify units)				
Annual Fuel Consumption				
Seasonal Fuel Consumption (%):				
December, January, and February				
March, April, and May				
June, July, and August				
September, October, and November				

Fuel Mixing: If more than one fuel is used, explain usage, stating whether it is burned separately, mixed in a fixed ratio of__:__ (give units such as BTU, mmcf, gallons per ton, etc.), mixed in a variable ratio of__:__ to __:__, determined by __ (give reason).

B. Requested limits (limitations on operations are optional, but may allow a Major source to be exempted from some requirements) **These may become permit conditions**. Please check one:

__ Full use of any fuel or combination at any time (no limitations)

__ The following limitations on types of fuels or the combination of fuels are requested (describe how compliance with this method will be demonstrated)

PART IV - OTHER LIMITATIONS

Identify any other requested limitations, such as on production rates or materials use. Describe how compliance with these restrictions will be demonstrated. **These limitations may become permit conditions**.

PART V - APPLICABLE REQUIREMENTS

Describe all applicable requirements affecting air emissions for this unit.

Regulation #	Requirements

PART VI - EMISSION CONTROLS

Complete the following applicable sections for each pollution control device. Attach additional sheets to provide sufficient information and engineering calculations to support the contol device performance.

On the space to the left of each device, number the device(s) by the order in which they process the waste stream(s). Fill out the requested information, then complete the table for efficiencies by pollutant for each device.

Percent Capture _____ % (not control efficiency)
Gas flow through control units _____ @ _____ ^{o}F

_____ **BAGHOUSE (fabric collector)**

Manufacturer's Name and Model _____
Type of bag material _____
Total filter cloth area _____ sq. ft., air to cloth ratio _____
Bag cleaning method: _____ , cycle _____ min
Pressure Drop: clean _____ "H_20, dirty _____ "H_20

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading

_____ **ELECTROSTATIC PRECIPITATOR**

Manufacturer's Name and Model: _____
Type: __ Single Stage, __ Two Stage, __ Plate, __ Tube
Total collecting area: _____ sq. ft., cleaning cycle _____ min.
Gas Velocity: _____ ft./sec. corona power _____ kw
Bulk resistivity of dust: _____ ohm-cm Moisture content of gases: _____ vol. %

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading

_____ **CYCLONE (dry gas only)**

Manufacturer's Name and Model: _____
Gas Inlet: width _____ ft., height _____ ft.
Diameter: gas outlet _____ ft., cyclone cylinder (s) _____ ft.
Length of cyclone: _____ ft., no. of cylinder(s) _____ Pressure Drop _____ "H_2O

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading

PART VI - EMISSION CONTROLS (CONTINUED)

_____ **CONDENSER**

Manufacturer's Name and Model: _____

Type: surface _____ , contact _____

Heat transfer area: _____ sq. ft., max process pressure _____ psia

Heat duty: _____ BTU/hr. Coolant temp: inlet _____ ^{o}F outlet _____ ^{o}F

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

_____ **WET COLLECTOR**

Manufacturer's Name and Model: _____

Type: __ venturi, __ cyclone, __ spray chamber, __ packed bed

Entrainment/separator: type _____ , bed depth _____

Type & construction of chemicals added to the scrubbing liquid:

Pressure drop _____ "H_2O

Scrubbing liquid: flow rate _____ gpm, inlet temp. _____ ^{o}F, outlet temp. _____ ^{o}F

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

_____ **AFTERBURNER**

Manufacturer's Name and Model: _____

Type: __ direct flame, __ catalytic

If catalytic: inlet temp. _____ ^{o}F, outlet temp. _____ ^{o}F, catalyst life _____

If direct flame: internal volume _____ cu. ft., average temp. _____ ^{o}F

Residence time at average temp. _____ sec

Auxiliary fuel: max. rating _____ BTU/hr. set point _____ ^{o}F, _____ BTU/hr.

Size of Chamber _____ cu. ft., flow rate _____

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading (gn./cu. ft.)

_____ **ADSORPTION EQUIPMENT**

Manufacturer's Name and Model: _____

Type: __ Continuous, __ Fixed bed

Adsorbing material: _____ , Bed depth _____ in., Flow area _____ sq. ft.

Breakthrough (breakpoint) time: _____ , Pressure Drop: _____ "H_2O

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

PART VI - EMISSION CONTROLS (CONTINUED)

_____ **OTHER TYPES** Name and describe. Attach complete details.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

FUGITIVE DUST CONTROLS: Describe below or attach a complete explanation of all controls of fugitive emissions not discussed in Form E - Roads or Form F - Storage Piles.

PART VII - STACK DATA

Stack data must be provided for each flue, duct, pipe, stack, chimney or conduit (stacks) at which collected emissions are vented to open air through a restricted opening.

Stack Identification: _____

UTM East _____ UTM North _____ or

Longitude _____ Latitude _____

Most important stacks have been located on topographic or air navigation charts. If you know the UTM coordinates or latitude and longitude, provide this information. If there is a number of stacks close together, a common location may be used

Stack Height: _____ ft. Ground level elevation _____ ft. Diameter _____ ft.

Material

Outer: _____ lining: _____

Exit temperature (^{o}F): _____ Exit Velocity: _____ f/s.

Exhaust Rate: _____ (ACFM) % Moisture: _____

Nearest building to stack:

distance _____ ft. height _____ ft. length _____ ft. width _____ ft.

Processes Sharing Stack: If more than one process shares a stack, list them and estimate relative contribution of each.

Description _____

Contribution to emissions from stack _____ %

Description _____

Contribution to emissions from stack _____ %

Description _____

Contribution to emissions from stack _____ %

Description _____

PART VIII - REMARKS

Attach calculations and reference all emission factors for Allowable, Potential to Emit, and Actual Emissions to this sheet. Reference all emission factors and efficiencies of control equipment.

PART IX - EMISSIONS

PART 9a: EMISSIONS -- SHORT TERM LB/HR (POUNDS PER HOUR) OR OTHER _____

Pollutant	PM	PM10	SO_2	CO	NO_X	VOC	LEAD	
Allowable								
Maximum Potential								
Actual or Estimated								

Pollutant								
Allowable								
Maximum Potential								
Actual or Estimated								

PART 9b: EMISSIONS -- ANNUAL TPY (TONS PER YEAR)

Pollutant	PM	PM10	SO_2	CO	NO_X	VOC	LEAD	
Allowable								
Maximum Potential								
Actual or Estimated								

Pollutant								
Allowable								
Maximum Potential								
Actual or Estimated								

PART IX - EMISSIONS (CONTINUED)

List all known pollutants, including, but not limited to those found under Article XXI section 2101.20 in the definition of Hazardous Air Pollutants.

Transfer this information to the summary emissions sheets.

PERMIT APPLICATION FORM B
FUEL BURNING OR COMBUSTION EQUIPMENT

PLANT NAME AND LOCATION: _____

Schedule B requires information on boilers, heaters, and other combustion units. Complete one form for each unit, making copies of this form as needed.

PART I - DESCRIPTION OF COMBUSTION UNIT (MAKE A COPY OF SCHEDULE B FOR EACH UNIT)

Company Identification or Description: _____

Unit Make: _____ Unit Model: _____

Description of Unit and Type of Firing (e.g. spreader stoker, traveling grate, etc.)

Installer: _____ Installation Date: __ /__ /__

Contractor (if operated by another): _____

Installation Date: __ /__ /__ Your Identification: _____

Previous County Air Pollution Permit Number (if any): _____

Rated Capacity (BTU/hr) _____ Maximum Capacity (BTU/hr):

Normal Use (BTU/hr) _____

Percent of Heat Used for:

Power Generation _____ % process _____ % space heating _____ % (Annual average)

PART II - OPERATION SCHEDULE

A. Normal schedule: (Provide information for last year. If a new unit, please estimate)

Hours/day _____ Days/week _____ Weeks/year _____ Hours/year _____

Start time __:__ End time __:__

Seasonal: (Periods correspond to seasons instead of calendar quarters. The first season is split to include December, January, and February of the calendar year reported.)

Percent of Annual Production

December, January, & February _____ June, July, & August _____

March, April, & May _____ September, October, & November _____

B. Requested limits: (limitations on operating hours are optional) Choose One:

__ 8760 hours (no limitations) or

__ I/We request the following limitation -- **This may become a federally enforceable permit condition:** Describe how this can be enforced: Either list an operating schedule or downtime (e.g. only operate 8:00 to 4:00) or an operating hour reporting requirement.

_____	Total days x	_____	Hours/day =	_____ Hours/year

PART III - FUELS

A. Normal operation (Provide information for last year. If a new unit, please estimate)

____ Year _____ or _____ Estimate

	Primary	Secondary	Other	Other
Type:				
Max Amount/hour				
Sulfur Content (% wt):				
Ash Content (% wt):				
BTU Rating (specify units)				
Annual Fuel Consumption				
Seasonal Fuel Consumption (%):				
December, January & February				
March, April, and May				
June, July, and August				
September, October, & November				

Fuel Mixing: If more than one fuel is used, explain usage, stating whether it is burned separately, mixed in a fixed ratio of__:__ (give units such as BTU, mmcf, gallons per ton, etc.), mixed in a variable ratio of__:__ to __:__, determined by __ (give reason).

B. Requested limits (limitations on operations are optional, but may allow a Major source to be exempted from some requirements) **These may become permit conditions**. Please check one:

__ Full use of any fuel or combination at any time (no limitations) OR

__ The following limitations on types of fuels or the combination of fuels (describe how compliance with this method will be demonstrated):

PART IV - OTHER LIMITATIONS

Identify any other requested limitations, such as on production rates or materials use. Describe how compliance with these restrictions will be demonstrated. **These limitations may become permit conditions**.

PART V - APPLICABLE REQUIREMENTS

Describe all applicable air requirements for this source.

Regulation #	Requirements

PART VI - EMISSION CONTROLS

Complete the following applicable sections for each pollution control device. Attach additional sheets to provide sufficient information and engineering calculations to support the contol device performance.

On the space to the left of each device, number the device(s) by the order in which they process the waste stream(s). Fill out the requested information, then complete the table for efficiencies by pollutant for each device.

Percent Capture _____ % (not control efficiency)
Gas flow through control units _____ @ _____ ^{o}F

_____ **BAGHOUSE (fabric collector)**

Manufacturer's Name and Model: _____
Type of bag material: _____
Total filter cloth area: _____ sq. ft. air to cloth ratio _____
Bag cleaning method: _____ cycle _____ minute(s)
Pressure Drop: clean _____ "H_20, dirty _____ "H_20

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading

_____ **ELECTROSTATIC PRECIPITATOR**

Manufacturer's Name and Model: _____
Type: __ single stage, __ two stage, __ plate, __ tube
Total collecting area: _____ sq. ft. cleaning cycle _____ min
Gas Velocity: _____ ft./sec. corona power _____ kw
Bulk resistivity of Dust: _____ ohm-cm Moisture content of gases _____ vol. %

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading

_____ **CYCLONE (dry gas only)**

Manufacturer's Name and Model: _____
Gas Inlet: width _____ ft., height _____ ft.
Diameter: gas outlet _____ ft., cyclone cylinder (s) _____ ft.
Length of cyclone: _____ ft., no. of cylinder(s) _____ Pressure Drop _____ "H_2O

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading

PART VI - EMISSION CONTROLS (CONTINUED)

_____ **CONDENSER**

Manufacturer's Name and Model: _____

Type: surface _____ , contact _____

Heat transfer area: _____ sq. ft., max process pressure _____ psia

Heat duty: _____ BTU/hr. Coolant temp: inlet _____ °F outlet _____ °F

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

_____ **WET COLLECTOR**

Manufacturer's Name and Model: _____

Type: __ venturi, __ cyclone, __ spray chamber, __ packed bed

Entrainment/separator: type _____ , bed depth: _____

Type & construction of chemicals added to the scrubbing liquid:

Pressure drop _____ "H_2O

Scrubbing liquid: flow rate _____ gpm, inlet temp. _____ °F, outlet temp. _____ °F

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

_____ **AFTERBURNER**

Manufacturer's Name and Model: _____

Type: __ direct flame, __ catalytic

If catalytic: inlet temp. _____ °F, outlet temp. _____ °F, catalyst life _____

If direct flame: Internal volume _____ cu. ft., average temp. _____ °F

Residence time at average temp. _____ sec

Auxiliary fuel: max. rating _____ BTU/hr. set point _____ °F, _____ BTU/hr.

Size of Chamber _____ cu. ft. flow rate _____

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading (gn./cu. ft.)

_____ **ADSORPTION EQUIPMENT**

Manufacturer's Name and Model: _____

Type: __ continuous, __ fixed bed

Adsorbing material: _____ bed depth _____ in., flow area _____ sq. ft.

Breakthrough (breakpoint) time: _____ Pressure drop: _____ "H_2O

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

PART VI - EMISSION CONTROLS (CONTINUED)

_____ **OTHER TYPES:** Name and describe. Attach complete details.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

FUGITIVE DUST CONTROLS: Describe below or attach a complete explanation of all controls of fugitive emissions not discussed in Form E - Roads or Form F - Storage Piles.

PART VII - STACK DATA

Stack data must be provided for each flue, duct, pipe, stack, chimney or conduit (stacks) at which collected emissions are vented to open air through a restricted opening.

Stack Identification: _____

UTM East _____ UTM North _____ or

Longitude _____ Latitude _____

Most important stacks have been located on topographic or air navigation charts. If you know the UTM coordinates or latitude and longitude, provide this information. If there is a number of stacks close together, a common location may be used

Stack Height: _____ ft. Ground level elevation _____ ft. Diameter _____ ft.

Material

Outer: _____ Lining: _____

Exit temperature (F): _____ Exit Velocity: _____ (f/s).

Exhaust rate: _____ (ACFM) % Moisture: _____

Nearest building to stack:

Distance _____ ft. height _____ ft. length _____ ft. width _____ ft.

Processes Sharing Stack: If more than one process shares a stack, list them and estimate relative contribution of each.

Description _____

Contribution to emissions from stack _____ %

Description _____

Contribution to emissions from stack _____ %

Description _____

Contribution to emissions from stack _____ %

Description _____

PART VIII - REMARKS

Attach calculations and reference all emission factors for Allowable, Potential to Emit, and Actual Emissions to this sheet. Reference all emission factors and efficiencies of control equipment.

PART IX - EMISSIONS

PART 9a: EMISSIONS -- SHORT TERM LB/HR (POUNDS PER HOUR) OR OTHER _____

Pollutant	Particulate	PM10	SO2	CO	NO_X	VOC	LEAD	
Allowable								
Maximum Potential								
Actual or Estimated								

Pollutant								
Allowable								
Maximum Potential								
Actual or Estimated								

PART 9b: EMISSIONS -- ANNUAL TPY (TONS PER YEAR)

Pollutant	Particulate	PM10	SO2	CO	NOX	VOC	LEAD	
Allowable								
Maximum Potential								
Actual or Estimated								

Pollutant								
Allowable								
Maximum Potential								
Actual or Estimated								

PART IX - EMISSIONS (CONTINUED)

List all known pollutants, including, but not limited to those found under Article XXI section 2101.20 in the definition of Hazardous Air Pollutants.

Transfer this information to the summary emissions sheets.

PERMIT APPLICATION FORM C
SOLID WASTE INCINERATOR

PLANT NAME AND LOCATION: _____

Schedule C requires information on incinerators. Complete one form for each unit, making copies of this form as needed. Do not use this form for afterburners used as control devices.

PART I - DESCRIPTION OF COMBUSTION UNIT (MAKE A COPY OF SCHEDULE C FOR EACH UNIT)

Company Identification or Description: _____

Unit Make: _____ Model and Class: _____

American Incinerator Association Class of Waste _____ @ _____ BTU/lb as fired

Daily Amount Waste _____ Lbs. (__) Estimated, (__) Actual

Installer: _____ Installation Date: __ /__ /__

Contractor (if operated by another): _____

Installation Date: __ /__ /__ Your Identification: _____

Previous County Air Pollution Permit Number (if any): _____

Primary Combustion Chamber:	Length	_____ ft.	____ in.	Grate Area	_____	sq. ft.
	Width	_____ ft.	____ in.	Burner capacity	_____	BTU/hr
	Height	_____ ft.	____ in.	Hearth area	_____	sq. ft.
	Volume	_____ cu. ft.		Heat release	_____	BTU/hr/cu ft
Secondary Combustion Chamber:	Length	_____ ft.	____ in.	Smallest Area	_____	sq. ft.
	Width	_____ ft.	____ in.	Burner capacity	_____	BTU/hr
	Height	_____ ft.	____ in.	Max velocity	_____	ft/sec
	Volume	_____ cu. ft.				
	Flue Gas Flow	_____ acfm@	_____ °F	_____ %	% excess air	

Attach a flow diagram of all waste and fuel streams

PART II - OPERATION SCHEDULE

A. Normal schedule: (Provide information for last year. If a new unit, please estimate)

Hours/day _____ Days/week _____ Weeks/year _____ Hours/year _____

Start time __:__ End time __:__

Seasonal: (Periods correspond to seasons instead of calendar quarters. The first season is split to include December, January, and February of the calendar year reported.)

Percent of Annual Production

December, January, & February _____ June, July, & August _____

March, April, & May _____ September, October, & November _____

B. Requested limits: (limitations on operating hours are optional) Choose One:

__ 8760 hours (no limitations) or

__ I/We request the following limitation – **This may become a federally enforceable permit condition:** Describe how this can be enforced: Either list an operating schedule or downtime (e.g. only operate 8:00 to 4:00) or an operating hour reporting requirement.

Total days x	Hours/day =	Hours/year
_____	_____	_____

PART III - FUELS

A. Normal operation (Provide information for last year. If a new unit, please estimate)

____ Year _____ or _____ Estimate

	Primary	Secondary	Other	Other
Type:				
Max amount/hour				
Sulfur content (% wt):				
Ash content (% wt):				
BTU Rating (specify units)				
Annual Fuel Consumption				
Seasonal Fuel Consumption (%):				
December, January and February				
March, April, and May				
June, July, and August				
September, October, and November				

Fuel Mixing: If more than one fuel is used, explain usage, stating whether it is burned separately, mixed in a fixed ratio of__:__ (give units such as BTU, mmcf, gallons per ton, etc.), mixed in a variable ratio of__:__ to __:__, determined by __ (give reason).

B. Requested limits (limitations on operations are optional, but may allow a Major source to be exempted from some requirements) **These may become permit conditions**. Please check one:

____ Full use of any fuel or combination at any time (no limitations) OR

____ The following limitations on individual fuels or the combination of fuels (describe how compliance with this method will be demonstrated):

PART IV - OTHER LIMITATIONS

Identify any other requested limitations, such as on production rates or materials use. Describe how compliance with these restrictions will be demonstrated. **These limitations may become permit conditions**.

PART V - APPLICABLE REQUIREMENTS

Describe all applicable air requirements for this source.

Regulation #	Requirements

PART VI - EMISSION CONTROLS

Complete the following applicable sections for each pollution control device. Attach additional sheets to provide sufficient information and engineering calculations to support the contol device performance.

On the space to the left of each device, number the device(s) by the order in which they process the waste stream(s). Fill out the requested information, then complete the table for efficiencies by pollutant for each device.

Percent Capture _____ % (not control efficiency)
Gas flow through control units _____ @ _____ ^{o}F

_____ **BAGHOUSE (fabric collector)**

Manufacturer's Name and Model: _____
Type of bag material: _____
Total filter cloth area: _____ sq. ft. air to cloth ratio _____
Bag cleaning method: _____ cycle _____ min
Pressure Drop: clean _____ "$H_2$0, dirty _____ "$H_2$0

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading Corr. To 7% O_2 (gn/cu. ft)

_____ **ELECTROSTATIC PRECIPITATOR**

Manufacturer's Name and Model: _____
Type: __ single stage, __ two stage, __ plate, __ tube
Total collecting area: _____ sq. ft. cleaning cycle _____ min
Gas Velocity: _____ ft./sec. corona power _____ kw
Bulk resistivity of Dust: _____ ohm-cm Moisture Content of gases _____ vol. %

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading Corr. To 7% O_2 (gn/cu. ft)

_____ **CYCLONE (dry gas only)**

Manufacturer's Name and Model: _____
Gas inlet: width _____ ft., height _____ ft.
Diameter: gas outlet _____ ft., cyclone cylinder (s) _____ ft.
Length of cyclone: _____ ft., no. of cylinder(s) _____ Pressure Drop _____ "H_2O

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading Corr. To 7% O_2 (gn/cu. ft)

PART VI - EMISSION CONTROLS (CONTINUED)

_____ **CONDENSER**

Manufacturer's Name and Model: _____

Type: surface _____ , contact _____

Heat transfer area: _____ sq. ft., Max process pressure _____ psia

Heat duty: _____ BTU/hr. Coolant temp: inlet _____ ^{o}F, outlet _____ ^{o}F

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

_____ **WET COLLECTOR**

Manufacturer's Name and Model: _____

Type: __ venturi, __ cyclone, __ spray chamber, __ packed bed

Entrainment/separator: type _____ , bed depth: _____

Type & construction of chemicals added to the scrubbing liquid:

Pressure drop _____ "H_2O

Scrubbing liquid: flow rate _____ gpm, inlet temp. _____ ^{o}F, outlet temp. _____ ^{o}F

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

_____ **AFTERBURNER**

Manufacturer's Name and Model: _____

Type: __ direct flame, __ catalytic

If catalytic: inlet temp. _____ ^{o}F, outlet temp. _____ ^{o}F, catalyst life _____

If direct flame: internal volume _____ cu. ft., average temp. _____ ^{o}F

Residence time at average temp. _____ sec

Auxiliary fuel: max. rating _____ BTU/hr. set point _____ ^{o}F, _____ BTU/hr.

Size of Chamber _____ cu. ft. flow rate _____

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Grain Loading Corr. To 7% O_2 (gn/cu. ft)

_____ **ADSORPTION EQUIPMENT**

Manufacturer's Name and Model: _____

Type: __ continuous, __ fixed bed

Adsorbing material: _____ bed depth _____ in., flow area _____ sq. ft.

Breakthrough (breakpoint) time: _____ Pressure drop: _____ "H_2O

Pollutant	Efficiency (%)	Basis for Efficiency	Outlet Concentration (ppm)

PART VI - EMISSION CONTROLS (CONTINUED)

_____ **OTHER TYPES** Name and describe. Attach complete details.

FUGITIVE DUST CONTROLS: Describe below or attach a complete explanation of all controls of fugitive emissions not discussed in Form E - Roads or Form F - Storage Piles.

PART VII - STACK DATA

Stack data must be provided for each flue, duct, pipe, stack, chimney or conduit (stacks) at which collected emissions are vented to open air through a restricted opening.

Stack Identification: _____

UTM East _____ UTM North _____ or

Longitude _____ Latitude _____

Most important stacks have been located on topographic or air navigation charts. If you know the UTM coordinates or latitude and longitude, provide this information. If there is a number of stacks close together, a common location may be used

Stack Height: _____ Ft. Ground level elevation _____ Ft. Diameter _____ Ft.

Material

Outer: _____ Lining: _____

Exit temperature (F): _____ Exit Velocity: _____ (f/s)

(ACFM) %

Exhaust Rate: _____ Moisture: _____

Nearest building to stack:

distance _____ ft. height _____ ft. length _____ ft. width _____ Ft.

Processes Sharing Stack: If more than one process shares a stack, list them and estimate relative contribution of each.

Description _____

Contribution to emissions from stack _____ %

Description _____

Contribution to emissions from stack _____ %

Description _____

Contribution to emissions from stack _____ %

Description _____

PART VIII - REMARKS

Attach calculations and reference all emission factors for Allowable, Potential to Emit, and Actual Emissions to this sheet. Reference all emission factors and efficiencies of control equipment.

PART IX - EMISSIONS

PART 9a: EMISSIONS -- SHORT TERM LB/HR (POUNDS PER HOUR) OR OTHER _____

Pollutant	PM	PM10	SO_2	CO	NO_X	VOC	LEAD	
Allowable								
Maximum Potential								
Actual or Estimated								

Pollutant								
Allowable								
Maximum Potential								
Actual or Estimated								

PART 9b: EMISSIONS -- ANNUAL TPY (TONS PER YEAR)

Pollutant	PM	PM10	SO_2	CO	NO_X	VOC	LEAD	
Allowable								
Maximum Potential								
Actual or Estimated								

Pollutant								
Allowable								
Maximum Potential								
Actual or Estimated								

PART IX - EMISSIONS (CONTINUED)

List all known pollutants, including, but not limited to those found under Article XXI section 2101.20 in the definition of Hazardous Air Pollutants.

Transfer this information to the summary emissions sheets.

PERMIT APPLICATION FORM D
STORAGE TANKS

Tanks situated at a common location in the facility and storing the same materials, or vented through a common control device may be grouped together for reporting purposes if the emissions from individual tanks are small. A diagram should be attached showing the locations of grouped tanks. A separate listing should be provided for Part I for each tank. Part II and estimates of emissions should be for the group. Emissions from liquid or gas storage tanks that condense to form solids in ambient air should be included in emissions estimates as particulate TSP and/or PM10.

PART I - DESCRIPTION OF STORAGE TANKS (MAKE A COPY OF SCHEDULE E FOR EACH STORAGE TANK)

Company Identification or Description: _____

Installer: _____ Installation Date: __ /__ /__

Prior Allegheny County Air Pollution Permit No. _____

Capacity _____ (specify units) Age: _____ (years)

Diameter _____ (ft) Height _____ (ft)

Paint Color _____ Loading Type _____

Materials Normally Used

Common Name _____ Chemical Name _____

Chemical Abstract Service # _____ Liquid Molecular Weight _____

Vapor Pressure _____ psia at _____ (temperature)

Type of tank (check appropriate spaces):

Underground _____ Pressure Tank _____ Surface _____

If the tank is a surface tank:

_____ No Roof

_____ Fixed Roof

Roof Paint Color _____ Shell Paint Color _____

Paint Condition _____ Average Vapor Space Height _____ (ft)

Pressure Relief Valve Setting:

Pressure _____ psia

Vacuum _____

Vapor Recovery System (Description)

Control Efficiency _____ %

Gas Blanketing System Gas _____ Amt Used _____

_____ Floating Roof (specify internal or external floating roof.)

_____ External Floating Roof

Primary Seal Type _____

Secondary Seal Type _____

_____ Internal Floating Roof

Primary Seal Type _____

Deck Construction Type _____

Tank Construction Type _____

PART II - OPERATING SCHEDULE

Throughput (specify units):
Annual _____ Daily _____

Maximum turnovers per year: _____

Seasonal: Periods correspond to seasons instead of calendar quarters. The first season is split to include December, January, and February.

Seasonal Percentage of Total Throughput:

December, January, & February _____ % June, July, & August _____ %
March, April, & May _____ % September, October, & November _____ %

Dates tank is not normally in use: from _____ __ /__ /__ _____ TO _____ __ /__ /__ _____

PART III - CONTROL DEVICES

Describe any control devices, including any gas blanketing system noted above.

PART IV - EMISSIONS - ANNUAL TPY

Pollutant	PM	PM10	SO_2	CO	NO_X	VOC	LEAD	
Allowable								
Maximum Potential								
Actual or Estimated								

Pollutant								
Allowable								
Maximum Potential								
Actual or Estimated								

List all known pollutants, including, but not limited to those found under Article XXI section 2101.20 in the definition of Hazardous Air Pollutants.

Transfer this information to the summary emissions sheets.

PERMIT APPLICATION FORM E
DRY BULK MATERIALS STORAGE AND HANDLING

This form reports particulate emissions from wind erosion of bulk materials stockpiles, from additions and retrievals of material, and from stockpile maintenance. It includes materials stored under cover and in silos. Storage piles including hazardous materials such as lead compounds or asbestos should be reported here. A separate form should be prepared for each stockpile. Mining, excavation, crushing, and other materials processing should be treated as processes and reported on Form A.

PART I - DESCRIPTION OF STORAGE PILE (MAKE A COPY OF SCHEDULE E FOR EACH STORAGE PILE)

Open and enclosed stockpiles of raw materials, intermediate products, and finished products should be reported. Include silos in reporting types of stockpile covering.

Company Identification or Description: _____

UTM East: _____ UTM North: _____ (center of pile)

Type of Material Stored (Generic Name): _____

Major Chemical Components (list, with percentages of each):

Moisture Content: _____ % Silt Content: _____ %

Height of Pile (give units): _____

Uncovered: _____ acres or _____ square feet

If covered or enclosed:

Type of cover: _____

Estimated Control Efficiency: _____ %

PART II - **STORAGE PILE TRANSFERS**

For the purpose of this schedule, stockpile transfers include either adding material onto a pile and removal of material from a pile. This schedule does not include loading or unloading from barges, rail cars or other transport, or transportation and marketing of dry materials, which should be reported as processes on Form A.

Normal Inventory: _____ (Tons)

Estimated	Additions (tons)	Retrievals
December, January, and February		
March, April, and May		
June, July, and August		
September, October, and November		
Annual storage losses (tons)		

PART III - **EQUIPMENT**
Immobile equipment or equipment that is dedicated to the particular stockpile should be reported as fixed or dedicated units. Mobile equipment or equipment that may be moved to another area of the plant should be reported as transient or mobile units. This may include bulldozers, backhoes, or other large, mobile equipment that works on or around a stockpile. Percent utilization is the percentage of operating time (hours divided by annual hours) that equipment is in operation on the storage pile.

Fixed or Dedicated Units

	Name	Size (Capacity)	% Utilization
(1.)			
(2.)			
(3.)			
(4.)			
(5.)			
(6.)			

Transient or Mobile Units

	Name	Size (Capacity)	% Utilization
(1.)			
(2.)			
(3.)			
(4.)			
(5.)			
(6.)			

PART IV - **DUST CONTROL MEASURES (describe):**

PART V - **EMISSION ESTIMATES**

A. Wind Erosion

	PM10		TSP	
	Lb./hr.	TPY	Lb./hr.	TPY
Uncontrolled				
Controlled				

B. Stockpile Activity (Storage and Retrieval)

	PM10		TSP	
	Lb./hr.	TPY	Lb./hr.	TPY
Uncontrolled				
Controlled				

C. Stockpile Activity Maintenance

	PM10		TSP	
	Lb./hr.	TPY	Lb./hr.	TPY
Uncontrolled				
Controlled				

Attach calculations and reference all emission factors for Allowable, Potential to Emit, and Actual emissions for this sheet. Reference all emission factors and efficiencies of control equipment.

PERMIT APPLICATION FORM F
ROADS AND VEHICLES

This form covers fugitive emissions from vehicles and vehicle travel on paved and unpaved roads and parking lots within the plant property. Plants with only normal business traffic of light duty vehicles and paved parking lots with capacity less than one hundred cars are not required to submit Form F.

PART I - ROADS

Paved Roads: _____ (miles) Unpaved Roads: _____ (miles)
Parking Lots (area): _____ (specify units)

PART II - VEHICLES

Light-Duty Gasoline Vehicles (LDGV) _____ (average weekly number)

Estimated Total Vehicle Miles Traveled _____

Seasonal Usage (%)	Paved Areas	Unpaved Areas
December, January, and February		
March, April, and May		
June, July, and August		
September, October, and November		
Annual Storage Losses (tons)		

Heavy-Duty Gasoline Vehicles (HDGV) Estimated Annual Fuel Consumption _____ (gal)

Estimated Total Vehicle Miles Traveled _____ Ave. Wgt. _____

Seasonal Usage (%)	Paved Areas	Unpaved Areas
December, January, and February		
March, April, and May		
June, July, and August		
September, October, and November		
Annual Storage Losses (tons)		

Heavy-Duty Diesel Vehicles (HDDV) Estimated Annual Fuel Consumption _____ (gal)

Estimated Total Vehicle Miles Traveled _____ Ave. Wgt. _____

Seasonal Usage (%)	Paved Areas	Unpaved Areas
December, January, and February		
March, April, and May		
June, July, and August		
September, October, and November		
Annual Storage Losses (tons)		

Road Dust Emissions

	TSP	PM10
Uncontrolled Emissions		
Control Efficiency		
Controlled (Actual) Emissions		

Dust Control Measures (Describe):

Transfer this information to the summary emissions sheets.

PERMIT APPLICATION FORM G
MISCELLANEOUS FUGITIVE EMISSIONS

This form is for reporting miscellaneous fugitive emissions which are not reported in forms A-F. Fugitives are emissions which escape into the plant air or outdoor air by means other than a flue or duct. Fugitives associated with a particular process should be reported on the form for that process. For example, fugitives from a paper coating line would be reported for that line. Fugitives from several segments may be grouped together. Fugitives not associated with any one process should be reported here as "Plant Fugitives." Examples are dust (TSP) and fine particulates (PM_{10}) from abrasive blasting or construction/demolition, VOC and/or air toxics from cleanup, painting or maintenance, or chemicals from laboratory experiments or hoods. A separate form G should be completed for each type or category of activity. Additional forms may be attached if there are more than four (4) pollutants for the activity.

Process Description or Miscellaneous Activity (describe):

Give a verbal description of the activity reported, such as construction projects, abrasive blasting, painting, cleaning, or other activity that has no relation to regular plant processes. State the type of abrasives, cleaners, or paints used, and other information that would be helpful in estimating dust or evaporative emissions.

GASES AND LIQUIDS

Common Name:				
Chemical Name:				
CAS #:				
Use:				
Quantity Purchased (units):				
Annually:				
Daily:				
Seasonal Use: (%)				
December, January, and February:				
March, April, and May:				
June, July, and August:				
September, October, and November:				
Volatiles Wgt % or lb./gal. OR				
Total Volatiles				
Amt Volatiles Recovered and Shipped Off Site				
Amount Emitted				

PARTICULATE EMISSIONS

	TSP	**PM10**
Estimated amount of particulates generated per unit of activity		
Estimated total amount of particulates		
Seasonal Distribution (%)		
December, January, and February:		
March, April, and May:		
June, July, and August:		
September, October, and November:		
Controls (describe):		
Efficiency (%)		
Net Emissions		

Allegheny County Health Department
Air Quality Program

PERMIT APPLICATION FORM K

SUMMARY OF EMISSIONS

Name of Owner/Operator _____ Plant Name _____

Pollutant _____ CAS No. _____ Year for actual emissions _____ or _____ estimated

POINT	UNITS DISCHARGING TO THIS STACK	EMISSION SOURCE DESCRIPTION	ANNUAL THROUGHOUT UNITS	ALLOWABLE UNITS	POTENTIAL	ACTUAL
TOTAL EMISSIONS FOR THIS SOURCE (FACILITY)						

If this is a NON-CRITERIA POLLUTANT, include the CAS number. For the fields "Point" and "Units discharging to this stack," use the identifying numbers from your plant drawing. For a more complete explanation of emissions, see definitions in Article XXI.

Allowable emissions are the maximum allowable by regulation. Calculate using the capacity of the unit unless restricted by operation limits, and the most strict regulation pertaining to that unit. Calculate for the shortest term regulated (one hour, one day….). Reflect the time period when defining the units.

Potential to emit (Potential on the chart) is the maximum capacity to emit contaminants, including fugitive emissions, under the physical and operational design of the unit. Include any permitted or regulated restrictions to operate. The Potential to Emit values should be less than or equal to the Allowable emissions.

Actual emissions are the best estimate of the latest year of emissions from each unit. For those that are new, actual emissions would be an estimate of a normal annual operation. Please note that sources will be required to submit an annual emissions report and may be required to pay an annual emissions fee. This report and fee payment will be made under a separate document.

Copy this page to report additional pollutants

PERMIT APPLICATION FORM M
SOURCE OUT OF COMPLIANCE

FORM M Sources Out of Compliance

There is no Form M included in this application form. Strategies for bringing non-complying sources into compliance will vary so widely from source to source that it would not be useful to provide a form for completion. Provide your own description and label it Form M. Include enough detail that it is clear what emission units are not in compliance and of what regulations they are not in compliance. Provide a detailed schedule of compliance. This would include an installation schedule, changes in operations, a leak detection program schedule -- whatever it will require to bring the emission unit into compliance. Make sure that the dates are manageable; they may be included in the permit, and become enforceable. Regular reports on the progress of reaching compliance are required every six months (they may be more frequent if desired).

PERMIT APPLICATION FORM N
ALTERNATIVE OPERATING SCENARIO

A: GENERAL INFORMATION

1. Alternative Scenario Number (Plan #): _____
2. Give a general description of the changes involved in this alternative scenario:

3. Please Identify the emissions units affected in the Table below:

Emission Unit #	Type of Emission Unit	Changes in the Process / Changes in the Project / Other Changes	SIC/SCC Associated with Scenario

4. Describe and cite all applicable requirements pertaining to this alternative scenario:

B: COMPLIANCE METHOD

Emission Unit #	Pollutant	Compliance Method	Reference Test Method	Monitoring Device	Frequency / Duration of Sampling

Attach any other related information which would further explain the method of compliance.

C: RECORDKEEPING AND REPORTING

1. List what parameter will be recorded and the frequency of recording:

2. Describe what is to be reported and the frequency of reporting? (Reports must be submitted at least every six (6) months

3. Beginning reporting date: __ /__ /__