

Air Quality Operating Permit Application

1.0: General Information

Agency Use Only

Program ID:

Air _____

Section 1.2: Administrative Information and Certification

SOURCE NAME: _____

DATE: _____

DWEE FACILITY ID: _____

PLEASE READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION PRIOR TO COMPLETING THIS FORM.

Please type responses or use black ink. Do **NOT** use pencil.

DWEE Information

1) DWEE Facility ID#: _____ (leave blank if unknown)

Owner Information

2) Name: _____

3) Mailing Address: _____

4) City: _____

5) State: **Nebraska**

6) Zip: _____

7) If the owner is a business, is it incorporated? ☐ No ☐ Yes

If Yes, name of state where incorporated: _____

8) Is the source located within 50 miles of another state?

☐ No ☐ Yes

If Yes, indicate which state(s):

☐ Colorado ☐ Iowa ☐ Kansas ☐ Missouri ☐ South Dakota ☐ Wyoming

☐ Tribal Land ☐ Omaha Air Quality Control ☐ Lincoln Lancaster County Health Department ☐ National Parks

Source Information

9) Common Name of Source: _____

10) Source Description: _____

11) Standard Industrial Classification (SIC) Code(s): _____

12) North American Industry Classification System (NAICS) Code(s): _____

13) Physical Address: _____

14) City: _____

15) State: **Nebraska**

16) Zip: _____

17) County: _____

1/4

1/4

Section: _____

Township: _____

Range: _____

18) UTM Coordinates: Zone: _____

X: _____

Y: _____

19) Is the source located on leased property? ☐ No ☐ Yes (if yes, complete 19-24 below)

20) Property Owner Name: _____

21) Property Owner Mailing Address: _____

22) Property Owner City: _____

23) State: _____

24) Zip: _____

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SOURCE NAME: _____	DATE: _____
DWEE FACILITY ID: _____	

Source Contact Information		
25) Contact Person:		
26) Contact Person's Title or Responsibility:		
27) Phone Number:	29) Fax Number:	
28) Alternate Phone Number:	30) E-mail Address:	
31) Should the DWEE contact someone other than the Source Contact for questions? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, fill in 32-37 below)		
32) Additional Contact's Name:		
33) Additional Contact's Company:		
34) Phone Number:	36) Fax Number:	
35) Alternate Phone Number:	37) E-mail Address:	
Contact Information (continued)		
38) Draft permit documents should be sent to: <input type="checkbox"/> Source Contact <input type="checkbox"/> Primary Contact <input type="checkbox"/> Other (fill in 39-48)		
39) Draft Document Recipient's Name and Title:		
40) Draft Document Recipient's Mailing Address:		
41) Draft Document Recipient's City:	42) State:	43) Zip:
44) Phone Number:	46) Fax Number:	
45) Alternate Phone Number:	47) E-mail Address:	
Operating Schedule		
48) Is this source operated seasonally? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give range of months:		
49) Operating Hours of source (seasonal and non-seasonal facilities): Hours per Day: Days per Week: Weeks per Year:		

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Project Information		
<p>50) This application is for (check one):</p> <p><input type="checkbox"/> Initial Operating Permit</p> <p><input type="checkbox"/> Operating Permit Renewal; Expiration Date of Current Permit: _____</p> <p><input type="checkbox"/> Significant Revision of Existing Operating Permit; Date Current Operating Permit Was Issued: _____</p> <p><input type="checkbox"/> Change in Classification</p>		
<p>51) Type of Permit:</p> <p><input type="checkbox"/> Class I</p> <p><input type="checkbox"/> Class II – Natural Minor</p> <p><input type="checkbox"/> Class II – Synthetic Minor</p> <p style="margin-top: 10px;">If permit type is unknown, complete Form 3.0, Section 3.2.</p>		
<p>52) Class I source only: Are you requesting a permit shield?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Form 1.0, Section 1.4.</p>		
Historical Permitting Information		
<p>53) What year was the source originally constructed?</p>		
<p>54) Has your source received any permits prior to this application:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a brief description of each construction permit (CP), operating permit (OP), low emitter determination (LE), and no-permit-required (NPR) determination obtained from the DWEE (attach additional sheets if needed).</p>		
Date Permit Issued	Type of Permit	Brief Description
	<input type="checkbox"/> CP <input type="checkbox"/> OP <input type="checkbox"/> LE <input type="checkbox"/> NPR	
	<input type="checkbox"/> CP <input type="checkbox"/> OP <input type="checkbox"/> LE <input type="checkbox"/> NPR	
	<input type="checkbox"/> CP <input type="checkbox"/> OP <input type="checkbox"/> LE <input type="checkbox"/> NPR	

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Source Description

55) On separate sheet(s) of paper, provide a detailed narrative description of the source. Explain the stages in each process that may result in the discharge of an air pollutant. Include all emission points, emission units, pollution control equipment, and identification numbers. Provide available information on each air pollutant (actual and potential) emitted by each stage and/or emission sources. The narrative should complement the source layout and process flow diagrams.

Is a Source Description included with your application?

☐ Yes ☐ No If No, Please Explain:

Source Layout Diagram

56) On a separate sheet(s) of paper, provide a detailed diagram or site drawing that includes all buildings, stacks, emission points and units, control equipment, tanks, etc. identified in this application. Make sure all elements in the drawing are properly identified, drawn to scale, and consistent with other sections of this application. The source layout diagram should show the location of all buildings, structures, stacks, and property boundaries. Fences or other public access restrictions should be shown or identified and described. Be sure to identify adjacent roads and include a north arrow. Include an effective date for the diagram.

Is a Source Layout Diagram included with your application?

☐ Yes ☐ No If No, Please Explain:

Process Flow Diagram

57) On a separate sheet(s) of paper, provide a flow chart(s) that includes all processes, process equipment, stacks, air pollution control equipment, and fuel burning equipment identified in this application. When finished, this diagram should show how materials (including fuel) flow through each process. Make sure all emission points and units are identified and consistent with other sections of the application. Include an effective date for the diagram.

Is a Process Flow Diagram included with your application?

☐ Yes ☐ No If No, Please Explain:

Risk Management Plan

58) Is your source subject to Clean Air Act Section 112r? ☐ Yes ☐ No

1. If Yes, have you prepared a Risk Management Plan? ☐ Yes ☐ No

2. Have you submitted your Risk Management Plan to the DWEE, State Emergency Response Commission, and your Local Emergency Planning Committee? ☐ Yes ☐ No

Air Dispersion Modeling

59) Was an Air Dispersion Modeling Analysis conducted for this source in the past?

☐ Yes ☐ No If Yes,

Was this analysis reviewed by the DWEE? ☐ Yes ☐ No

When was this analysis submitted to the DWEE for review (mm/dd/yyyy): _____

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SOURCE NAME: _____	DATE: _____
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Responsible Official Certification Statements	
<p>60) Compliance Certification</p> <p><input type="checkbox"/> I hereby certify that, based on information and belief formed after reasonable inquiry, the source that emits air pollutants, which is identified in this application and that is subject to the applicable requirements identified in Sections 4.1, 4.2, and/or 4.3:</p> <ol style="list-style-type: none"> 1. Is in compliance with all applicable requirements, except as described in Sections 4.1, 4.2, and/or 4.3; 2. Will continue to comply with all applicable requirements; and, 3. Will comply with all applicable requirements for which compliance is not currently achieved. 	
<p>61) Truth and Accuracy Certification</p> <p><input type="checkbox"/> I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this Air Quality Operating Permit application are true, accurate, and complete. I certify that all hard copies of this application are identical in content.</p>	
<p>62) Electronic Copy Certification (only when an electronic copy is submitted with the hard copy application)</p> <p><input type="checkbox"/> I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in the electronic copy of the Air Quality Operating Permit application are identical in content to the hard copy submittal.</p>	
<p>63) Responsible Official Certification (see instructions for signatory requirements):</p>	
Typed or Printed Name of Responsible Official	Title
Signature of Responsible Official	Date (mm/dd/yyyy)