

OMAHA AIR QUALITY CONTROL

PERMIT APPLICATION FORM

General Information

_____ Facility Name			
_____ Site Address			
_____ City	_____ State	_____ Zip	_____ County
_____ Mailing Address (if different from Site Address)			
_____ City	_____ State	_____ Zip	
_____ Facility Owner			
_____ Mailing Address			
_____ City	_____ State	_____ Zip	
_____ Facility Technical Contact			
_____ Title		_____ Phone	
_____ Fax		_____ Email	
_____ Corporate Technical Contact (if different from Facility Technical Contact)			
_____ Title		_____ Phone	
_____ Fax		_____ Email	
_____ Corporate Invoice Contact (if different from Facility Technical Contact)			
_____ Title		_____ Phone	
_____ Fax		_____ Email	

Return to:

Omaha Air Quality Control
5600 S 10 Street
Omaha, NE 68107

phone: (402) 444-6015
fax: (402) 444-6016

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General Information

SIC code

Type of Facility (example: kraft paper mill, asphalt plant, etc.)

Legal Organization of the Applicant: (check one below)

<input type="checkbox"/>	Solely-owned proprietorship	<input type="checkbox"/>	Corporation
<input type="checkbox"/>	General partnership	<input type="checkbox"/>	Joint venture
<input type="checkbox"/>	Limited partnership	<input type="checkbox"/>	Government entity
<input type="checkbox"/>	Other (specify): _____		

Is Applicant currently registered to do business in Douglas County: (check one below)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Type of Permit Application: (check one below)

<input type="checkbox"/>	Initial Operating Permit for new facility
<input type="checkbox"/>	Initial Operating Permit for existing facility
<input type="checkbox"/>	Significant Modification to Operating Permit
<input type="checkbox"/>	Minor Modification to Operating Permit
<input type="checkbox"/>	Administrative Amendment to Operating Permit
<input type="checkbox"/>	Renewal of existing Operating Permit
<input type="checkbox"/>	Major NSR Construction Permit
<input type="checkbox"/>	State Minor Construction Permit

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Emission Unit Description - General Information

Emission Unit ID:	Emission Unit Name:
Emission Point ID:	Control Equipment ID:

1. Emission Unit Description:

Equipment Description:

Equipment make, model & serial number:

Installation Date:

Maximum Rated Capacity/Process Rate (units/hour):

Bottleneck for this Unit:

Bottlenecked Capacity/Process Rate (units/hour):

2. Operational Limitations:

Are you taking operational limits? _____ Yes _____ No

Specify operational limits:

3. Production Limitations:

Are you taking production limits? _____ Yes _____ No

Specify production limits:

4. Control Equipment:

Are you claiming control equipment? _____ Yes _____ No

Control equipment type and description:

5. Other Limitations:

Are you taking any other limits? _____ Yes _____ No

Specify other limits:

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Emission Unit Description - Operational Information

Emission Unit ID:	Emission Unit Name:
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6a. Combustion Information:

Fuel Type	Max. Firing Rate (Mmbtu/hr)	Max. Fuel Feed Rate (MMCF/hr; gal/hr)	Sulfur Content (% by weight)

6b. Coatings/Solvent Information (attach all MSDS):

Coating/Solvent (name)	MSDS #	Max. Application Rate (gal/hr; lb./hr)	VOC Content (% by weight)	HAP Content (% by weight)

6c. Raw Material and/or Other Information:

Raw Material	Max. Processing Rate (Specify units/hr)	Other Material Used	Max. Processing Rate (Specify units/hr)

7. Production and/or Other Information:

Finished Product	Max. Production Rate (Specify units/hr)	Other Material Produced	Max. Processing Rate (Specify units/hr)

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Emission Point Description

Emission Point ID:			Emission Point Name:		
1. General Information:					
Emission Point Description:					
Installation Date:					
Emission Unit IDs:			UTM Coordinates- Horiz. (E):		
Control Equipment ID:			UTM Coordinates- Vert. (N):		
2. Technical Information:					
Ground Elevation (ft)	Building Height (ft)	Stack Elevation (ft)	Inside Dimensions- Top of Stack (ft)	Stack Gas Temp (°F)	Stack Gas Velocity (ft/sec)

Emission Point ID:			Emission Point Name:		
1. General Information:					
Emission Point Description:					
Installation Date:					
Emission Unit IDs:			UTM Coordinates- Horiz. (E):		
Control Equipment ID:			UTM Coordinates- Vert. (N):		
2. Technical Information:					
Ground Elevation (ft)	Building Height (ft)	Stack Elevation (ft)	Inside Dimensions- Top of Stack (ft)	Stack Gas Temp (°F)	Stack Gas Velocity (ft/sec)

Emission Point ID:			Emission Point Name:		
1. General Information:					
Emission Point Description:					
Installation Date:					
Emission Unit IDs:			UTM Coordinates- Horiz. (E):		
Control Equipment ID:			UTM Coordinates- Vert. (N):		
2. Technical Information:					
Ground Elevation (ft)	Building Height (ft)	Stack Elevation (ft)	Inside Dimensions- Top of Stack (ft)	Stack Gas Temp (°F)	Stack Gas Velocity (ft/sec)

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Control Equipment Description

Control Equipment ID:	Control Equipment Name:
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1. General Information:

Control Equipment Description:

Control Equipment Manufacturer, Make & Model:

Installation Date:

Emission Unit IDs:

Control Equipment ID:

2. Operating Parameters:

Control Equipment Type	Operating Parameter	Value (specify units)
General Information (fill out for all types)	Min. Inlet Gas Temperature (°F)	
	Max. Inlet Gas Temperature (°F)	
	Min. Outlet Gas Temperature (°F)	
	Max. Outlet Gas Temperature (°F)	
	Min. Pressure Drop (in-HG;in-H2O)	
	Max. Pressure Drop (in-HG;in-H2O)	
Baghouse	Gas/Cloth Ratio	
	Inlet Gas Flow Rate (SCFM)	
Electrostatic Precipitator	Number of Fields	
	Voltage (V) for Each T-R Set	
Scrubber	Scrubbing Agent	
	Scrubbing Agent Flow Rate (gal/min)	
	Min. Liquid Pressure Drop (in-HG;in-H2O)	
	Max. Liquid Pressure Drop (in-HG;in-H2O)	
Other Device (list operating parameters)		

3. Control Efficiency:

Pollutant:					
Control Efficiency (%):					
Pollutant:					
Control Efficiency (%):					

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Draft Permit Language

Provide suggested draft permit language (limits, monitoring, recordkeeping, reporting etc.):

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Responsible Official Certification

Responsible Official		

Title		

Mailing Address		

_____	_____	_____
City	State	Zip

_____	_____	_____
Phone	Fax	Email

Certification of Truth, Accuracy and Completeness

Note: This certification must be signed by a responsible official.

All applications without a signed certification will be returned as incomplete.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete.

Name (typed)

Signed Date

A 'responsible official' is defined as the following:

A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit.