

Omaha Air Quality Control
Operating Permit Application Form

Identifying Information

Facility Name _____			
Site Address _____			
City _____	State _____	Zip _____	County _____
Mailing Address (if different from Site Address) _____			
City _____	State _____	Zip _____	
Facility Owner _____			
Facility Owner's Agent (if any) _____			
Property Owner (if leased) _____			
Facility Technical Contact _____		Title _____	
Mailing Address (if different from Site Address) _____			
City _____	State _____	Zip _____	
Phone _____		Email _____	
Corporate Technical Contact (if different from Facility Technical Contact) _____			
Mailing Address (if different from Site Address) _____			
City _____	State _____	Zip _____	
Phone _____		Email _____	
Corporate Invoice Contact (if different from Facility Technical Contact) _____			
Mailing Address (if different from Site Address) _____			
City _____	State _____	Zip _____	
Phone _____		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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Facility Description - General Information

SIC code _____		NAICS code _____	
Type of Facility (example: hospital, 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): _____	_____	
Does the applicant have a current Nebraska identification number (check one below)			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Type of Operating Permit being requested: (check one below)			
<input type="checkbox"/>	Class I (Title V)		
<input type="checkbox"/>	Class II (Synthetic Minor)		
<input type="checkbox"/>	Class II (True Minor)		
Type of Operating 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"/>	Renewal of existing Operating Permit		
Current Permit Number (if renewal) _____		Expiration Date (if renewal) _____	

Emission Unit Description - General Information

Emission Unit ID:	001
Emission Point ID:	

Emission Unit Name:	xxx
Control Equipment ID:	

Number of Units:

1. Emission Unit Description:

Equipment Description:

Equipment make, model & serial number:

SCC Code(s):

Installation Date:

Maximum Rated Capacity Process/Process Rate (units/hour)(per unit & total):

Bottleneck for this Unit(s):

Bottlenecked Capacity/Process Rate (units/hour)(per unit & total):

Applicable Requirements (description and citation):

Are you declaring Maximum Operational hours = 8760 Yes No

Are you declaring Maximum Production rate (Units/hr)? Yes No _____/hour

2. Operational Limitations (time and methods):

Are you taking operational limits? Yes No

Specify operational limits: _____

3. Production Limitations (throughput and rate limits):

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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Operational Information

Emission Unit ID: 001

Emission Unit Name: xxx

6a. Combustion Information:

Fuel Type	Max. Firing Rate	Max. Fuel Feed Rate	Sulfur Content

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

Coating/Solvent (name)	MSDS # or Production Technical Data Sheet #	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	Other Material Used	Max. Processing Rate

7. Production and/or Other Information:

Finished Product	Max. Production Rate	Other Material Produced	Max. Processing Rate

7a. Compliance Monitoring device or activity to verify all above information (6a -7)

Compliance Device / Activity	(Specify units/time)	Compliance Method	(Specify units/time)

Emission Point Descriptions

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

Control Equipment Description

Control Equipment ID:

Control Equipment Name:

1. General Information:

Control Equipment
Description / Type:

Equipment Manufacturer,
Make & Model:

Installation Date:

Emission Unit IDs:

EPA Control Device Code:

2. Operating Parameters:

Control Equipment Type	Operating Parameter	Value &/or Ranges (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 (%):				

4. Compliance Monitoring device or activity to verify above operating information (2)

Compliance Device	(Specify units/time)	Compliance Method	(Specify units/time)

Attach a copy of all calculations and manufacturer data on which the above information is based.

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Exempt Emission Units Description

Exempt Equipment	Equipment Description	Basis for Exemption		
Boiler /Generator	Firing Rate	Fuel Type	Fuel Type Examples * Natural Gas * #2 Diesel * #6 Diesel * Process Gas	
Stationary Internal Combustion Engines	Maximum HP	Fuel Type		
Equipment	HAP(s)	CAS#	Reporting Level	Use

Compliance Plan

1. Compliance Status With Respect to All Applicable Requirements:			
1a. Give citation and description of all applicable requirements:			
a)	d)		
b)	e)		
c)	f)		
1b. Will your facility be in compliance with all applicable requirements at the time of permit issuance?			
_____	Yes	_____	No
1c. Will your facility continue to comply with these requirements?			
_____	Yes	_____	No
1d. 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
2. Compliance Schedule (skip if you answered 'yes' to 1a, 1b AND 1c):			
2a. Identify applicable requirement for which compliance is not achieved at time of permit issuance:			
2b. Narrative description of how compliance will be achieved with this applicable requirement:			
2c. Detailed Schedule of Compliance:			
<u>Step/Remedial Measure</u>	<u>Scheduled Date</u>		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
2d. Frequency of Certified Progress Reports (at least semi-annually):			

2e. Starting Date of Certified Progress Reports:			

Compliance Certification Requirements

1. Statement of Compliance:

1a. The air contaminant source identified in this application is in compliance with applicable enhanced monitoring and compliance certification requirements?

_____ Yes _____ No

2. Compliance Determination Methods:

2a. Description of methods used for determining compliance (monitoring, record keeping, reporting, testing):

3. Compliance Certification Schedule:

3a. Frequency of Compliance Certification (at least annually):

3b. Starting Date of Compliance Certification Reports:

Certification of Compliance With All Applicable Requirements:

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

All applications without a signed Certification of Compliance will be returned as incomplete.

Except for requirements identified on page 10 for which compliance is not achieved, I hereby certify that, based on information and belief formed after reasonable inquiry, the air contaminant source identified in this application is in compliance with all applicable requirements.

Name (typed)

Date

Signed

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.

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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	
<p>Note: This certification must be signed by a responsible official. All applications without a signed certification will be returned as incomplete.</p>	
<p>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.</p>	
_____	_____
Name (typed)	Date

Signed	

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.