

**OMAHA AIR QUALITY CONTROL
ADMINISTRATIVE PERMIT APPLICATION FORM**

Identifying Information

Facility Name		Facility ID	
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	

Return to:

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

phone: (402) 444-3915
fax: (402) 444-6016

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Facility Description

SIC code	NAICS code
Type of Facility (example: hospital, asphalt plant, etc.)	
Does Applicant have a Nebraska Identification Number: (check one below)	
Yes #	No

Provide a general description of the processes/products at the facility:

Type of Administrative Permit: (check one below)

Initial Administrative Permit for new facility

Initial Administrative Permit for existing facility

Renewal of existing Administrative Permit

Current Permit Number (if renewal) Expiration Date (if renewal)

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Emission Unit Description

Emission Unit ID:	Emission Unit Name:
Emission Point (Stack) ID:	Control Equipment ID:

1. Emission Unit Description:

Equipment Description:

Equipment make, model & serial number:

SCC Code:

Installation Date:

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

Bottleneck for this Unit:

Bottlenecked Capacity/Process Rate (units/hour):

Applicable Requirements (description and citation):

2. Operational Limitations (Hr/day): Are you taking limits? Yes No

Specify operational limits:

3. Production Limitations (lb/Hr): Are you taking limits? Yes No

Specify production limits:

4. Work Practice Standards (keep doors closed) Yes No

Specify pollution control Work Practice Standards

4.a Control Equipment: Are you claiming pollution control equipment? Yes No

Pollutant(s) controlled

Control equipment type and description

5. Other Limitations:

Are you taking any other limits? Yes No

Specify other limits:

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Control Equipment Description

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

Pollutant Controlled:

Control Equipment Description:

Control Equipment Manufacturer, Make & Model:

Installation Date:

Emission Unit IDs:

Control Equipment ID:

2. Operating Parameters:

Control Equipment Type	Operating Parameter	Not Applicable	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:	
Capture Efficiency (%):	
Control Efficiency (%):	

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ADDITIONAL INFORMATION

List any additional air quality issues (such as odor, dust, opacity, etc.) and any control devices and/or work practice standards that address them:

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

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Responsible Official Certification

<hr/>		
Responsible Official		
<hr/>		
Title		
<hr/>		
Mailing Address		
<hr/>		
City	State	Zip
<hr/>		
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.