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| SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE: \_\_\_\_\_\_\_\_\_\_\_** |
| NDEE FACILITY ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **PLEASE READ THE ACCOMPANYING INSTRUCTIONS PRIOR TO COMPLETING THIS WORKSHEET.**  **Please type responses or neatly print with black ink. Do NOT use pencil.** | | | | | | | | | |
| **NDEE Information** | | | | | | | | | |
| 1) NDEE Facility ID#: (leave blank if unknown) | | | | | | | | | |
| **Owner Information** | | | | | | | | | |
| 2) Name: | | | | | | | | | |
| 3) Mailing Address: | | | | | | | | | |
| 4) City: | | | | | 5) State: | | | 6) Zip: | |
| 7) If the owner is a business, is it incorporated?  No  Yes  If Yes, name of state where incorporated: | | | | | | | | | |
| **Source Information** | | | | | | | | | |
| 8) Name of Source: | | | | | | | | | |
| 9) Source Description: | | | | | | | | | |
| 10) SIC Code(s): | | | | | | | | | |
| 11) NAICS Code(s): | | | | | | | | | |
| 12) Physical Address: | | | | | | | | | |
| 13) City: | | | | | 14) State: **Nebraska** | | | 15) Zip: | |
| 16) County: | ¼ | ¼ | Section: | | | Township: | | | Range: |
| 17) UTM Coordinates: Zone: X: Y: | | | | | | | | | |
| 18) Is the source located on leased property?  No  Yes (if yes, complete 19-23 below) | | | | | | | | | |
| 19) Property Owner Name: | | | | | | | | | |
| 20) Property Owner Mailing Address: | | | | | | | | | |
| 21) Property Owner City: | | | | 22) State: | | | 23) Zip: | | |
| **Source Contact Information** | | | | | | | | | |
| 24) Contact Person: | | | | | | | | | |
| 25) Contact Person’s Title or Responsibility: | | | | | | | | | |
| 26) Phone:  27) Alt. Phone: | | | | | 28) Fax:  29) E-mail: | | | | |
| 30) Should the NDEE contact another person in addition to the Source Contact for questions?  No  Yes  (if Yes, complete 31-36 below) | | | | | | | | | |
| 31) Additional Contact’s Name: | | | | | | | | | |
| 32) Additional Contact’s Company: | | | | | | | | | |
| 33) Phone:  34) Alt. Phone: | | | | | 35) Fax:  36) E-mail: | | | | |

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| SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE: \_\_\_\_\_\_\_\_\_\_\_** |
| NDEE FACILITY ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Operating Schedule** | | |
| 37)Is this source operated seasonally?  Yes  No If Yes, give range of months: | | |
| 38) Operating Hours of source (seasonal and non-seasonal facilities): | | |
| Hours per Day:  Days per Week:  Weeks per Year: | | |
| **Project Information** | | |
| 39) This worksheet is for (check one):  Low Emitter  No Operating Permit Required – Natural Minor  No Operating Permit Required – Synthetic Minor | | |
| **Historical Permitting Information** | | |
| 40) What year was the source originally constructed? | | |
| 41) Have you received a permit, Low Emitter Determination, or No Operating Permit Required Determination for this source prior to this worksheet?  Yes  No If Yes, provide a brief description below of each construction permit (CP), operating permit (OP), low emitter determination (LE), and no-operating-permit-required determination (NOPR) obtained from the NDEE (attach additional sheets if necessary). | | |
| Date Permit Issued | Type of Permit | Brief Description |
|  | CP  OP  LE  NOPR |  |
|  | CP  OP  LE  NOPR |  |
|  | CP  OP  LE  NOPR |  |

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| SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE: \_\_\_\_\_\_\_\_\_\_\_** |
| NDEE FACILITY ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Responsible Official Certification Statements** |
| 42) Compliance Certification |
| I hereby certify that, based on information and belief formed after reasonable inquiry, the source that emits air pollutants, which is identified in this worksheet and that is subject to the applicable requirements identified in Title 129, 40 CFR 60, and/or 40 CFR 63:   1. Is in compliance with all applicable requirements; 2. Will continue to operate in compliance with all applicable requirements; 3. Will achieve compliance with all applicable requirements for which compliance is not currently achieved; and, 4. Will comply with all applicable requirements that become effective after issuance of a Low Emitter/No Operating Permit Required determination on a timely basis. |
| 43) Truth and Accuracy Certification |
| 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 worksheet are true, accurate, and complete. I certify that all paper copies of this worksheet submitted are identical in content. |
| 44) Electronic Copy Certification (only when an electronic copy is submitted with the paper copy worksheet) |
| 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 worksheet are identical in content to the paper copy submittal. |
| 45) Responsible Official Certification (**see instructions for signatory requirements**): |
| |  |  | | --- | --- | |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Typed or Printed Name of Responsible Official | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: | |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Responsible Official | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (mm/dd/yyyy) | |
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| SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE: \_\_\_\_\_\_\_\_\_\_\_** |
| NDEE FACILITY ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Enter **all** emission points, emission units, and control equipment at your source. Attach additional copies of the tables in Section 1.2 as necessary.

Please check, if applicable:  Multiple Section 1.2 pages attached (all of the information required below must be included in the attachment).

If you are providing a Substitute Section 1.2, all of the information required below must be included in the substitute submission.

**Table 1: Emission Point Description**

| Emission  Point ID# | Control Equipment ID# | Emission  Unit ID# | Emission Source/Process Description |
| --- | --- | --- | --- |
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| SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE: \_\_\_\_\_\_\_\_\_\_\_** |
| NDEE FACILITY ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Please note the following items regarding control equipment before answering items 1 through 3 below.

* For purposes of both the Low Emitter Program and No Operating Permit Required Determinations, a source cannot take credit for reductions in potential to emit from the use of a control device unless the use of the control device is a federally enforceable requirement. Generally, this means that the use of the control device is required either through a permit action or some other type of federal or state requirement.
* For purposes of a No Operating Permit Required determination, a source cannot take credit for reductions in ***actual*** emissions from the use of a control device unless the use of the control device is a federally enforceable requirement.
* For purposes of the Low Emitter Program, a source can only take credit for reductions in ***actual*** emissions if the source has kept documentation that demonstrates the control equipment used has been continuously maintained and operated as specified by the manufacturer to achieve the level of efficiency for which credit is sought. If a source does not have this documentation, **credit cannot be taken** for reductions in actual emissions through the use of control equipment.

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| --- |
| 1. Control equipment is used at this source to reduce actual emissions of air pollutants.  Yes (proceed to Step 2)  No (proceed to Section 1.4 of Worksheet)  2. The use of the control equipment at this source is a federally enforceable requirement.  Yes (proceed to Section 1.4 of Worksheet. Credit for reductions in actual emissions can be taken for both Low Emitter and No Operating Permit Required demonstrations)  If yes, please list the citation(s) to the federally enforceable requirement below:  No (**For No Operating Permit Required determinations**: Proceed to Section 1.4 of Worksheet. Credit cannot be taken for reductions in actual emissions. **For Low Emitter demonstrations**: proceed to Step 3).  3. Documentation has been maintained that demonstrates that the control equipment utilized at this source has been continuously maintained and operated as specified by the manufacturer to achieve the level of efficiency for which credit is sought.  Yes (proceed to Section 1.4 of Worksheet. Credit for reductions in actual emissions can be taken for Low Emitter demonstration)  No (proceed to Section 1.4 of Worksheet. Credit for reductions in actual emissions **cannot** be taken for Low Emitter demonstration) |

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| SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE: \_\_\_\_\_\_\_\_\_\_\_** |
| NDEE FACILITY ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Please indicate the potential to emit, in tons per year (tpy), for each regulated pollutant that may be emitted by your source. Attach additional copies of the tables in Section 1.4 as necessary. **Please attach equations, emission factors and their sources, assumptions used in the calculations, control efficiencies used for any federally enforceable control equipment, and any other information that will help the NDEE evaluate the emissions calculations**.

Please check, if applicable:  Multiple Section 1.4 pages attached

If you are providing a Substitute Section 1.4 you do not need to include blank Section 1.4 pages in your worksheet. Be sure to include all of the information required below in your substitute document.

**Table 2: Potential Emissions (tpy)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PM** | **PM10** | **PM2.5** | **NOx** | **SOx** | **CO** | **VOC** | **Greatest Single HAP** | **Total HAPs** |
| **(tpy** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** |
|  |  |  |  |  |  |  |  |  |

**Table 3: Potential GHG and CO2e Emissions (tpy)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Carbon Dioxide (CO2)**  **(GWP=1)** | | **Methane**  **(CH4)**  **(GWP=21)** | | **Nitrous Oxide (N20)**  **(GWP=310)** | |  | | **Total GHGs** | **Total CO2e** |
| Mass Basis | CO2e Basis | Mass Basis | CO2e Basis | Mass Basis | CO2e Basis | Mass Basis | CO2e Basis | Mass Basis | CO2e Basis |
| **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** | **(tpy)** |
|  |  |  |  |  |  |  |  |  |  |

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| SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE: \_\_\_\_\_\_\_\_\_\_\_** |
| NDEE FACILITY ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Indicate the actual quantity in tons per year (tpy)** of each regulated pollutant that was emitted. **Please attach equations, emission factors and their sources, assumptions used in the calculations, control efficiency used for any federally enforceable control equipment, and any other information that will help the NDEE evaluate the emissions calculations**. If you are applying for Low Emitter Status and are taking credit for reductions in actual emissions due to the use of pollution control equipment, please also provide the control efficiency used in the actual emissions calculations and the documentation that demonstrates the control equipment has been continuously maintained and operated as specified by the manufacturer to achieve the level of efficiency for which credit is sought.

Note: A person applying for Low Emitter determination must provide actual emission data for the source for the **previous 5 years**. NOPR determinations must provide actual emission data for the previous 12 months, at a minimum.

**Table 4: Actual Emissions (tpy)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **PM** | **PM10** | **PM2.5** | **NOx** | **SOx** | **CO** | **VOC** | **Greatest Single HAP** | **Total HAPs** |
| **tpy** | **tpy** | **tpy** | **tpy** | **tpy** | **tpy** | **tpy** | **tpy** | **tpy** |
|  |  |  |  |  |  |  |  |  |  |
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Questions?

Contact the Air Program - Operating Permits Section at 402-471-2186 or, [NDEE.AirQuality@nebraska.gov](mailto:NDEE.AirQuality@nebraska.gov) or visit the NDEE website: [dee.ne.gov](http://deq.ne.gov)