



Air Quality Operating Permit Application Form 1.0: General Information

Agency Use Only
Program ID: _____
Air _____

Section 1.2: Administrative Information and Certification

SOURCE NAME: _____ DATE: _____
NDEQ 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.

NDEQ Information
1) NDEQ 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
 Santee Sioux Reservation

Source Information
9) Common Name of Source: _____
10) Source Description: _____
11) SIC Code(s): _____
12) NAICS Code(s): _____
13) Physical Address: _____
14) City: _____ 15) State: **Nebraska** 16) Zip: _____
17) County: _____ ¼ _____ ¼ _____ 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: _____
NDEQ FACILITY ID#: _____	

Source Contact Information		
25) Contact Person:		
26) Contact Person's Title or Responsibility:		
27) Phone Number:	29) Fax Number:	
28) Alt. Phone Number:	30) E-mail Address:	
31) Should the NDEQ 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) Alt. 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) Alt. 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

50) This application is for (check one):

- Initial Operating Permit
- Operating Permit Renewal; Expiration Date of Current Permit: _____
- Significant Revision of Existing Operating Permit; Date Current Operating Permit Was Issued: _____
- Change in Classification
- Supplemental Information/Addendum; Date Permit Application(s) was Submitted: _____

51) Type of Permit:

- Class I
- Class II – Natural Minor
- Class II – Synthetic Minor

If permit type is unknown, complete Form 3.0, Section 3.2.

52) Class I source only: Are you requesting a permit shield?

- Yes No If Yes, complete Form 1.0, Section 1.4.

Historical Permitting Information

53) What year was the source originally constructed?

54) Has your source received any permits prior to this application:

- Yes No If Yes, provide a brief description of each construction permit, operating permit, low emitter determination, and no-permit-required determination obtained from the NDEQ (attach additional sheets if needed).

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 NDEQ, 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 NDEQ? Yes No

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



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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>	
<p>Typed or Printed Name of Responsible Official</p>	<p>Title</p>
<p>Signature of Responsible Official</p>	<p>Date (mm/dd/yyyy)</p>