AIR QUALITY CHAPTER 6, SECTION 3
OPERATING PERMIT APPLICATION FORM
WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Division

Section A: General Application Information

Complete one Section A form for the entire facility. Completion of this section is mandatory for all applicants, although certain information requirements may not apply to all sources.

1. Company Name: _____

2. Company Mailing Address: _____

   City: _____ State: _____ Zip: _____

3. Facility Name: _____

4. Facility Location (mileage and direction from nearest town): _____

   Section: _____ Township: _____ Range: _____ County: _____

   WGS84 location (longitude/latitude): _____

   Facility Mailing Address: _____

   City: _____ State: _____ Zip: _____

5. Name of Owner: _____ Phone: _____

6. Responsible Official: _____
   Name Title Phone

7. Plant Manager/Site Contact: _____
   Name Title Phone

8. Send Operating Permit-Related Information to (Name): _____

   Title: _____ Phone: _____

   Mailing Address: _____

   City: _____ State: _____ Zip: _____

   e-mail: _____

9. (a) Brief Description of Processes and Products: _____

   _____

   (b) SIC Code(s): _____ NAICS Code(s): _____

10. Is this facility located within 50 miles of another state or tribal lands? Yes _____ No _____

    If yes, please identify the state(s) and/or tribal lands: _____

11. Attach a complete process flow diagram for the facility. Include a short narrative if this would be helpful (see instructions). Identify sources by the identification number used in question 24 of this Section, and Section B.

12. Attach an up-to-date site plot plan. (see instructions)

13. RESERVED

14. Is this facility subject to 40 CFR 68 Accidental Release Prevention Requirements? Yes ____ No ____

    If so, when was the Risk Management Plan submitted? _____

15. Does your facility have any flares? Yes _____ No _____

    If so, you must complete a Section B form for each flare and include them in the list for question 24.

16. Is your facility required to conduct ambient monitoring? Yes _____ No _____

    Cite the basis for this requirement: _____

    What pollutant(s) are monitored? _____

    What meteorological parameters are monitored? _____

    What is the date of your most recent Quality Assurance Plan or plan revision? _____

17. Is your facility a major source of Hazardous Air Pollutants? (**See instructions**) Yes _____ No _____

18. Is your facility subject to Acid Rain requirements? Yes _____ No _____ If yes, please attach the appropriate acid rain application forms.

19. For oil and gas facilities, attach a description of how emissions resulting from depressurization of pipelines, engines, or other equipment may occur, and your procedures to minimize and control such emissions.

20. List any facility-wide permit conditions, applicable requirements, or other limitations on facility operations that affect emissions of regulated air pollutants, which are not for a specific emission unit(s). For each, describe the method(s) used to determine compliance. Extend the table below or include attachments as needed.

Applicable Requirement/Condition	Method(s) for Determining Compliance

21. Give an explanation of any proposed exemptions from otherwise applicable requirements.

    _____

    _____

22. (a) Provide an estimate of total facility potential emissions, by source. Extend table as needed. Attach additional sheets for support information, including sample calculations used to determine emissions other than those with permitted limits. (SEE INSTRUCTIONS)

→DO NOT LEAVE THIS TABLE BLANK OR INCOMPLETE. DO NOT REFER TO AN APPENDIX.←

CRITERIA POLLUTANTS																								
Emission Source ID	Particulate Matter			PM_{10} Particulate Matter			$PM_{2.5}$ Particulate Matter			Sulfur Dioxide (SO_2)			Nitrogen Oxides (NO_X)			Carbon Monoxide (CO)			Volatile Organic Compounds (VOC)			Hazardous Air Pollutants (HAPs)*		
	lb/hr	TPY	**	lb/hr	TPY	**	lb/hr	TPY	**	lb/hr	TPY	**	lb/hr	TPY	**	lb/hr	TPY	**	lb/hr	TPY	**	lb/hr	TPY	**
Totals (TPY)																								

***** Identify the single highest HAP and the TPY for that pollutant. HAP:_____ TPY:_____

Identify any other pollutants that may have requirements or should be considered (examples include chlorine, fluoride, ammonia, hydrogen sulfide, sulfuric acid, etc.)
Source ID:_____ Pollutant: _____ TPY:_____ Source ID:_____ Pollutant: _____ TPY:_____

Source ID:_____ Pollutant: _____ TPY:_____ Source ID:_____ Pollutant: _____ TPY:_____

****** Indicate the method used for determining emissions for each pollutant, by source:

P = permitted limit. (No support information or calculations needed.)
T = test results for this source. Indicate test date on the attachment to this table. (do not use test numbers if the source has a permitted limit)
S = similar source test results. Indicate source and test date on the attachment to this table. (do not use test numbers if the source has a permitted limit)
M = Manufacturer's data
G = GRI Calc. Attach printout
Tk = Tanks program. Attach printout
A = AP-42. Indicate the AP-42 factor and publication date on the attachment to this table.
O = Other. Indicate method used and explain on the attachment to this table

(b) Provide an estimate of total facility potential emissions, by source, for greenhouse gases. GWP is global warming potential. Extend table as needed. Attach additional sheets for support information, including sample calculations and indicate how the TPY numbers for individual greenhouse gases (not the CO_2 equivalent) for a source was determined.

→DO NOT LEAVE THIS TABLE BLANK OR INCOMPLETE. DO NOT REFER TO AN APPENDIX.←

GREENHOUSE GASES												
Emission Source ID	Carbon Dioxide (CO_2) GWP= 1 *		Methane (CH_4) GWP= 21 *		Nitrous Oxide (N_2O) GWP= 310 *		Hydrofluorocarbons (HFCs) GWP *		Perfluorocarbons (PFCs) GWP *		Sulfur Hexafluoride (SF_6) GWP= 23, 900 *	
	TPY CO_2	TPY CO_2 Equivalent	TPY Methane	TPY CO_2 Equivalent	TPY N_2O	TPY CO_2 Equivalent	TPY HFC	TPY CO_2 Equivalent	TPY PFC	TPY CO_2 Equivalent	TPY SF_6	TPY CO_2 Equivalent
Totals in TPY												

* **See instructions** for further information, including a table with the GWP factors for HFCs and PFCs. If more than one type of HFC or PFC, list each separately.

23. List **all** WAQSR Chapter 6, Section 2 air pollution permits and permit waivers applicable to this facility. (Typically, these permit/waiver numbers begin with a "CT-", "MD-", "OP-", "WV-", or "AP-". Waivers do not always have a number assigned, and may be in the form of a letter.) Include also any consent decrees which contain applicable requirements. (Attach a separate page if necessary).

For a NEW Chapter 6, Section 3 operating permit application, include a copy of **EACH** permit, waiver, and consent decree.

For a RENEWAL OR MODIFICATION application of an existing Chapter 6, Section 3 operating permit, include a copy of all permits, waivers, and consent decrees **NOT PREVIOUSLY SUBMITTED** in a Chapter 6, Section 3 permit application.

Please **DO NOT** include previous Chapter 6, Section 3 permits ("Title V" or "Part 70" permits, which begin with a "3-", "30-", "31-" or "32-").

Permit/Waiver Number	Date Issued	Attached? (You must attach a copy of **ALL** permits for a **NEW** Ch 6, Sec 3 permit).

24. Provide a list of source emission points for the facility. Include source identification numbers (the designation the company actually uses or would prefer to use in the Title V permit) and descriptions in the first two columns. If different names or identification numbers have been used in the past for an emission point, provide a cross reference to the other identification numbers used, including identification numbers used by the Division in current WAQSR Chapter 6, Section 2 permits/waivers. (See instructions.) Extend the table below or attach additional pages if necessary.

Source ID used by the permittee (as indicated on Form B)	Description	Source ID as indicated in most recent construction permit or waiver, if different from company ID	Other Cross Reference (as appropriate)

If needed, explain any cross references: _____

_____

_____

Section B: Source Information

Complete one Section B form for each point, area, and fugitive source associated with the facility named in Section A of the Operating Permit Application Form.

1. Source Identification Number:_____ Serial number (for boilers and engines):_____

   Source Description: _____

   If source is new, or modified within the last five years, give the date of performance testing: _____

2. If the source is a reciprocating internal combustion engine, please indicate which type:

   4 stroke rich burn _____ 4 stroke lean burn _____

   2 stroke lean burn _____ compression ignition _____

3.(a) Are emissions routed through air pollution control device(s) prior to release to the atmosphere? Yes ___ No ___

   (b) If yes, describe the control device(s):_____

   (c) If yes, does the device control emissions from more than one source? Yes _____ No _____

   (d) If yes to (c), provide a description of the sources. Attach a drawing or explanation if needed._____

   _____

4. Complete the following for each unit, as applicable. If the emission point is an emission control device that controls multiple emission units, the date information below will be needed for **each** emission unit controlled by the device (as described above in 3(d)) to determine applicable requirements. Attach further information as needed.

   (a) Date initial construction commenced (month/year):_____

   (b) Date last modification commenced, if applicable (month/year):_____

   If modified, please describe modification:_____

   (c) Date last reconstruction commenced, if applicable (month/day/year):_____

   If reconstructed, please describe reconstruction: _____

   (d) For engines, 40 CFR 63 Subpart ZZZZ requirements apply. Provide the following information and indicate if 40 CFR 60 Subparts IIII or JJJJ also apply:

   (i) Date engine was ordered: _____

   (ii) Date engine was manufactured: _____

   (iii) Date engine was installed: _____

   Subpart IIII applies: Yes _____ No _____ Subpart JJJJ applies: Yes _____ No _____

   (e) For <u>process heaters</u>, 40 CFR 63 Subpart DDDDD requirements may apply. Provide the following information and indicate if Subpart DDDDD applies:

   (i) Indicate whether the heater is direct or indirect fired. Direct fired:_____ Indirect fired:_____

   (ii) What is being heated?_____

   Subpart DDDDD applies: Yes _____ No _____

   (f) This source may be subject to another 40 CFR Part 60 NSPS or Part 63 NESHAP. Indicate any:

   40 CFR Part 60 subparts that apply to this source:_____

   40 CFR Part 63 subparts that apply to this source:_____

   Other 40 CFR Parts and subparts that apply to this source:_____

Source ID: _____

5. Design Capacity of this source (throughput, flowrate, firing rate, or horsepower): _____

   Site-Rated Capacity (if applicable): _____

   Current Operating Capacity (if different from design or site-rated capacity): _____

   Reason for difference between operating capacity and site-rated or design capacity: _____

   _____

6. Fill out this section if the source is subject to regulation based on materials used or produced. See instruction sheet. Indicate "N/A" if not applicable.

   a. Materials used (including solid fuels, but excluding liquids or gases used solely as fuels)

Materials Used	Process Weight Average (lb/hr)	Process Weight Maximum (lb/hr)	Maximum Quantity/Year

   b. Products

Products	Maximum Quantity/Unit Time

7. Fuels Analysis (if applicable).

Fuel	Amount	Heat Content	Sulfur	Ash
Coal	Ton/yr	Btu/lb	%	%
Fuel Oil	Gal/yr	Btu/gal	%	%
Natural Gas	MMSCF/yr	Btu/ft^3	%	%
			%	%

   If a different fuel is used for situations such as startup or curtailments, indicate the fuel and situations. _____

   _____

8. Describe any limitations on operations, other than control equipment described in #3, or any work practice standard which affect emissions of any regulated pollutant (see instructions): _____

   _____

   _____

9. Describe any other applicable requirement that applies to this source, or any additional information needed to determine compliance with an applicable requirement (see instructions): _____

   _____

   _____

   _____

Source ID: _____

10. List all pollutants with applicable requirements and any associated emission controls for this source. If you have applicable requirements or limits for greenhouse gases, include those in this table. For pollutants with control equipment **attach an explanation or description of the calculations used to determine the uncontrolled PTE* and % efficiency**.**

→IF YOU HAVE CONTROL EQUIPMENT DO NOT LEAVE THE UNCONTROLLED PTE OR % EFFICIENCY BLANK←

Pollutant	Emission Limits			Uncont PTE * (TPY)	Control Equipment Description	% Effic. **	Applicable Requirement(s) and/or Regulatory Citation(s) ***	Notes
	(lb/hr)	(TPY)	Other					

*** Uncont. PTE = Uncontrolled potential to emit (see instructions). MUST be included for pollutants with control equipment.**

**** % Effic. = Control Efficiency (in percent) of the control device. MUST be included for pollutants with control equipment. (You must attach an explanation or description of the calculations used to determine the uncontrolled PTE* and %efficiency.)**

***** Regulatory citations should indicate the basis for the requirements, such as a construction permit, or 40 CFR Part 60 or 63 Subparts. DO NOT cite an operating permit.**

11. **List all proposed periodic monitoring methods for each pollutant with an applicable requirement**. This item should describe all compliance monitoring devices and activities **for all pollutants with requirements that are not** addressed in a Compliance Assurance Monitoring (CAM) plan for this source.

Pollutant	CAM		IF NO CAM, provide description of proposed periodic monitoring method for that pollutant. Please include description and location of any monitoring device, proposed frequency of monitoring/testing, test methods, and the data recorded and/or reported. DO NOT LEAVE THIS BLANK - you must propose monitoring for all pollutants with emission limits.
	Yes*	No **	
		If no →	
		If no →	
		If no →	
		If no →	
		If no →	
		If no →	
		If no →	

*** IF YES, CAM applies**, ***for that pollutant only***, skip the proposed periodic monitoring method and go to item 12.

**** IF NO, CAM does not apply**, provide description of proposed periodic monitoring for that pollutant.

12. As applicable, submit pollutant-specific CAM plan(s) for the source. **Attach a separate, stand-alone CAM plan* that will be included as an attachment to your operating permit.** The CAM plan may apply to multiple sources if appropriate. The CAM plan **must** include an indicator, acceptable range, frequency of monitoring, and how an excursion is defined and detected.
Please see the Division's "Guidance for Developing Compliance Assurance Monitoring Plans" for information on how to prepare a CAM plan.

Pollutant(s) and Emission Limit(s) subject to CAM: _____

Control/capture system bypass possible? Yes _____ No _____

New/modified monitoring equipment (needs to be verified)? Yes _____ No _____

Section C: Small sources. List small sources not included on a Section B form that may have applicable requirements. **(Complete a section B form if the source has emission limits or requirements set by a Chapter 6, Section 2 permit/waiver.)** Extend the table as needed, or attach an additional sheet, and calculations if appropriate.

1. Fuel Burning Equipment (Emissions limited by Chapter 3, Section 3)

Description	Fuel(s) Fired	Size	Installation/ Modification Date	Estimated NO_X Emissions	Applicable Requirements	Method of Determining Compliance

2. Liquid Storage Tanks

Description	Size	Contents and Vapor Pressure	Installation/ Modification Date	Estimated Emissions (indicate pollutant)	Applicable Requirements	Method of Determining Compliance

3. Other (NOTE: All engines now require a B Form and should not be listed here)

Description	Size	Installation/ Modification Date	Estimated Emissions (indicate pollutant)	Applicable Requirements	Method of Determining Compliance

Section D: Compliance Plan

Complete one Section D form for the entire facility.

1. Compliance status with respect to all applicable requirements effective at time of permit issuance:
   Will your facility be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements? Yes ____ No ____

   (If yes, go to #2; if no, complete a-d below for each requirement for which compliance is not achieved.)

   a. Applicable requirement(s) for which compliance is not achieved:

   _____

   _____

   _____

   b. Description of how compliance with the applicable requirement(s) will be achieved:

   _____

   _____

   _____

   _____

   c. Detailed schedule leading to compliance:

Milestone	Date

   d. Frequency for submittal of progress reports (at least semiannually): _____

   _____

2. Compliance status with respect to all applicable requirements effective after permit issuance (Future-Effective Requirements):

   Will your facility be in compliance with all applicable requirements expected to take effect during the term of the permit and meet such requirements on a timely basis? Yes ____ No ____

   (If yes, go to Section E; if no, complete a-d below for each requirement for which compliance is not expected.)

   a. Applicable requirement(s) you expect will not be complied with:

   _____

   _____

   _____

   b. Description of how compliance with the applicable requirement(s) will be achieved:

   _____

   _____

   _____

   _____

   c. Detailed schedule leading to compliance:

Milestone	Date

   d. Frequency for submittal of progress reports (at least semiannually): _____

   _____

Section E: Compliance Certification

Complete one Section E form for the entire facility with respect to applicable requirements at the facility.

1. Schedule for the submission of compliance certifications during the term of the permit:

   Frequency of submittal (annually at minimum): _____

2. Are the air contaminant sources identified in this application in compliance with applicable enhanced monitoring (Compliance Assurance Monitoring) and compliance certification requirements of the Act?

   Yes ___ No ____

   If no, describe which requirements are not being met: _____

   _____

   _____

   _____

3. Certification of Compliance with All Applicable Requirements:

Certification of Compliance

Note: This certification must be signed by a responsible official (as defined in Chapter 6, Section 3 of Wyoming Air Quality Standards and Regulations). Applications without a signed certification are incomplete.

Except for requirements identified in Section D-1 for which compliance is not achieved, I hereby certify that, based on information and belief formed after reasonable inquiry, the air contaminant sources identified in this application are in compliance with all applicable requirements.

Name (printed or typed): _____

Name (signed): _____

Date: _____

Section F: Alternative Operating Scenario

Complete one Section F form for each approved Alternative Operating Scenario.

1. Source identification numbers affected by this scenario: _____

2. Description of the alternative operating scenario, including reference to any Chapter 6, Section 2 permits authorizing the scenario: _____

3. Description of processes and products by SIC Code: _____

4. Complete a Section B form (as necessary) for each point and/or area source affected by this alternative operating scenario. Attach the alternative operating scenario Section B forms to this Section F form.

Section G: Insignificant Activities

List activities incidental to the primary business of the facility and which result in emissions of less than one ton per year of a regulated pollutant or emissions less than 1000 pounds per year of a hazardous air pollutant. By listing sources here, the applicant is certifying emissions are less than the above quantities, and that the activity has no applicable requirements (see instructions).

Note: **Flares, incinerators, and fuel burning equipment (no matter how small) have applicable requirements** in WAQSR Chapter 3. They should all be included in either a Section B form or on the Section C form.

Activity Description	Pollutant	Estimated Emissions

Section H

Certification of Truth, Accuracy and Completeness

Note: This certification must be signed by a responsible official (as defined in Chapter 6, Section 3 of the Wyoming Air Quality Standards and Regulations). Applications without a signed certification will be deemed 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 (printed or typed): _____

Title: _____

Name (signed): _____ Date: _____