



**PRINTING APPLICATIONS**

GO TO THE FILE MENU, CHOOSE "PRINT" AND CLICK ON "ENTIRE WORKBOOK" TO PRINT ALL OF THE WORKBOOK TOGETHER.  
HOLD DOWN THE "CTRL" KEY AND CLICK ON TABS BELOW TO PRINT VARIOUS WORKSHEETS.



**A2**

**SECTION A  
NOTIFICATION/CHANGE FORM**

REVISED: 10/24/2000 FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

**Check which of the following permit change(s) is being requested:**

- Administrative Amendment       Renewal       Change of Ownership  
 Like-for-like Replacement       Off Permit Modification (TV)       Relocation (Within Facility)

**ADMINISTRATIVE AMENDMENT (explain):**       NON-TITLE V       TITLE V

**REQUEST FOR RENEWAL (For Title V sources refer to 3Q .0513):**

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Fee Enclosed: \_\_\_\_\_

ALL REQUESTS FOR RENEWAL MUST BE ACCOMPANIED BY A SIGNED STATEMENT INDICATING NO CHANGES IN OPERATION FROM LAST PERMIT ISSUANCE. ALSO, ATTACH THE RENEWAL FORM FOR NON-TITLE V FACILITIES.

**CHANGE OF OWNERSHIP:**       NON-TITLE V       TITLE V

Current Permit  
Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Permit  
Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach letter as required by 3Q .0305 or .0524 of the Forsyth County Air Quality Technical Code.

**RELOCATION (WITHIN FACILITY):**       NON-TITLE V       TITLE V  
(Include layout drawings showing new equipment location(s))

**LIKE-FOR-LIKE REPLACEMENT (explain):**       NON-TITLE V       TITLE V





## SECTION A

**A5**

### EMISSION SOURCE/CONTROL DEVICE ALTERNATIVE OPERATING SCENARIOS

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE ID NO:	<i>ATTACH TO APPROPRIATE FORM B</i>
CONTROL DEVICE ID NO:	
<b>PRIMARY OPERATING SCENARIO (DESCRIBE):</b>	
<b>DESCRIBE ALTERNATIVE OPERATING SCENARIO (AOS) NO. _____ , (specify no.):</b>	
<b>DESCRIBE ALTERNATIVE OPERATING SCENARIO (AOS) NO. _____ , (specify no.):</b>	
<b>DESCRIBE ALTERNATIVE OPERATING SCENARIO (AOS) NO. _____ , (specify no.):</b>	
<b>COMMENTS:</b>	

**SECTION A**

**A6**

**REQUEST FOR TAX CERTIFICATION**

REVISED:1/3/2011

**FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE**

The following conditions must be satisfied in order to qualify for tax certification for an air cleaning device or equipment, facilities or land:	
1.	actually be constructed and placed into operation;
2.	comply with the requirements of the Forsyth County Environmental Affairs Department with respect to such facilities, and be effectively operated in accordance with the terms and conditions of the permit, certificate of approval, or other document of approval issued by the Department; and
3.	is used exclusively for the purpose the reduction of air pollution from the emission of air contaminants and not merely incidental to other purposes and functions.

**LIST THE AIR CLEANING DEVICES/EQUIPMENT COVERED BY THIS TAX CERTIFICATION REQUEST**

ID NO.	AIR CLEANING DEVICE/EQUIPMENT, FACILITIES, AND/OR LAND DESCRIPTION (MUST BE USED EXCLUSIVELY FOR AIR POLLUTION CONTROL)

ATTACH ADDITIONAL INFORMATION (e.g. VENDOR SPECIFICATIONS, INSTALLATION PLANS) TO SUPPORT EACH REQUEST. YOU MAY REFERENCE PERMIT APPLICATIONS THAT HAVE PREVIOUSLY BEEN SUBMITTED TO THE DEPARTMENT. IN ADDITION TO THE EVALUATION OF THESE PLANS, THE DEPARTMENT WILL PERFORM A SITE INSPECTION OF THE EQUIPMENT LISTED ABOVE BEFORE ISSUING TO ISSUE A TAX CERTIFICATION.

**CERTIFICATION**

I hereby certify that the above equipment, facilities, and/or land are used exclusively for air pollution control and the information provided is complete and accurate. Furthermore, I certify that any portable equipment listed above is used exclusively in the state of North

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Preparer's Business Entity-

## SECTION B

**B1**

### EMISSION SOURCE (GENERAL)

REVISED: 10/24/2000

FORSYTH COUNTY- APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:			EMISSION SOURCE ID NO:		
CONTROL DEVICE ID NO(S):			EMISSION POINT ID NO(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE PROCESS:					
MANUFACTURER:				DATE MANUFACTURED:	
MODEL NUMBER:				OPERATION DATE:	
<i>OPERATING SCHEDULE</i>		HR/DAY:	DAY/WK:	WEEK/YR:	
<i>SEASONAL VARIATION (%)</i>		JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:
<i>MATERIALS ENTERING PROCESS - CONTINUOUS PROCESS</i>				MAX. DESIGN CAPACITY (UNIT/HR)	REQUESTED CAPACITY LIMITATION(UNIT/HR)
TYPE			UNITS		
<i>MATERIALS ENTERING PROCESS - BATCH OPERATION</i>				MAX. DESIGN CAPACITY (UNIT/BATCH)	REQUESTED CAPACITY LIMITATION (UNIT/BATCH)
TYPE			UNITS		
MAXIMUM DESIGN - BATCHES / HOUR :		REQUESTED LIMITATION - BATCHES / HOUR :		BATCHES/YR :	
FUEL USED:			TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):		
MAX. CAPACITY HOURLY FUEL USE:			REQUESTED CAPACITY ANNUAL FUEL USE:		
DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					

## SECTION B

**B2**

### EMISSION SOURCE (WOOD FIRED BURNER)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:			EMISSION SOURCE ID NO:		
CONTROL DEVICE ID NO(S):		EMISSION POINT ID NO(S):			
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS					
ALTERNATIVE OPERATING SCENARIO (AOS) NO: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span>					
DESCRIBE USE: <input type="checkbox"/> PROCESS HEAT <input type="checkbox"/> SPACE HEAT <input type="checkbox"/> ELECTRICAL GENERATION <input type="checkbox"/> CONTINUOUS USE <input type="checkbox"/> STAND BY/EMERGENCY <input type="checkbox"/> OTHER:					
MANUFACTURER (include model #):			DATE MANUFACTURED:		
MAX. FIRING RATE (MMBTU/HOUR):		OPERATION DATE:			
OPERATING SCHEDULE	HR/DAY:	DAY/WK:	WEEK/YR:	<span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span>	
SEASONAL VARIATION (%)	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:	
WOOD TYPE	<input type="checkbox"/> BARK	<input type="checkbox"/> WOOD/BARK	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER	
<input type="checkbox"/> UNCONTROLLED <input type="checkbox"/> FLYASH REINJECTION <input type="checkbox"/> NO FLYASH REINJECTION					
FUEL FEED METHOD:		HEAT TRANSFER MEDIA: <input type="checkbox"/> STEAM <input type="checkbox"/> AIR			
FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)			METHOD OF TUBE CLEANING:		
FUEL TYPE	BTU CONTENT	UNITS	CLEANING SCHEDULE:		
FUEL USAGE (INCLUDE STARTUP/BACKUP FUELS)		MAX. DESIGN	REQUESTED CAPACITY	<span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span>	
FUEL TYPE	UNITS	CAPACITY (UNIT/HR)	LIMITATION (UNIT/HR)		
DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					

**SECTION B**

**B3**

**EMISSION SOURCE (OIL/GAS FIRED BURNER)**

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:			EMISSION SOURCE ID NO:		
CONTROL DEVICE ID NO(S):		EMISSION POINT ID NO(S):			
INDICATE WHETHER THIS SOURCE IS SUBJECT <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE USE: <input type="checkbox"/> PROCESS HEAT <input type="checkbox"/> SPACE HEAT <input type="checkbox"/> ELECTRICAL GENERATION <input type="checkbox"/> CONTINUOUS USE <input type="checkbox"/> STAND BY / EMERGENCY <input type="checkbox"/> OTHER:					
MANUFACTURER (include model #):				DATE MANUFACTURED:	
MAXIMUM FIRING RATE (MILLION BTU/HOUR):				OPERATION DATE:	
OPERATING SCHEDULE		HR/DAY:	DAY/WK:	WEEK/YR:	
SEASONAL VARIATION (%)		JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:
TYPE OF BOILER <input type="checkbox"/> UTILITY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL					
METHOD OF TUBE CLEANING:			CLEANING SCHEDULE:		
FUEL USAGE (INCLUDE STARTUP/BACKUP FUEL)		MAX. DESIGN		REQUESTED CAPACITY	
FUEL TYPE	UNITS	CAPACITY (UNIT/HR)		LIMITATION (UNIT/HR)	
FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)				SULFUR CONTENT	
FUEL TYPE	BTU CONTENT	UNITS	(% BY WEIGHT)		
DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					

## SECTION B

**B4**

### EMISSION SOURCE (COAL FIRED BURNER)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:			EMISSION SOURCE ID NO:		
CONTROL DEVICE ID NO(S):		EMISSION POINT ID NO(S):			
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
<i>DESCRIBE USE:</i> <input type="checkbox"/> PROCESS HEAT <input type="checkbox"/> SPACE HEAT <input type="checkbox"/> ELECTRICAL GENERATION <input type="checkbox"/> CONTINUOUS USE <input type="checkbox"/> STAND BY / EMERGENCY <input type="checkbox"/> OTHER:					
MANUFACTURER (include model #):				DATE MANUFACTURED:	
MAXIMUM FIRING RATE (MILLION BTU/HOUR):				OPERATION DATE:	
<i>OPERATING SCHEDULE</i>		HR/DAY:	DAY/WK:	WEEK/YR:	
<i>SEASONAL VARIATION (%)</i>		JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:
<i>TYPE OF BOILER</i>			<i>IF OTHER DESCRIBE:</i>		
<i>PULVERIZED</i>	<i>OVERFED STOKER</i>	<i>UNDERFED STOKER</i>	<i>SPREADER STOKER</i>	<i>FLUIDIZED BED</i>	
<input type="checkbox"/> WET BED	<input type="checkbox"/> UNCONTROLLED	<input type="checkbox"/> UNCONTROLLED	<input type="checkbox"/> UNCONTROLLED	<input type="checkbox"/> CIRCULATING	
<input type="checkbox"/> DRY BED	<input type="checkbox"/> MULTICYCLONE	<input type="checkbox"/> MULTICYCLONE	<input type="checkbox"/> FLYASH REINJECTION	<input type="checkbox"/> RECIRCULATING	
			<input type="checkbox"/> NO FLYASH REINJECTION		
<i>METHOD OF LOADING:</i> <input type="checkbox"/> CYCLONE <input type="checkbox"/> HANDFIRED <input type="checkbox"/> TRAVELING GRATE					
<i>FUEL USAGE (INCLUDE STARTUP/BACKUP FUEL)</i>		MAX. DESIGN CAPACITY (UNIT/HR)		REQUESTED CAPACITY LIMITATION (UNIT/HR)	
FUEL TYPE	UNITS				
<i>FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)</i>			SULFUR CONTENT (% BY WEIGHT)		ASH CONTENT (% BY WEIGHT)
FUEL TYPE	BTU CONTENT	UNITS			
<i>METHOD OF TUBE CLEANING:</i>			<i>CLEANING SCHEDULE:</i>		
DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
Comments:					

**B5**

# SECTION B EMISSION SOURCE (INCINERATION)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NO:
	EMISSION POINT ID NO(S):

INDICATE WHETHER THIS SOURCE IS SUBJECT TO  NSPS OR  NESHAP REGULATIONS.

ALTERNATIVE OPERATING SCENARIO (AOS) NO:

DESCRIBE INCINERATOR:

MANUFACTURER (include model #):	DATE MANUFACTURED:
MAXIMUM FIRING RATE (MILLION BTU/HOUR):	OPERATION DATE:

<i>OPERATING SCHEDULE</i>	HR/DAY:	DAY/WK:	WEEK/YR:	
<i>SEASONAL VARIATION (%)</i>	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:

	<i>SECONDARY CHAMBER</i>	EXCESS AIR (%):
FIRING RATE (MMBTU/HR):	FIRING RATE (MMBTU/HR):	<input type="checkbox"/> OVERFIRED <input type="checkbox"/> UNDERFIRED
OPERATING TEMP. (F):	OPERATING TEMP. (F):	AIR FLOW ENTERING UNIT (ACFM):
	RETENTION TIME (SEC):	TYPE OF CHARGING:

<i>QUANTITY</i>	<i>HOURLY CHARGE RATE (LB/HOUR)</i>	<i>YEARLY CHARGE RATE (TONS/YEAR)</i>
<i>WASTE BURNED</i>	DESIGNED MAXIMUM (lbs/hr):	DESIGNED MAXIMUM (lbs/yr):

<i>WASTE COMPOSITION</i>	AVERAGE BTU/LB:	AVERAGE % MOISTURE CONTENT:
WASTE TYPE	% BY WT.	WASTE TYPE
		% BY WT.
		WASTE TYPE
		% BY WT.

<i>FUEL USAGE (INCLUDE STARTUP FUEL)</i>	MAX. DESIGN	REQUESTED CAPACITY
FUEL TYPE	CAPACITY (UNIT/HR)	LIMITATION (UNIT/HR)

<i>FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)</i>			SULFUR CONTENT
FUEL TYPE	BTU CONTENT	UNITS	(% BY WEIGHT)

FINAL DISPOSITION OF ASH:

INCLUDE WITH APPLICATION (ON SEPARATE PAGES):

1) STARTUP PROCEDURES	5) DESCRIPTION OF AUTOMATIC AND MANUAL CONTROLS
2) MAINTENANCE PROCEDURES	6) SCHEMATIC OF INCINERATOR
3) ALL MANUFACTURERS LITERATURE/SPECIFICATIONS	7) DESCRIBE ALL MONITORING DEVICES, GAUGES, TEST PORTS, ETC.
4) SUMMARY OF RCRA APPLICABILITY	8) COMMENTS

INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.

## SECTION B

**B6**

### EMISSION SOURCE (PRINTING)

REVISED: 10/24/2000      FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO(S):			
CONTROL DEVICE ID(S):			EMISSION POINT ID NO(S):				
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS      OR <input type="checkbox"/> NESHAP REGULATIONS.							
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:				
DESCRIBE PROCESS:							
<i>OPERATING SCHEDULE</i>		HR/DAY:	DAY/WK:	WEEK/YR:			
<i>SEASONAL VARIATION (%)</i>		JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:		
TYPE OF PRINTING OPERATION:							
WHAT IS BEING PRINTED?							
<b>CONTINUOUS PRINTING</b>		NUMBER OF PRINT STATIONS:		WEIGHT OF MATERIAL BEING PRINTED (LB/FT <sup>2</sup> ):			
MAXIMUM WIDTH OF ITEMS BEING PRINTED (INCHES):				MAXIMUM SPEED (FT/MIN):		ACTUAL:	
<b>NON-CONTINUOUS PRINTING</b>		NUMBER OF PRINT STATIONS:		WEIGHT OF MATERIAL (LB/100 ITEMS):			
<i>MAXIMUM DIMENSIONS (INCHES)</i>		LENGTH:	WIDTH:	MAXIMUM PRINTED/MINUTE:			
<b>COATING USE (INCLUDE FORM D1 FOR EACH COATING)</b>				ACTUAL USAGE		MAXIMUM DESIGN CAPACITY	
PRINT STATION	COATING(S) APPLIED AT THIS STATION (LIST ID)			UNIT/HR	UNIT/YR	UNIT/HR	
NO. OF OVENS:		METHOD OF HEATING: <input type="checkbox"/> STEAM <input type="checkbox"/> DIRECT FIRED					
		<input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER:					
FUEL USED:			TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):				
MAXIMUM ANNUAL FUEL USE:			MAXIMUM HOURLY FUEL USE:				
ACTUAL ANNUAL FUEL USE:			ACTUAL HOURLY FUEL USE:				
DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:							
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.							
COMMENTS:							

## SECTION B

**B7**

### EMISSION SOURCE (COATING/PAINTING)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:			EMISSION SOURCE ID NO:			
CONTROL DEVICE ID NO(S):			EMISSION POINT ID NO(S):			
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP Regulations						
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:			
DESCRIBE PROCESS:						
<i>OPERATING SCHEDULE</i>		HR/DAY:	DAY/WK:	WEEK/YR:		
<i>SEASONAL VARIATION (%)</i>		JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:	
WHAT IS BEING COATED?						
TYPE OF COATING OPERATION:						
<b>CONTINUOUS COATING</b>		TYPE FEED SYSTEM:				
MAXIMUM NO. ITEMS COATED/HOUR:			MAXIMUM SPEED (FT/MIN):			
<b>FOR BATCH OPERATION</b>		MAX. NO. ITEMS COATED/BATCH:		BATCH TIME AT MAX. (MINUTES):		E4
NUMBER OF STATIONS OR BOOTHS:		NUMBER SPRAY GUNS:		TRANSFER EFF:		CAPTURE EFF:
STATION	COATING(S) APPLIED AT THIS STATION (LIST ID) <i>(INCLUDE FORM D1 FOR EACH)</i>	NO. GUN	ACTUAL	MAXIMUM DESIGN CAPACITY		
			USAGE	GAL/YR	GAL/HR	GAL/YR
TYPE OF SPRAY GUNS/NOZZLES:						
NO. OF OVENS:		METHOD OF HEATING <input type="checkbox"/> STEAM <input type="checkbox"/> DIRECT FIRE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER:				
FUEL USED:			TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):			
MAXIMUM ANNUAL FUEL USE:			MAXIMUM HOURLY FUEL USE:			
ACTUAL ANNUAL FUEL USE:			ACTUAL HOURLY FUEL USE:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, OR TEST PORTS:						
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.						
COMMENTS:						

## SECTION B

**B8**

### EMISSION SOURCE (PRODUCTION/MIXING OF INKS/COATINGS)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO:	
CONTROL DEVICE ID NO(S):			EMISSION POINT ID(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS.					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:		
DESCRIBE PROCESS:					
<i>OPERATING SCHEDULE</i>		HR/DAY:	DAY/WK:	WEEK/YR:	
<i>SEASONAL VARIATION (%)</i>		JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:
<i>EQUIPMENT SUMMARY</i>	CAPACITY	NO. OF	<i>EQUIPMENT SUMMARY (CONT'D)</i>	CAPACITY	NO. OF
TYPE	(GALLONS)	UNITS	TYPE	(GALLONS)	UNITS
<i>PRODUCT THROUGHPUT (GAL)</i>	HOURLY	ANNUAL	<i>MAX. VOC WEIGHT (LB/GAL):</i>		
	ACTUAL		<i>EVAPORATION RATE (% OF THROUGHPUT):</i>		
	MAXIMUM		<i>METHOD FOR DETERMINATION:</i>		
<i>ATTACH FORM D1 FOR EACH PRODUCT</i>					
NO. OF COOKERS:	METHOD OF HEATING:		<input type="checkbox"/> STEAM	<input type="checkbox"/> DIRECT FIRED	
			<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> OTHER:	
FUEL USED:			TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):		
DESIGNED MAX. ANNUAL FUEL USE:			DESIGNED MAX. HOURLY FUEL USE:		
ACTUAL ANNUAL FUEL USE:			ACTUAL HOURLY FUEL USE:		
DESCRIBE DEVICES USED TO REDUCE EVAPORATION:					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					

## SECTION B

**B9**

### EMISSION SOURCE (STORAGE SILO/BINS)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO:						
CONTROL DEVICE ID NO(S):				EMISSION POINT ID NO(S):						
INDICATE WHETHER THIS SOURCE IS SUBJECT TO				<input type="checkbox"/> NSPS		OR		<input type="checkbox"/> NESHAP REGULATIONS.		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:				OPERATION DATE:						
DESCRIPTION OF PROCESS:										
SEASONAL VARIATION (%)			JAN-MAR:		APR-JUN:		JUL-SEP:		OCT-DEC:	
MATERIAL STORED:					DENSITY OF MATERIAL (LB/FT <sup>3</sup> ):					
CAPACITY		CUBIC FEET:			TONS:					
DIMENSIONS (FEET)		HEIGHT:		DIAMETER:		(OR) LENGTH:	WIDTH:		HEIGHT:	
ANNUAL PRODUCT THROUGHPUT (TONS)				ACTUAL:			MAXIMUM DESIGN CAPACITY:			
<input type="checkbox"/> PNEUMATICALLY FILLED <input type="checkbox"/> BLOWER <input type="checkbox"/> COMPRESSOR			<input type="checkbox"/> MECHANICALLY FILLED <input type="checkbox"/> SCREW CONVEYOR <input type="checkbox"/> BELT CONVEYOR <input type="checkbox"/> BUCKET ELEVATOR			MOTOR HP:		<input type="checkbox"/> FILLED FROM <input type="checkbox"/> RAILCAR <input type="checkbox"/> TRUCK <input type="checkbox"/> STORAGE PILE		
NO. FILL TUBES:			OTHER:			OTHER:				
MATERIAL IS UNLOADED TO:										
BY WHAT METHOD IS MATERIAL UNLOADED FROM SILO?										
MAXIMUM DESIGN FILLING RATE OF MATERIAL (TONS/HR):										
MAXIMUM DESIGN UNLOADING RATE OF MATERIAL (TONS/HR):										
DESCRIBE EMISSION CONTROLS WHILE LOADING SILO:										
DESCRIBE EMISSION CONTROLS WHILE UNLOADING SILO:										
DESCRIBE ANY MONITORING OR WARNING DEVICES:										
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.										
COMMENTS:										

## SECTION B

**B10**

### EMISSION SOURCE (FIXED ROOF STORAGE TANK)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO:	
CONTROL DEVICE ID NO(S):			EMISSION POINT ID NO(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS					
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			OPERATION DATE:		
DESCRIPTION OF STORAGE TANK:					
SEASONAL VARIATION (%)		JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:
LIQUID STORED:			TRUE VAPOR PRESSURE (PSIA):		
DAILY AVG. LIQUID SURFACE TEMP. (R):			VAPOR MOLECULAR WEIGHT (LB/LB MOLE):		
AVERAGE STORAGE TEMP. (F):			<b>ATTACH FORM D1 FOR EACH LIQUID STORED</b>		
CAPACITY	GALLONS:	TONS:	DIMENSIONS (FEET)	HEIGHT:	DIAMETER:
TANK ROOF HEIGHT (FT):		TANK LIQUID HEIGHT (FT):		TANK SHELL HEIGHT (FT):	
TANK ROOF/SHELL COLOR:			PAINT CONDITION:		
MAXIMUM FILLS PER DAY:		MAX. FILLING RATE (GAL/MIN):		MAX. DURATION OF FILL (HOUR/FILL):	
MAX. THROUGHPUT PER YEAR (GAL):			TURNOVERS PER YEAR: MAXIMUM:		ACTUAL:
DESCRIBE ALL MAINTENANCE PROCEDURES:					
DESCRIBE ANY MONITORING OR WARNING DEVICES (SUCH AS LEAK AND FUME DETECTION INSTRUMENTATION):					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					

## SECTION B

**B11**

### EMISSION SOURCE (AIR STRIPPING OF GROUNDWATER)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:			EMISSION SOURCE ID NO:		
CONTROL DEVICE ID(S):			EMISSION POINT ID(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS					
DESCRIPTION OF EMISSION SOURCE:					
<b>OPERATING SCHEDULE</b>				DATE FIRST PUT INTO OPERATION:	
ACTUAL	HR/DAY:	DAY/WK:	WEEK/YR:		
WHAT WILL DETERMINE WHEN UNIT WILL BE SHUT DOWN?					
LIQUID FLOW RATE (GAL/MIN)		REMOVAL EFFICIENCY OF DESIGN CONTAMINANT:			
ACTUAL:		TARGET EFFLUENT CONCENTRATION OF DESIGN CONTAMINANT (MG/L):			
DESIGNED MAX.:		NO. OF WELLS:			
STRIPPING TOWER DATA		TOWER DIAMETER (FT):	TOTAL HEIGHT (FT):		
NO. OF TOWERS:		PACKING HEIGHT (FT):	PACKING MATERIAL:		
DESCRIBE HOW CONTAMINANT CONCENTRATIONS WERE DETERMINED: (ATTACH RESULTS)					
<b>CONTAMINANTS</b>			<b>CAS #</b>		<b>CONCENTRATION (MG/L)</b>
Total volatile contamination (always included)					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					

## SECTION B

**B12**

### EMISSION SOURCE(VACUUM EXTRACTION FOR SOIL CONTAMINATION)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE DESCRIPTION:				EMISSION SOURCE ID NO:	
CONTROL DEVICE ID(S):			EMISSION POINT ID(S):		
INDICATE WHETHER THIS SOURCE IS SUBJECT TO <input type="checkbox"/> NSPS OR <input type="checkbox"/> NESHAP REGULATIONS					
DESCRIPTION OF EMISSION SOURCE:					
<b>OPERATING SCHEDULE</b>				DATE FIRST PUT INTO OPERATION:	
<i>ACTUAL</i>	HR/DAY:	DAY/WK:	WEEK/YR:		
WHAT WILL DETERMINE WHEN UNIT WILL BE SHUT DOWN?					
TYPE OF OPERATION: <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> PULSED			AIR/WATER SEPARATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>INLET WELL DATA:</i>	# OF WELLS	AVG. DEPTH (FT)	AVG. DIAMETER (FT)	MAX. SPACING (FT)	
<i>EXTRACTION WELL DATA:</i>	# OF WELLS	AVG. DEPTH (FT)	AVG. DIAMETER (FT)	RADIUS OF INFLUENCE (FT)	
TOTAL EXTRACTION FLOW RATE (SCFM):			TOTAL EXHAUST FLOW RATE (SCFM):		
DESCRIBE HOW CONTAMINANT CONCENTRATIONS WERE DETERMINED: (ATTACH RESULTS)					
<b>CONTAMINANTS</b>			<b>CAS #</b>		<b>CONCENTRATION (PPM-V)</b>
Total volatile contamination (always included)					
INDICATE ALL REQUESTED STATE AND FEDERALLY ENFORCEABLE PERMIT LIMITS (e.g., hours of operation, material input rates, emission rates, etc.) AND DESCRIBE HOW THESE LIMITS ARE MONITORED AND WITH WHAT FREQUENCY.					
COMMENTS:					



## SECTION C

### CONTROL DEVICE (GENERAL)

**C1**

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS	NO.	OF	UNITS
MANUFACTURER:	MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:				
DESCRIBE CONTROL SYSTEM:				
POLLUTANT(S) COLLECTED:				
CORRESPONDING EFFICIENCY:	_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE <i>(see C1 instructions)</i>	_____	_____	_____	_____
BEFORE CONTROL EMISSION RATE (LB/HR):	_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):	_____	_____	_____	_____
PRESSURE DROP (IN. H2O):	MIN	MAX		
INLET TEMPERATURE (F):	MIN	MAX	OUTLET TEMPERATURE (F):	MIN      MAX
INLET AIR FLOW RATE (ACFM):			OUTLET AIR FLOW RATE (ACFM):	
INLET AIR FLOW VELOCITY (FT/SEC):			OUTLET AIR FLOW VELOCITY (FT/SEC):	
INLET MOISTURE CONTENT (%):				
COLLECTION SURFACE AREA (FT <sup>2</sup> ):	FUEL USED:		FUEL USAGE RATE:	
DESCRIBE STARTUP PROCEDURES:				
DESCRIBE MAINTENANCE PROCEDURES:				
DESCRIBE ANY AUXILIARY MATERIALS INTRODUCED INTO THE CONTROL SYSTEM:				
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:				
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):				
ATTACH MANUFACTURER'S SPECIFICATIONS, SCHEMATICS, AND ALL OTHER DRAWINGS NECESSARY TO DESCRIBE THIS CONTROL DEVICE AND ITS RELATIONSHIP TO ITS EMISSION SOURCE.				

## SECTION C

### CONTROL DEVICE (FABRIC FILTER)

**C2**

REVISED 7/20/2001

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:		CONTROL EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):		POSITION IN SERIES OF CONTROLS	NO.	OF	UNITS
MANUFACTURER:		MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE CONTROL SYSTEM:					
POLLUTANT(S) COLLECTED: _____					
CORRESPONDING EFFICIENCY:		_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE: <i>(see C2 instruction)</i> _____					
BEFORE CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
PRESSURE DROP (IN. H2O):		MIN	MAX	WARNING ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INLET TEMPERATURE (F):		MIN	MAX	OUTLET TEMPERATURE (f): MIN MAX E4	
INLET AIR FLOW RATE (ACFM):					
AIR TO CLOTH RATIO:		FILTER SURFACE AREA (FT2):		FILTER MAX. OPERATING TEMP.(F)	
FILTER MATERIAL:		DESCRIBE CLEANING PROCEDURES:			
TIME BETWEEN CLEANING:		<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> REVERSE FLOW	<input type="checkbox"/> SIMPLE BAG COLLAPSE	
CLEANING TIME:		<input type="checkbox"/> SONIC	<input type="checkbox"/> AIR PULSE	<input type="checkbox"/> RING BAG COLLAPSE	
		<input type="checkbox"/> OTHER:			
DESCRIBE MAINTENANCE PROCEDURES:					
DESCRIBE MOISTURE BLINDING, CHEMICAL RESISTIVITY, AND/OR SPECIAL OPERATING CONDITIONS:					
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:					
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):					

## SECTION C

### CONTROL DEVICE (ESP)

**C3**

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS	NO.	OF	UNITS
MANUFACTURER:	MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:				
DESCRIBE CONTROL SYSTEM:				
POLLUTANT(S) COLLECTED: _____				
CORRESPONDING EFFICIENCY	_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE: <i>(see C3 instructions)</i>	_____	_____	_____	_____
BEFORE CONTROL EMISSION RATE (LB/HR):	_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):	_____	_____	_____	_____
PRESSURE DROP (IN. H2O): MIN	MAX	WARNING ALARM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
INLET TEMPERATURE (F): MIN	MAX	OUTLET TEMPERATURE (F): MIN	MAX	
INLET AIR FLOW RATE (ACFM):				
COLLECTION PLATE AREA (FT2):	NO. COMPARTMENTS:	NO. CELLS/COMPARTMENT:		
PARTICLE MIGRATION VELOCITY (FT/SEC):	PARTICLE DENSITY (LB/FT3):			
FIELD STRENGTH (VOLTS):	COLLECTING:			
CORONA POWER (WATTS/1000CFM):	ELECTRICAL USAGE (KW/HOUR):			
RESISTIVITY OF POLLUTANT (OHM-CM):	GAS VISCOSITY (POISE):			
DESCRIBE CLEANING PROCEDURES:	<input type="checkbox"/> PLATE RAPPING	<input type="checkbox"/> PLATE VIBRATING	<input type="checkbox"/> WASHING	
	<input type="checkbox"/> OTHER			
DESCRIBE MAINTENANCE PROCEDURES:				
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:				
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):				
ATTACH A DIAGRAM OF THE TOP VIEW OF THE ESP WITH DIMENSIONS (include at a minimum the plate spacing and wire spacing and indicate the electrode type)				

## SECTION C

**C4**

### CONTROL DEVICE (THERMAL OR CATALYTIC)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:		CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):		POSITION IN SERIES OF CONTROLS	NO.	OF	UNITS
MANUFACTURER:		MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE CONTROL SYSTEM:					
POLLUTANT(S) COLLECTED: _____					
CORRESPONDING EFFICIENCY:		_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION COD (see C4 instructions) _____					
BEFORE CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
IF CATALYST USED	TYPE:	VELOCITY THROUGH CATALYST (fps):			
	Catalyst vol. (cubic ft)	SCFM through catalyst:			
PRESSURE DROP (IN. H2O	MIN	MAX	OUTLET TEMPERATURE (F):	MIN	MAX
INLET TEMPERATURE (F):	MIN	MAX	RESIDENCE TIME (SECONDS):		
INLET AIR FLOW RATE (ACFM):			COMBUSTION TEMPERATURE (F):		
COMBUSTION CHAMBER VOLUME (FT3):			INLET MOISTURE CONTENT (%):		
% EXCESS AIR:					
FUEL USED:			TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):		
MAXIMUM ANNUAL FUEL USE:			MAXIMUM HOURLY FUEL USE:		
ACTUAL ANNUAL FUEL USE:			ACTUAL HOURLY FUEL USE:		
METHOD USED TO INCREASE MIXING:					
DESCRIBE STARTUP/SHUTDOWN PROCEDURES:					
DESCRIBE MAINTENANCE PROCEDURES:					
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:					
ON A SEPARATE PAGE, SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):					

## SECTION C

**C5**

### CONTROL DEVICE (MECHANICAL)

REVISED: 10/24/2000    FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:		CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):		POSITION IN SERIES OF CONTROLS	NO.	OF	UNITS
MANUFACTURER:		MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE CONTROL SYSTEM:					
POLLUTANT(S) COLLECTED: _____					
CORRESPONDING EFFICIENCY:		_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE <i>(see C5 instructions)</i>					
BEFORE CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
PRESSURE DROP (IN. H2O):		MIN	MAX	WARNING ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	
INLET TEMPERATURE (F):		MIN	MAX	OUTLET TEMPERATURE (F):    MIN    MAX	
INLET AIR FLOW RATE (ACFM):		PARTICLE DENSITY (LB/FT3):			
<i>SETTLING CHAMBER</i>		<i>CYCLONE</i>			<i>MULTICYCLONE</i>
LENGTH (INCHES):	INLET VELOCITY (FT/SEC):		<input type="checkbox"/> CIRCULAR <input type="checkbox"/> SQUARE		NO. TUBES:
WIDTH (INCHES):	<i>DIMENSIONS (INCHES) See instructions</i>		<i>IF WET SPRAY UTILIZED</i>		DIAMETER OF TUBES:
HEIGHT (INCHES):	H:	Dd:	LIQUID USED:		HOPPER ASPIRATION SYSTEM?
VELOCITY (FT/SEC.):	W:	Lb:	FLOW RATE (GPM):		<input type="checkbox"/> YES <input type="checkbox"/> NO
NO. TRAYS:	De:	Lc:	MAKE UP RATE (GPM):		LOUVERS?
NO. BAFFLES:	D:	S:			<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE MAINTENANCE PROCEDURES:					
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:					
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):					

## SECTION C

**C6**

### CONTROL DEVICE (ADSORBER)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:		CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):		POSITION IN SERIES OF CONTROLS		NO.	OF UNITS
MANUFACTURER:		MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE CONTROL SYSTEM:					
POLLUTANT(S) COLLECTED: _____					
CORRESPONDING EFFICIENCY:		_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE:		<i>(see C6 instructions)</i>			
BEFORE CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
INLET AIR FLOW RATE (ACFM):					
PRESSURE DROP (IN. H2O):		MIN	MAX	WARNING ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INLET TEMPERATURE (F):		MIN	MAX	OUTLET TEMPERATURE (F): MIN MAX	
SIZE OF COMPARTMENTS (FT)	LENGTH:	WIDTH:		HEIGHT:	DIAMETER:
METHOD OF ADSORPTION:		<input type="checkbox"/> ONE-PASS REGENERATIVE		<input type="checkbox"/> ONE-PASS NONREGENERATIVE	
		<input type="checkbox"/> RECIRCULATING		<input type="checkbox"/> OTHER:	
TYPE OF ADSORPTION MATERIAL:				NUMBER OF COMPARTMENTS:	
REGENERATIVE METHOD:		<input type="checkbox"/> DISCARDED		<input type="checkbox"/> CHEMICAL	
		<input type="checkbox"/> THERMAL (STEAM)		<input type="checkbox"/> THERMAL (DRY HEAT)	
		<input type="checkbox"/> OTHER:			
REGENERATIVE SCHEDULE	MAX. TIME FOR DESORPTION			LENGTH OF TIME TO MAX. SATURATION	
HOW ARE EMISSIONS CONTROLLED DURING REGENERATION?					
VOLATILE CONCENTRATIONS (PPMV)		ENTERING UNIT:		LEAVING UNIT:	
				ORIENTATION OF BEDS:	
RELATIVE HUMIDITY OF AIR STREAM ENTERING UNIT (%):					
BREAKTHROUGH CAPACITY (LB. VAPOR/LB. ADSORBENT):				BREAKTHROUGH ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CYCLE TIME:					
DESCRIBE MAINTENANCE PROCEDURES:					
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:					
DESCRIBE HOW REGENERATION CYCLE IS INITIATED: (e.g. - fixed time, ppm monitor, etc.)					
ON A SEPARATE PAGE, SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):					

## SECTION C

**C7**

### CONTROL DEVICE (GASEOUS ABSORBER)

REVISED: 10/24/2000      FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:		CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):		POSITION IN SERIES OF CONTROLS NO.	OF	UNITS	
MANUFACTURER:		MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE CONTROL SYSTEM:					
POLLUTANT(S) COLLECTED: _____					
CORRESPONDING EFFICIENCY:		_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE: <i>(see C7 instructions)</i>					
BEFORE CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
PRESSURE DROP (IN. H2O): MIN      MAX		WARNING ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
INLET TEMPERATURE (F):    MIN      MAX		OUTLET TEMPERATURE (F): MIN      MAX			
INLET AIR FLOW RATE (ACFM):					
TOTAL GAS PRESSURE (PSIG):		GAS DEW POINT (F):		GAS VELOCITY (FT/SEC):	
TYPE OF SYSTEM:					
<i>PACKED COLUMN</i>	TYPE OF PACKING:		COLUMN LENGTH (FT):	COLUMN DIAMETER (FT):	
<i>PLATE COLUMN</i>	PLATE SPACING (INCHES):		COLUMN LENGTH (FT):	COLUMN DIAMETER (FT):	
ADDITIVE LIQUID SCRUBBING MEDIUM:			PERCENT RECIRCULATED:		
TOTAL LIQUID INJECTION RATE (GAL/MIN):		MAKE UP RATE (GAL/MIN):		FOR ADDITIVE (GAL/MIN):	
DESCRIBE MAINTENANCE PROCEDURES:					
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:					
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):					

## SECTION C

**C8**

### CONTROL DEVICE (WET SCRUBBER)

REVISED: 10/24/2000      FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:		CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):			
EMISSION POINT ID NO(S):		POSITION IN SERIES OF CONTROLS	NO.	OF	UNITS
MANUFACTURER:		MODEL NO:			
ALTERNATIVE OPERATING SCENARIO (AOS) NO:					
DESCRIBE CONTROL SYSTEM:					
POLLUTANT(S) COLLECTED:					
CORRESPONDING EFFICIENCY:		_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE: <i>(see C8 instructions)</i>		_____	_____	_____	_____
BEFORE CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
AFTER CONTROL EMISSION RATE (LB/HR):		_____	_____	_____	_____
PRESSURE DROP (IN. H2O): MIN                      MAX		WARNING ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
INLET TEMPERATURE (F): MIN                      MAX		OUTLET TEMPERATURE (F): MIN                      MAX			
INLET AIR FLOW RATE (ACFM):		MOISTURE CONTENT : INLET                      %                      OUTLET                      %			
THROAT VELOCITY (FT/SEC):		THROAT TYPE: <input type="checkbox"/> FIXED <input type="checkbox"/> VARIABLE			
EMISSION STREAM MEAN PARTICULATE DIAMETER (MICRONS):					
TYPE OF SYSTEM:		TYPE OF PACKING USED IF ANY:			
ADDITIVE LIQUID SCRUBBING MEDIUM:		PERCENT RECIRCULATED:			
TOTAL LIQUID INJECTION RATE (GAL/MIN): MIN                      MAX		FLOW RATE GAUGE INSTALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MAKE UP RATE (GAL/MIN):		FOR ADDITIVE (GAL/MIN):			
DESCRIBE MAINTENANCE PROCEDURES:					
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:					
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):					

## SECTION C

**C9**

### CONTROL DEVICE (CONDENSER)

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS	NO.	OF UNITS
MANUFACTURER:	MODEL NO:		
ALTERNATIVE OPERATING SCENARIO (AOS) NO:			
DESCRIBE CONTROL SYSTEM:			
POLLUTANT(S) COLLECTED: _____			
CORRESPONDING EFFICIENCY:	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE	<i>(see C9 instructions)</i>		
BEFORE CONTROL CONCENTRATION (PPMV):	_____	_____	_____
AFTER CONTROL CONCENTRATION (PPMV):	_____	_____	_____
EMISSION STREAM FLOW RATE (ACFM):	INLET EMISSION STREAM TEMPERATURE (F):		
MOISTURE CONTENT OF EMISSION STREAM (%):	TEMPERATURE OF CONDENSATION (F):		
COOLANT USED:	TEMPERATURE OF INLET COOLANT (F):		
COOLANT FLOW RATE (LB/HR):	REFRIGERATION CAPACITY (TONS):		
CONDENSER SURFACE AREA (FT <sup>2</sup> ):	SPECIFIC HEAT OF POLLUTANT COLLECTED (BTU/LB-MOL F):		
HEAT OF VAPORIZATION OF COLLECTED POLLUTANT (BTU/LB-MOL):			
DESCRIBE MAINTENANCE PROCEDURES:			
DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:			
SHOW BY DIAGRAM THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):			

**SECTION D**

**D1**

**PRODUCT ANALYSIS WORKSHEET (VOC EMISSIONS)**

Attach to  
Appropriate  
"B" Form

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

PRODUCT NAME:		PRODUCT NO:		COATING ID NO:				
MANUFACTURER:			SUPPLIER:					
LIST EMISSION SOURCE ID NO(S) WHERE PRODUCT IS USED:								
<b>ATTACH MATERIAL SAFETY DATA SHEET (Except for existing permitted facility applying for initial Title V permit)</b>								
DESCRIPTION OF USE:								
PRODUCT DENSITY (LB/GAL):				% BY WEIGHT	% BY VOLUME			
VOLATILE DENSITY IN PRODUCT (LB/GAL):				SOLIDS				
LB. VOC/GAL. SOLID		SUPPLIED TO APPLICATOR:		VOLATILES				
KG. VOC/LITER SOLID		SUPPLIED TO APPLICATOR:		WATER				
VOC CONSTITUENTS	CAS NO.	% BW IN PRODUCT	% BV IN VOLATILE	REACTIVITY (CIRCLE ONE) (ONLY FOR TITLE V FACILITIES)				
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
				R1	R2	R3	NR	E
		TOTAL:		R1	R2	R3	R1, R2, R3	
		TOTAL 100%		TOTAL	TOTAL	TOTAL	TOTAL	
IF THINNERS OR OTHER ADDITIVES ARE INCLUDED IN THE BREAKDOWN, ATTACH SEPARATE D1 FORM FOR EACH AND INCLUDE IN THE COMMENTS THE AMOUNT ADDED PER GALLON OF PRODUCT.				5% BV	8% BV	20% BV	=	20% BV
				<input type="checkbox"/> REACTIVE		<input type="checkbox"/> NONREACTIVE		
Solid Hazardous Air Pollutants		CAS #		% WT IN PRODUCT				
COMMENTS:								

D2-1

SECTION D  
TOXIC POLLUTANT EMISSION  
EMISSION SOURCE SUMMARY

REVISED: 10/24/2000

FORSYTH COUNTY-APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE

EMISSION SOURCE DESCRIPTION:	EMISSION SOURCE ID NUMBER:
------------------------------	----------------------------

PRIMARY CONTROL DEVICE:	CONTROL ID #:
SECONDARY CONTROL DEVICE:	CONTROL ID #:

**ATTACH DOCUMENTATION EXPLAINING ALL CAPTURE AND CONTROL EFFICIENCIES, ATTACH ALL CALCULATIONS**

TOXIC AIR POLLUTANT (TAP)	PERMITTED MAXIMUM EMISSIONS			EMISSION POINT ID	EMISSION FACTOR TYPE
	CAS #	LB/YEAR	LB/HOUR		
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					
Prior to modification/netting event					

**READ INSTRUCTIONS PRIOR TO COMPLETING MODELING PARAMETERS SECTION**

MODELING PARAMETERS					
EMISSION POINT ID	EXHAUST TEMPERATURE (deg F)	EMISSION POINT DIAMETER (FT)	EMISSION POINT HEIGHT (FT)	EXIT VELOCITY (FT/SEC)	Stack Direction
					RC V H
					RC V H
					RC V H
					RC V H
					RC V H

IF YOU ENTERED PERMITTED MAXIMUM EMISSIONS LESS THAN THE DESIGN CAPACITY, INDICATE THE PERMIT LIMITS YOU ARE REQUESTING AND THE MANNER THAT YOU WILL BE RECORDING, VERIFYING, AND/OR REPORTING THE CONDITIONS:

## SECTION D

### TOXIC AIR POLLUTANT NETTING WORKSHEET & FACILITY-WIDE EMISSIONS SUMMARY

**D2-2**

REVISED: 10/24/2000

FORSYTH COUNTY-APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE

TOXIC AIR POLLUTANT:	CAS #.
----------------------	--------

EMISSION SOURCE ID #S:

#### SECTION A - EMISSION OFFSETTING ANALYSIS FOR MODIFIED/NEW SOURCES

Summarize in this section using the D2-1 forms.	TAP EMISSIONS			
	LB/YEAR	LB/DAY	LB/HOUR	LB/15-MINUTE
MODIFICATION INCREASE				
- MINUS -	- MINUS -	- MINUS -	- MINUS -	- MINUS -
MODIFICATION DECREASE				
- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -
NET CHANGE FROM MODIFICATION				

*ATTACH WITH THIS FORM ALL EMISSION CALCULATIONS FOR SECTIONS B AND C*

#### SECTION B - FACILITY-WIDE EMISSION NETTING ANALYSIS

CREDITABLE INCREASES				
- MINUS -	- MINUS -	- MINUS -	- MINUS -	- MINUS -
CREDITABLE DECREASE				
- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -	- EQUALS -
NET CREDITABLE CHANGE				

#### SECTION C - FACILITY-WIDE EMISSIONS

TOTAL FACILITY EMISSIONS				
Rule 3Q .0711 LEVEL				

IS AN AIR DISPERSION MODELING ANALYSIS REQUIRED?       YES       NO

COMMENTS:



3. SOURCE DATA	Source data requirements are based on the appropriate source classification- each source emission is classified as a point, area, or volume source. NOTE: fugitive sources (individually or grouped) should be classified as a point, area or volume source.				
<b>Point Source</b>	<b>STACK DATA</b>				
Source ID					
Stack Description					
Stack Height (m) - AGL					
Stack Temperature (Kelvin)					
Stack Exit Velocity (m/s)					
Stack Diameter (m)					
Stack Base Elevation (m) - MSL					
Stack UTM Coordinates (m) - E					
- N					
Rain Cap? (Y/N)					
Vertical Stack? (Y/N)					
Shortest Distance to Property Boundary (m)					
<b>AREA SOURCE</b>	<b>AREA SOURCE DATA</b>				
Source ID					
Source Description					
Area Source Height (m)					
Area Source Length (m)					
Area Source Width (m)					
Source Base Elevation (m) - MSL					
Area Source UTM Coordinates (m) - E					
- N					
Shortest Distance to Property Boundary (m)					
<b>VOLUME SOURCE</b>	<b>VOLUME SOURCE DATA</b>				
Source ID					
Source Description					
Volume Source Height (m)					
Volume Source Length (m)					
Volume Source Building Height (m)					
Source base Elevation (m) - MSL					
Volume Source UTM Coordinates (m) - E					
- N					
Shortest Distance to Property Boundary (m)					
m - meters	m/s - meters per second	AGL - Above Ground Level			
Kelvin(degrees) = 273+((F-32) x 5/9)	MSL - Mean Sea Level	UTM - Universal Transverse Mercator			













## SECTION D

**D6**

### TECHNICAL ANALYSIS TO SUPPORT PERMIT APPLICATION

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

PROVIDE DETAILED TECHNICAL CALCULATIONS TO SUPPORT ALL EMISSION, CONTROL, AND REGULATORY DEMONSTRATIONS MADE IN THIS APPLICATION. INCLUDE A COMPREHENSIVE PROCESS FLOW DIAGRAM AS NECESSARY TO SUPPORT AND CLARIFY CALCULATIONS AND ASSUMPTIONS. ADDRESS THE FOLLOWING SPECIFIC ISSUES ON SEPARATE PAGES:

- A. **SPECIFIC EMISSION SOURCE (EMISSION INFORMATION) (FORM D3-1)** - SHOW CALCULATIONS USED, INCLUDING EMISSION FACTORS, MATERIAL BALANCES, AND/OR OTHER METHODS FROM WHICH THE POLLUTANT EMISSION RATES IN THIS APPLICATION WERE DERIVED. INCLUDE CALCULATIONS OF POTENTIAL BEFORE AND, WHERE APPLICABLE, AFTER CONTROL. CLEARLY STATE ANY ASSUMPTIONS MADE AND PROVIDE ANY REFERENCES AS NEEDED TO SUPPORT MATERIAL BALANCE CALCULATIONS.
- B. **SPECIFIC EMISSION SOURCE (REGULATORY INFORMATION)(FORM D3-2)** - PROVIDE AN ANALYSIS OF ANY REGULATIONS APPLICABLE TO INDIVIDUAL SOURCES AND THE FACILITY AS A WHOLE. INCLUDE A DISCUSSION OUTLINING METHODS (e.g. FOR TESTING AND/OR MONITORING REQUIREMENTS) FOR COMPLYING WITH APPLICABLE REGULATIONS, PARTICULARLY THOSE REGULATIONS LIMITING EMISSIONS BASED ON PROCESS RATES OR OTHER OPERATIONAL PARAMETERS. PROVIDE JUSTIFICATION FOR AVOIDANCE OF ANY FEDERAL REGULATIONS (PREVENTION OF SIGNIFICANT DETERIORATION [PSD], NEW SOURCE PERFORMANCE STANDARDS [NSPS], NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS [NESHAPS], TITLE V), INCLUDING EXEMPTIONS FROM THE FEDERAL REGULATIONS WHICH WOULD OTHERWISE BE APPLICABLE TO THIS FACILITY. SUBMIT ANY ANALYSES REQUIRED TO DOCUMENT COMPLIANCE WITH ANY REGULATIONS. INCLUDE EMISSION RATES CALCULATED IN ITEM "A" ABOVE, DATES OF MANUFACTURE, CONTROL EQUIPMENT, ETC. TO SUPPORT THESE CONCLUSIONS.
- C. **CONTROL DEVICE ANALYSIS (SECTION C)** - PROVIDE A TECHNICAL EVALUATION WITH SUPPORTING REFERENCES FOR ANY CONTROL EFFICIENCIES LISTED ON SECTION C FORMS, OR USED TO REDUCE EMISSION RATES IN CALCULATIONS UNDER ITEM "A" ABOVE. INCLUDE PERTINENT OPERATING PARAMETERS (E.G. OPERATING CONDITIONS, MANUFACTURER RECOMMENDATIONS, AND PARAMETERS AS APPLIED FOR IN THIS APPLICATION) CRITICAL TO ENSURING PROPER PERFORMANCE OF THE CONTROL DEVICE(S). INCLUDE ANY LIMITATIONS OR MALFUNCTION POTENTIAL FOR THE PARTICULAR CONTROL DEVICES AS EMPLOYED AT THIS FACILITY. DETAIL PROCEDURES FOR ASSURING PROPER OPERATION OF THE CONTROL DEVICE INCLUDING MONITORING SYSTEMS AND MAINTAINENCE TO BE PERFORMED.
- D. **PROCESS AND OPERATIONAL COMPLIANCE ANALYSIS** - SHOWING HOW COMPLIANCE WILL BE ACHIEVED WHEN USING PROCESS, OPERATIONAL, OR OTHER DATA TO DEMONSTRATE COMPLIANCE. REFER TO COMPLIANCE REQUIREMENTS IN THE REGULATORY ANALYSIS IN ITEM "B" WHERE APPROPRIATE. LIST ANY CONDITIONS OR PARAMETERS THAT CAN BE MONITORED AND REPORTED TO DEMONSTRATE COMPLIANCE WITH THE APPLICABLE REGULATIONS.

COMMENTS:

**SECTION E**  
**TITLE V INFORMATION**

**E1**

REVISED: 10/24/2000

FORSTYH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

**IF YOUR FACILITY IS CLASSIFIED AS "MAJOR" FOR TITLE V YOU MUST COMPLETE THIS FORM AND ALL OTHER REQUIRED "E" FORMS (E2 THROUGH E8 AS APPLICABLE).**

INDICATE HERE IF YOUR FACILITY IS SUBJECT TO TITLE V BY  CATEGORY OR  EMISSIONS

IF SUBJECT BY CATEGORY, INDICATE THE CATEGORY:

IF SUBJECT BY EMISSION LEVEL, COMPLETE THE FOLLOWING:

*POLLUTANT(S) FOR WHICH THE FACILITY IS MAJOR*

*EMISSION RATE ( SPECIFY UNITS )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOUR FACILITY IS SUBJECT TO SECTION 112(r) "PREVENTION OF ACCIDENTAL RELEASE" OF THE CLEAN AIR ACT, HAVE YOU PREPARED, RETAINED ON SITE, AND SUBMITTED TO EPA A RISK MANAGEMENT PLAN?  YES  NO

ARE YOU OR WILL YOU BE SUBJECT TO ANY MAXIMUM ACHIEVABLE CONTROL TECHNOLOGY STANDARDS (MACTS) ISSUED PURSUANT TO SECTION 112 (d) OF THE CLEAN AIR ACT?  
IF SO, SPECIFY:

LIST ANY ADDITIONAL REGULATIONS WHICH ARE REQUESTED TO BE INCLUDED IN THE PERMIT SHIELD AND PROVIDE AN EXPLANATION FOR THE REQUESTED SHIELD:

*REGULATION*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E**

**E2**

**TITLE V INSIGNIFICANT ACTIVITIES SUMMARY**

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

**INSIGNIFICANT ACTIVITIES PER FCAQTC 3Q .0503(8)**

DESCRIPTION OF EMISSION SOURCE	UNITS	BASIS FOR EXEMPTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		



SECTION E

E4

COMPLIANCE PLAN (METHOD OF COMPLIANCE)

REVISED: 6/21/2010

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

EMISSION SOURCE ID NO. _____	REGULATED POLLUTANT _____
ALTERNATIVE OPERATING SCENARIO (AOS) NO: _____	APPLICABLE REGULATION _____

ATTACH A SEPARATE PAGE TO EXPAND ON ANY OF THE BELOW COMMENTS

MONITORING REQUIREMENTS

IS COMPLIANCE ASSURANCE MONITORING (CAM) APPLICABLE  YES  NO  
 IS CAM MONITORING PLAN ATTACHED?  YES  NO  
 MONITORING DEVICE TYPE: \_\_\_\_\_  
 MONITORING LOCATION: \_\_\_\_\_  
 OTHER MONITORING METHODS (DESCRIBE IN DETAIL): \_\_\_\_\_

DESCRIBE THE FREQUENCY AND DURATION OF MONITORING AND HOW THE DATA WILL BE RECORDED (i.e., every 15 minutes, 1 minute instantaneous readings taken to produce an hourly average):

TEST METHODS

REFERENCE TEST METHOD DESCRIPTION: \_\_\_\_\_

REFERENCE TEST METHOD CITATION: \_\_\_\_\_

RECORDKEEPING REQUIREMENTS

DATA (PARAMETER) BEING RECORDED: \_\_\_\_\_

FREQUENCY OF RECORDKEEPING (HOW OFTEN IS DATA RECORDED): \_\_\_\_\_

REPORTING REQUIREMENTS

GENERALLY DESCRIBE WHAT IS REPORTED: \_\_\_\_\_

FREQUENCY:  MONTHLY  QUARTERLY  ONCE EVERY 6 MONTHS  
 OTHER (DESCRIBE): \_\_\_\_\_

**SECTION E**

**TITLE V COMPLIANCE CERTIFICATION**

**E5**

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

*In accordance with the provisions of FCAQTC 3Q .0520 the responsible company official of:*

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CITY, NC :** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**PERMIT NUMBER :** \_\_\_\_\_

**CERTIFIES THAT:**

1. *For applicable requirements with which the facility is in compliance, the facility shall continue to comply with such requirements;*
  
2. *For applicable requirements that will become effective during the permit term, the facility shall comply with such requirements;*
  
3. *Or applicable requirements for which the facility is not in compliance at the time of permit issuance, a narrative description of how the equipment will achieve compliance with the applicable requirements has been submitted to the Forsyth County Environmental Affairs Department; and*
  
4. *The facility shall fulfill applicable compliance assurance monitoring requirements and submit a compliance certification as required by the EPA and 40 CFR Part 64.*

Schedule for Submission of Compliance Certifications During the Term of The Permit:

Frequency of Submittal \_\_\_\_\_ Beginning \_\_\_\_\_

The undersigned certifies under the penalty of law that all information and statements provided in the application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

\_\_\_\_\_  
Signature of responsible company official      Date \_\_\_\_\_

\_\_\_\_\_  
Name, Title of responsible company official (Type or print)

SECTION E  
COMPLIANCE SCHEDULE

REVISED: 10/24/2000

FORSYTH COUNTY - APPLICATION FOR AIR PERMIT TO CONSTRUCT/OPERATE

***COMPLIANCE STATUS WITH RESPECT TO ALL APPLICABLE REQUIREMENTS***

Will each emission source at 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 NO**, complete **A** through **F** below for each requirement for which compliance is not achieved.

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

**If NO**, complete **A** through **F** below for each requirement for which compliance is not achieved.

A. Identify emission source ID No.: \_\_\_\_\_

B. Identify applicable requirement for which compliance is not achieved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Narrative description of how compliance will be achieved with this applicable requirements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Detailed Schedule of Compliance:

<u>Step(s)</u>	<u>Date Expected</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. Frequency for submittal of progress reports (6 month minimum):  
\_\_\_\_\_

F. Starting date of submittal of progress reports: \_\_\_\_\_

**E7**

**SECTION E**

**TITLE V MINOR MODIFICATION**

REVISED: 10/24/2000

FORSYTH COUNTY- APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE

FACILITY NAME: \_\_\_\_\_ CDS PLANT ID (10 digits): 37067

PERMIT NO: \_\_\_\_\_

**NEW OR MODIFIED EQUIPMENT**

ES ID NO.	EMISSION SOURCE DESCRIPTION	CD ID NO.	CONTROL DEVICE DESCRIPTION	EP ID NO.

DESCRIPTION OF MODIFICATION :

**EMISSIONS CHANGES RESULTING FROM MODIFICATION**

POLLUTANT	POTENTIAL EMISSIONS CHANGE (tpy)	POLLUTANT	POTENTIAL EMISSIONS CHANGE (tpy)
PM		VOC	
SO2		LEAD	
NOx		HAP	
CO			

COMPLETED D3-2 FORMS ATTACHED?  YES  NO ( D3-2 FORMS MUST ALSO BE INCLUDED WITH THE STANDARD CONSTRUCTION AND OPERATION APPLICATION [SECTION 3Q .0300])

REQUEST FOR GROUP PROCESSING:  YES  NO IF "YES" ATTACH INFORMATION REQUIRED BY RULE 3Q .0515(b)(2)

DRAFT PERMIT ATTACHED:  YES  NO IF "NO" A DRAFT PERMIT WILL BE PROVIDED BY THE DEPARTMENT.

**CERTIFICATION**

The undersigned certifies that the proposed modification meets the criteria for using modification procedures set out in Rule 3Q .0515.

The undersigned certifies under the penalty of law that all information and statements provided in this application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

Signature of responsible company official \_\_\_\_\_

Date \_\_\_\_\_

Name, Title of responsible company official (Type or print) \_\_\_\_\_

**SECTION E**

**E8**

**SECTION 502 (B) (10) CHANGE NOTIFICATION**

REVISED: 10/24/2000

FORSTYH COUNTY- APPLICATION FOR AIR PERMIT TO CONSTRUCT AND OPERATE

FACILITY NAME:	CDS PLANT ID( 10 digits): 37067
----------------	---------------------------------

PERMIT NO:	ANTICIPATED DATE OF CHANGE:
------------	-----------------------------

**NEW OR MODIFIED EQUIPMENT**

ES ID NO.	EMISSION SOURCE DESCRIPTION	CD ID NO.	CONTROL DEVICE DESCRIPTION	EP ID NO.

**DESCRIPTION OF CHANGES**

**EMISSIONS CHANGE RESULTING FROM CHANGE**

POLLUTANT	POTENTIAL EMISSIONS CHANGE(tpy)	POLLUTANT	POTENTIAL EMISSION CHANGE(TPY)
PM		VOC	
SO2		LEAD	
NOx		HAP	
CO			

**PERMIT CONDITIONS NOT APPLICABLE AFTER CHANGE**

ES ID NO.	NONAPPLICABLE PERMIT CONDITIONS	ES ID NO.	NONAPPLICABLE PERMIT CONDITIONS

**NOTIFICATION MAILED TO EPA REGION4?**     YES     NO

**CERTIFICATION**

This change does not exceed the allowable emission rates for regulated pollutants affected by the change and does not constitute a Title I modification. This change does not violate applicable requirements or contravene federally enforceable permit terms and conditions that are monitoring (including test methods), recordkeeping, reporting, or compliance certification requirements. Based on information and belief formed after reasonable inquiry, the statements and information in this notification and associated permit application are true, accurate, and complete.

\_\_\_\_\_  
Signature of responsible company official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Title of responsible company official (Type or print)