



Title V Operating Permit Application - Part 1

FORM 1.0: FACILITY IDENTIFICATION AND APPLICATION CERTIFICATION

Permit Application Type: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Initial* | <input type="checkbox"/> Administrative Amendment | <input type="checkbox"/> Annual Emissions Inventory |
| <input type="checkbox"/> Renewal* | <input type="checkbox"/> Minor Permit Modification | <input type="checkbox"/> Annual Emissions Fee |
| <input type="checkbox"/> Supplemental Information | <input type="checkbox"/> Significant Permit Modification | <input type="checkbox"/> PreApp Meeting/Assistance* |

FACILITY INFORMATION

1. Company/Facility Name: _____
2. EIQ Number: _____ 3. Facility Number: _____
- Facility Address: _____
- City: _____ State: _____ Zip Code: _____
4. Permit Contact Name: _____ Title: _____ Mr. Ms. Dr.
- Phone Number: _____ Email: _____
- Mailing Address: _____
- City: _____ State: _____ Zip Code: _____

BILLING & INVOICE REMITTANCE INFORMATION (*) (if different than contact information)

5. Billing Contact Name: _____
- Company Name: _____
- Phone Number: _____ Email: _____
- Mailing Address: _____
- City: _____ State: _____ Zip Code: _____

PARENT COMPANY INFORMATION

6. Parent Company/Owner Name: _____
- Contact/Agent Name: _____ Title: _____ Mr. Ms. Dr.
- Phone Number: _____ Email: _____
- Mailing Address: _____
- City: _____ State: _____ Zip Code: _____
7. Number of Employees: Facility Total: _____ Company Total (Iowa): _____

PROCESSES AND PRODUCTS

8. Principal Activity: SIC Code: _____ NAICS Code: _____
- Description: _____ Description: _____
9. Secondary Activity: SIC Code: _____ NAICS Code: _____
- Description: _____ Description: _____
- SIC Code: _____ NAICS Code: _____
- Description: _____ Description: _____

*By submitting an initial or renewal application or requesting a pre-application meeting / assistance, the applicant agrees to be billed for all fees incurred for the review of your application or activities related to your pending application at the applicable hourly rate. The applicant agrees that the applicant is liable for application fees based on the current Fee Schedule.

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DESIGNATION OF RESPONSIBLE OFFICIAL (567 IAC 22.100)

10. Responsible Official: _____ Title: _____ Mr. Ms. Dr.
 Phone Number: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

APPLICATION CONTENTS

PART 1 – GENERAL EMISSIONS INFORMATION	PART 1 – GENERAL EMISSIONS INFORMATION Actual Emissions Data (Choose Option 1 or Option 2)
<input type="checkbox"/> 1.0 Facility Identification and Application Certification <input type="checkbox"/> 1.2 Process Flow Diagram <input type="checkbox"/> 1.3 Insignificant Activities <input type="checkbox"/> 1.4 Potential Toxic Emissions <input type="checkbox"/> 1.5 Potential Emissions – Significant <input type="checkbox"/> 2.0 Emission Point Information <input type="checkbox"/> 3.0 Emission Unit Description/Potential Emissions <input type="checkbox"/> CE-01 Control Equipment <input type="checkbox"/> ME-01 Monitoring Systems <input type="checkbox"/> CA-01 Calculations	<p>Option 1 (Incorporate last emission inventory submitted by <input type="checkbox"/> Paper or <input type="checkbox"/> SLEIS: Submission Date: _____</p> <p>Option 2 (Include with this application the following items) <input type="checkbox"/> 4.0 Unit Process - Actual Operations and Emissions <input type="checkbox"/> 5.0 Title V Annual Emissions Summary/Emissions Fee <input type="checkbox"/> CA-01 Calculation</p>
	<p>PART 2 –REQUIREMENTS & COMPLIANCE</p> <input type="checkbox"/> General Facility Requirements <input type="checkbox"/> Emission Point Information <input type="checkbox"/> CAM Calculations Spreadsheet <input type="checkbox"/> 40 CFR Part 61 NESHAP Information (if applicable) <input type="checkbox"/> Boiler and Process Heater Information (if applicable) <input type="checkbox"/> Engine Information (if applicable)

STATEMENT OF CERTIFICATION OF COMPLIANCE (Required if Part 2 forms are enclosed)

This certification of compliance must be signed by the responsible official designated above as required by 567 Iowa Administrative Code (IAC) 22.105(2)"i"(1)

"I certify under penalty of law that, based on information and belief formed after reasonable inquiry, that the statements and information contained in this document accurately reflect the compliance status of this facility, for the past year to date, and are true, accurate, and complete."

Signature of Responsible Official

Title of Responsible Official

Print Name of Responsible Official

Date signed

CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS (Required for all submissions)

This certification of truth, accuracy, and completeness must be signed by the responsible official designated above as required by 567 IAC 22.107(4)

"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."

Signature of Responsible Official

Title of Responsible Official

Print Name of Responsible Official

Date signed