



Title V Permit Application Completeness Review Checklist

This is not a required form. This form may be used by facilities when preparing Title V Operating Permit applications to assist in ensuring the application is complete prior to submittal.

Part 1

I. Form 1.0 FACILITY IDENTIFICATION

Permit Application Type: (check all that apply) (check Initial, Renewal, Supplemental Information, Administrative Amendment, Minor Permit Modification, Significant Permit Modification, Annual Emissions Inventory, Annual Emissions Fee)

Complete NA

Application Includes: (check all that apply) (check Part 1 – General Emissions Information, Part 2 – Requirements & Compliance, and Part 3 – Application Certification – Required for ALL submissions.)

FACILITY INFORMATION

Complete

1. COMPANY/FACILITY Name

2. EIQ Number

3. Facility Number

Facility Address

City

State

Zip Code

4. Permit Contact Name

Title

Phone Number

Email

Mailing Address

City

State

Zip Code

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

Complete NA

5. Billing Contact Name

Company Name

Phone Number

Email

Mailing Address

City

State

Zip Code

PARENT COMPANY INFORMATION

Complete

6. Parent Company/Owner Name

Contact/Agent Name

Title

Phone Number
 Email
 Mailing Address
 City
 State
 Zip Code

7. Number of Employees

Facility Total
 Company Total (Iowa)

PROCESSES AND PRODUCTS

Complete NA

8. Principal Activity

SIC Code
 Description
 NAICS Code
 Description

9. Secondary Activities

SIC Code
 SIC Description (fill in)
 SIC Code
 SIC Description (fill in)
 NAICS Code
 Description (fill in)
 NAICS Code
 Description (fill in)

Designation of the Responsible Official (567 IAC 22.100)

Complete

10. Responsible Official

Title
 Phone Number
 Email
 Mailing Address
 City
 State
 Zip Code

Application and Compliance Certification Required

Read the statement concerning application and compliance certification at the bottom of Form 1.0.

II. Form 1.2 SCHEMATIC – PROCESS FLOW DIAGRAM

Complete

1. Company/Facility Name
2. EIQ No
3. Form 1.2, Page (____) of (____)

4. Identify and diagram all EMISSION UNITS, POLLUTION CONTROL EQUIPMENT, STACK/VENTS/EMISSION POINTS, MONITORING EQUIPMENT and PRODUCT, THROUGHPUT, and EXHAUST STREAMS at the facility. See application instructions for examples (<http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>) Attach diagrams – include information in items 1-3 on each page.

III. Emission Information (Forms 1.3, 1.4, 1.5)

Form 1.3 - INSIGNIFICANT ACTIVITIES – POTENTIAL EMISSIONS

Complete

1. Company/Facility Name
2. EIQ No.
3. Form 1.3, Page (____) of (____)
This form is an APPLICATION FOR DESIGNATION AS LISTED INSIGNIFICANT ACTIVITY. List the Potential Emissions (Pounds/Year) for each Emission Unit to be considered as an Insignificant Activity. See exempted units and limitations 567 IAC 22.103.

Complete blocks 4-17 for each emission unit.

4. Emission Unit No.
5. Emission Unit Description (include max. vapor pressure for contents of storage tanks (22.103(2)"b"(5) classification))
6. CO
7. NO_x
8. SO₂
9. Sulfur Acid Mists
10. Reduced Sulfur Cpds
11. Total PM
12. PM-10
13. VOC
14. Lead
15. Fluorides
16. High Risk Toxics
17. Toxics – not high risk group
18. Totals this page (Pounds/Year)
19. Facility Totals (Tons/Year)

Place facility totals on First page of Form 1.3

Note: Engines and boiler subject to a NSPS/NESHAP rule are not qualified to be insignificant units and Part 2 Engine/Boiler Forms must be submitted.

Form 1.4 POTENTIAL TOXIC EMISSIONS – SIGNIFICANT ACTIVITIES

Complete

1. Company/Facility Name.
2. EIQ No.
3. Form 1.4, Page (____) of (____)

HAZARDOUS AIR POLLUTANT (TOXICS) and ADDITIONAL REGULATED POLLUTANT POTENTIAL EMISSIONS - Summary by CHEMICAL of total facility emissions of each Hazardous and additional Regulated Air Pollutant

Fill in blocks 4-6 for each chemical

Complete

4. CAS No.

- 5. Chemical Name
 - 6. POTENTIAL EMISSIONS (Tons/Yr)s
- Facility Totals
- 7. Totals this Page (Toxics only)
 - 8. Facility Totals – Potential Emissions (Toxics Only) Place facility total on First Page of Form 1.4

Form 1.5 POTENTIAL EMISSIONS – SIGNIFICANT ACTIVITIES

- 1. Company/Facility Name
- 2. EIQ No.
- 3. POLLUTANT
- 4. POTENTIAL Emissions (Tons/Year)
- 5. Indicate which conditions* listed below subject this facility to obtaining an Operating Permit: (check all that apply)
 - Source is subject to the provisions of Title IV of the Act (generally electricity producers –see 567 IAC 22.120-148). Call the U.S. Environmental Protection Agency Acid Rain Hotline at (202)233-9620
 - Source is a major source (567 IAC 22.100) (mark all that apply):
 - Potential to emit 100 tons per year or more of any air pollutant (Form 1.5, Item 3, except Total PM, and NH₃)
 - Potential to emit, in the aggregate 10 tpy or more of any hazardous air pollutant or 25 tpy or more of any combination of hazardous air pollutants (Form 1.4, items 6 & 8)
 - For nonattainment areas as specified in 567 IAC 22.100

IV. Form 2.0 Emission Point Information

Form 2.0 Page (____) of (____) Use this form for each emission POINT.

- | | Complete | |
|--|--------------------------|--------------------------|
| 1. Company/Facility Name | <input type="checkbox"/> | |
| 2. EIQ No. | <input type="checkbox"/> | |
| 3. EMISSION POINT No. | <input type="checkbox"/> | |
| 4. EMISSION POINT DESCRIPTION | <input type="checkbox"/> | |
| | Complete | NA |
| 5. Is this stack/vent used as an Emergency Bypass Stack? (check yes or no) If yes, for which stack(s)? List Emission Point Numbers: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. EP Type (check Vertical Stack/Vent, Wall Vent, Fugitive (specify), or Other (specify)) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Stack Shape and Dimensions: (check circular diameter and enter diameter in inches, rectangular dimensions and enter height and width in inches, or other dimensions and enter those dimensions in inches) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. State Height Above Ground (inches) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Stack Location UTM Coordinates (enter Easting(meters), Northing (meters), and check UTM Zone and Datum)) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the EP have a rain cap (or anything else) which obstructs the flow of gases leaving the EP? (check yes or no) If Yes, Specify: | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Exhaust Stream Information. Enter units of measure (ACFM or SCFM) and Exhaust Stream Value for Flow Rate, and units of measure (°F) and Exhaust Stream Value for Temperature | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Bypass Stacks. Enter Bypass Stack – EP Number: and Bypass Stack Description (enter up to two) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. List of Emission Units (EU) Venting through this Emission Point (enter EU Number(s) and SCC Number(s)) | <input type="checkbox"/> | |
| | Complete | NA |
| 14. List of Control Equipment (CE) Associated with this Emission Point (enter CE Number(s)) | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. List of Monitoring Equipment (ME) Associated with this Emission Point (enter ME Number(s)) | <input type="checkbox"/> | <input type="checkbox"/> |

V. Form 3.0 Emission Unit Description – Potential Emissions

Use this form for each emission UNIT.

Complete NA

Check the Proposed Limit box, if applicable.

- | | | |
|--|--------------------------|--------------------------|
| 1. Company/Facility Name | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. EIQ No. | <input type="checkbox"/> | |
| 3. Form 3.0, Page (____) of (____) | <input type="checkbox"/> | |
| 4. Emission Point No. | <input type="checkbox"/> | |
| 5. Emission Point Description | <input type="checkbox"/> | |
| 6. Emission Unit No. | <input type="checkbox"/> | |
| 7. SCC No. | <input type="checkbox"/> | |
| 8. Description of Process | <input type="checkbox"/> | |
| 9. Name of Manufacturer | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Model Name - , Model Number – Serial No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Date of Construction | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Date of Installation | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Date of Modification | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Raw Material –OR- Fuels Used – List worst case for EACH pollutant | <input type="checkbox"/> | |
| 15. Federally Enforceable Operating Limit | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Permit or Rule Establishing Operating Limit | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Maximum Hourly Design Rate | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Air Pollution Control Equipment (CE) No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Monitoring Equipment (ME) No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. For Air Pollutants PM-2.5, PM-10, Total PM, SO2, NOx, VOC, CO, Lead, Ozone, Ammonia; and for HAPs and additional regulated air pollutants (enter CAS No. and Name), enter: | <input type="checkbox"/> | |
| 21. Emission Factor | <input type="checkbox"/> | |
| 22. Emission Factor Units | <input type="checkbox"/> | |
| 23. Source of E.F. (e.g., CEM, Stack Test, Mass Balance, AP-42, EPA WebFire, EPA TANKS, EPA L&E, Worksheet, Other – Specify) | <input type="checkbox"/> | |
| 24. Ash or Sulfur % | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Potential Hourly Uncontrolled Emissions (Lbs/Hr) | <input type="checkbox"/> | |
| 26. Combined Control Efficiency % | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Potential Hourly Controlled Emissions (Lbs/Hr) | <input type="checkbox"/> | |
| 28. Potential Annual Controlled Emissions (Tons/Yr) | <input type="checkbox"/> | |

Form CA-01 Calculations

Complete NA

Include Form CA-01 for each Form 3.0 or example calculation.

VI. Form 4.0 Emission Unit - Actual Operations and Emissions

Duplicate this form for each emission UNIT.

Complete

- | | |
|------------------------------------|--------------------------|
| 1. Company/Facility Name | <input type="checkbox"/> |
| 2. EIQ No. | <input type="checkbox"/> |
| 3. Form 4.0, Page (____) of (____) | <input type="checkbox"/> |
| 4. Emission Point No. | <input type="checkbox"/> |
| 5. Emission Point Description | <input type="checkbox"/> |
| 6. Emission Year | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 7. Emission Unit No. | <input type="checkbox"/> | |
| 8. SCC No. | <input type="checkbox"/> | |
| 9. Description of Process | <input type="checkbox"/> | |
| 10. Raw Material | <input type="checkbox"/> | |
| 11. Actual Throughput – Yearly Total | <input type="checkbox"/> | |
| 12. Units Raw Material | <input type="checkbox"/> | |
| 13. Percent of Total Operating Time (enter % for Jan.-Mar quarter, April-June quarter, July-Sept. quarter, and Oct.-Dec. quarter) | <input type="checkbox"/> | |
| 14. Hours/Day (enter hours for an.-Mar quarter, April-June quarter, July-Sept. quarter, and Oct.-Dec. quarter) | <input type="checkbox"/> | |
| 15. Day/Week (enter Days for Jan.-Mar quarter, April-June quarter, July-Sept. quarter, and Oct.-Dec. quarter) | <input type="checkbox"/> | |
| 16. Weeks/13 Week Quarter (enter weeks for Jan.-Mar quarter, April-June quarter, July-Sept. quarter, and Oct.-Dec. quarter) | <input type="checkbox"/> | |
| | Complete | NA |
| 17. Control Equipment (CE) No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Monitoring Equip. (ME) No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. For Air Pollutants PM-2.5, PM-10, Total PM, SO ₂ , NO _x , VOC, CO, Lead, Ozone, Ammonia; and for HAPs and additional regulated air pollutants (enter CAS No. and Name), enter: | <input type="checkbox"/> | |
| 20. Emission Factor | <input type="checkbox"/> | |
| 21. Emission Factor Units | <input type="checkbox"/> | |
| 22. Source of Emission Factor (e.g., CEM, Stack Test, Mass Balance, AP-42, EPA WebFire, EPA TANKS, EPA L&E, Worksheet, Other – Specify) | <input type="checkbox"/> | |
| 23. Ash or Sulfur % | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Combined Control Efficiency % | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Actual Emissions (Tons/YR) | <input type="checkbox"/> | |

Form CA-01 Calculations

Duplicate this form for each Form it will accompany in the Questionnaire

VII. Form CE-01 Pollution Control Equipment Data Sheet

Duplicate Form CE-01 for each piece of CONTROL EQUIPMENT

- | | | |
|--|--------------------------|--------------------------|
| Enter Page () of () | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. EIQ No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Company/Facility Name | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Control Equipment No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Type of Pollution Control Equipment – please describe | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Manufacturer | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Model | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Serial No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Date of Installation | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this equipment exhaust to the atmosphere? (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Associated Emission Units: | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Equipment Control Efficiency based on: (check Manufacturers Data, Other (Specify), or Stack Test; ((give date of test and enter the reference Test Method), and if stack test data is used, a copy of the Report Summary must be attached. Do not submit the entire stack test report.)) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Pollutant Controlled | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. % Capture Efficiency | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|------------------------------------|--------------------------|--------------------------|
| 14. % Control Equipment Efficiency | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. % Combined Control Efficiency | <input type="checkbox"/> | <input type="checkbox"/> |

VIII. Form ME-01 Continuous Monitoring Systems

Duplicate and complete this form for each piece of MONITORING EQUIPMENT

Complete NA

- | | | |
|--------------------------------------|--------------------------|--------------------------|
| 1. Company/Facility Name | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. EIQ No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Form ME-01, Page (____) of (____) | <input type="checkbox"/> | <input type="checkbox"/> |

Continuous Monitoring System (CMS)Description

Complete NA

- | | | |
|---|--------------------------|--------------------------|
| 4. Monitoring Equipment No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Name of Manufacturer | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Model Name – Model Number – Model Year | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Date of Installation | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Type of Monitor (Check all that apply) (check Point in Situ, Path in Situ, Extractive, Dilution, or Other (Specify)) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Measurement Basis (check Wet or Dry) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pollutant(s)/Parameter(s) Monitoring by CMS (Check all that apply to THIS monitor (check SO2, NOx, CO Opacity, TRS, H2S, HCL, Total Hydrocarbons (VOC), Diluent), Diluent CO2, or Other (Specify)) | <input type="checkbox"/> | <input type="checkbox"/> |

Associated Equipment

Complete NA

- | | | |
|--|--------------------------|--------------------------|
| 11. Emission Point No. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Emission Unit Nos. (List all) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Monitor Operations | | |
| a) FIRST Type of Pollutant/Parameter: (fill in) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has a Performance/Specification Test of the monitor (for this pollutant/parameter) been done? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 60 Appendix B (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 75 Appendix A (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes for either – Date test performed: (fill in) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did it pass? (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) What was the Span Value for this pollutant/parameter? (fill in) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) How did you determine the Span Value: (check one) (The requirement of the applicable rule, The procedures outlined in 40 CFR 60 App.B, 1 ½ time the emission limit, The procedure outlined in 40 CFR 75 App. A, or other (Specify)) | <input type="checkbox"/> | <input type="checkbox"/> |
| a) SECOND Type of Pollutant/Parameter: (fill in) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has a Performance/Specification Test of the monitor (for this pollutant/parameter) been done? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 60 Appendix B (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 75 Appendix A (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes for either – Date test performed: (fill in) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did it pass? (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) What was the Span Value for this pollutant/parameter? (fill in) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) How did you determine the Span Value: (check one) (The requirement of the applicable rule, The procedures outlined in 40 CFR 60 App.B, 1 ½ time the emission limit, The procedure outlined in 40 CFR 75 App. A, or other (Specify)) | <input type="checkbox"/> | <input type="checkbox"/> |
| a) THIRD Type of Pollutant/Parameter: (fill in) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has a Performance/Specification Test of the monitor (for this pollutant/parameter) been done? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 60 Appendix B (check Yes or No) | <input type="checkbox"/> | <input type="checkbox"/> |

40 CFR 75 Appendix A (check Yes or No)

If yes for either – Date test performed: (fill in)

Did it pass? (check Yes or No)

c) What was the Span Value for this pollutant/parameter? (fill in)

d) How did you determine the Span Value: (check one) (The requirement of the applicable rule, The procedures outlined in 40 CFR 60 App.B, 1 ½ time the emission limit, The procedure outlined in 40 CFR 75 App. A, or other (Specify))

14. Data Reduction Procedures for OPACITY MONITORS only:

Complete NA

a) What is the inside stack or duct diameter at the location of the CMS? (fill in measurement in inches)

b) Has a stack exit correlation factor been applied to opacity measurements? (check Yes or No) If yes, describe: (fill in)

c) What averaging period is used? (check 6 minutes, or Other (Specify))

d) Is a “combiner” system used? (check Yes or No) If yes, explain how the stack exit opacity is calculated from the monitor signals (include all relevant equations and assumptions): (fill in)

15. Data Reduction Procedures for GAS MONITORS only:

Complete NA

a) Are the data reduced to hourly averages (check Yes or No)

b) Explain how the data are converted to units of the emission standard (e.g. lb/MMBtu, % Sulfur in fuels, etc.) and the appropriate averaging time (e.g. for a lbs/hr emission limit, one hour is the appropriate averaging time). Include all relevant equations, F-factors and any assumptions made: (fill in) Model Name – Model Number – Model Year

16. Primary Data Acquisition System (DAS) information:

a) Type of system (check Chart Recorder, Digital Recorder, Computer, Microprocessor, telemetry, or Other (Specify))

b) Manufacturer: (fill in)

c) How often does the Data Acquisition System record sample values? (fill in)

d) Data Acquisition System full-scale value(s) during normal operation (include units): (fill in Pollutant Monitor or Diluent Monitor)

e) Data Acquisition System resolution (readability) or the smallest scale division (include units): (fill in Pollutant Monitor or Diluent Monitor)

f) Is there a secondary (back-up) DAS? (check Yes or No) If yes, please describe the back-up system (fill in)

g) Additional explanations or comments regarding this Continuous Monitoring System

IX. Form 5.0 – Title V Annual Emissions Summary/Emissions Fee (567 IAC 22.106 and 30.4(2))

Complete

Facility Name (fill in)

EIQ No. (fill in)

Emission Year (fill in)

Check Submission Type (a) or (b) – See Form 5.0 for postmark requirements and which forms are required to be submitted for Submission Type (a) and (b).

For each regulated air pollutant listed (PM-2.5, PM-10, PM (total particulate matter), Sulfur Dioxide (SO₂), Nitrogen Oxide (NO_x), Volatile Organic Compounds (VOC), Carbon Monoxide (CO), Lead, Ozone (O₃), and Ammonia (NH₃), fill in:

Total Emissions (tons) (full amount, may be over 4,000 tons per pollutant), and

Emission Subject to Fees (tons) (maximum of 4,000 tons per pollutant)

Calculate the Criteria Pollutant Fee Subtotal by totaling the above emissions subject to fees

If your facility emitted any hazardous air pollutants (HAPs) and additional regulated air pollutants, report them on page 2 of this form. See page 2 Form 5.0 for instructions on how to report actual HAP and additional regulated air pollutants emissions

Total the HAP and additional regulated air pollutant emissions subject to fees on the bottom of page 2 and also in the box in the Emissions Fee Calculation table on page 1 of this form

Complete

Calculate the Annual Fee Payment (for the July 1 submission)

Part 2

General Facility Requirements (Form 542-1040)

Complete

1. National Emission Standards for Hazardous Air Pollutants (NESHAP) – Source Categories & Accidental Release.

Review Appendix A: Hazardous Air Pollutants (<http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>) and this submittal's completed Form 1.4 and answer yes or no to questions "a", "b", and "c" on this form. If the answers to 1b and 1c above are no, your facility is an area source of HAP emissions.

Review Appendix B: Accidental Release Prevention (<http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>) and answer question "d" yes or no as appropriate. If the answer to 1d is yes, read Section 112(r) of the Clean Air Act Amendments of 1990 and 40 CFR 68, and then answer yes or no to question "e".

After completing all application forms Part 2 – Emission Point Information, list the applicable NESHAP subparts and descriptions in the table.

Review Appendix C: Part 61 NESHAP Reference List (<http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>) and Corresponding 40 CFR 61 subparts, and answer yes or no to question "g". **NOTE:** If the answer to 1g above is yes, you must complete application form Part 2 – Part 61 NESHAP Information.

2. New Source Performance Standards (NSPS)

After completing application forms Part 2 – Emission Point Information, list the applicable NSPS subparts and descriptions in the table.

3. Stratospheric Ozone

Review Appendix D: Stratospheric Ozone Depleting Chemicals list

<http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>), and answer yes or no if your facility manufacture, sells, distributes or uses one or more of the chemicals from the list. .

4. Acid Rain Program under Title IV

a) Review the Phase I and Phase II units listed in 40 CFR 73.10, and answer yes or no if your facility operates one of the units. If the answer to 4a is yes, review the Acid Rain part of Appendix E: Acid Rain and CAIR <http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>).

b) Answer yes or no if your facility combusts fossil fuel and generates electricity for wholesale or retail sale, such as cogen facility, or is a qualifying facility (as defined in the Federal Power Act), an independent power producer, or a solid waste incinerator. If the answer is yes to 4b above, your facility may be subject to acid rain requirements. See 40 CFR 72.6 to determine if they apply.

c) Answer yes or no if your facility is subject to acid rain requirements.

5. Clean Air Interstate Rule (CAIR)

a) Answer yes or no if your facility owns or operates a stationary boiler or combustion turbine the burns fossil fuel. If yes, continue to question 5b; if no, you are not subject to CAIR requirements. Answer no to question d.

Complete

b) Answer yes or no if the unit in question 5a above served, on or after November 15, 1990, a generator that has greater than 25 MW nameplate capacity.

c) Answer yes or if the unit in question 5b produces electricity for sale. If no, you are not subject

to CAIR requirements. Answer no to question d. If yes, continue to question c.

- d) Review Appendix E (<http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>), and answer yes or no if your facility is subject to CAIR requirements.
6. Prevention of Significant Deterioration (PSD)
- a) Review Appendix F: Prevention of Significant Deterioration (PSD) Information Worksheet <http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>).
- i. Answer yes or no: Is your facility one of the 28 listed source categories?
- ii. Answer yes or no: Is your facility a major stationary source?
7. Proposed Limits and Alternate Operating Scenarios
- a) Answer yes or no if there are any proposed limits or alternate operating scenarios included in the application. If yes, review Appendix G: Proposed Limits and Alternative Operating Scenarios <http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>) and submit the required information.
8. Boiler and Process Heater **Complete** **NA**
- a) Answer yes or no if your facility operates any boiler or process heaters. If yes, complete application form Part 2 – Boiler and Process Heater Information for all boilers and process heaters at the facility.
9. Engine Information
- a) Answer yes or no if your facility operates any engines. If yes, complete application form Part 2 – Engine Information Read the rules (567 Iowa Administrative Code (IAC chapter 20-35, <https://www.legis.iowa.gov/law/administrativeRules/chapters?agency=567&pubDate=10-28-2015>) to determine which apply to the facility.

Part 2 –Emission Point Information

Complete this form for each emission point. See Application Instructions (<http://www.iowadnr.gov/Environmental-Protection/Air-Quality/Operating-Permits/Title-V-Forms-Instructions>) page 37 on how to account for emission points grouped in a current Title V permit and new significant emission units, and where the requested information to complete this form may be found.

Complete

Fill in Facility Name and EIQ No.

Section I: Emission Point Information

Fill in: **Complete**

Emission Point ID Number

Emission Unit(s) ID vented through this Emission Point

Emission Unit(s) Description

Complete **NA**

Control Equipment ID Number

Control Equipment Description

Raw Material(s)

Maximum Rated Capacity

Section II. Emission Limits (lb/hr, gr/dscf, lb/MMBtu, % opacity, etc.)

List all applicable emission limits for this emission point

Fill in:

Pollutant

Complete

NA

Emission Limit(s)

Authority for Requirement

Section III: Operation Limits & Reporting/Recordkeeping Requirements

List all applicable requirements for this emission point

Operational Limits

Complete

NA

Reporting & Recordkeeping

Authority for Requirement

Section IV: NSPS/NESHAP

List the New Source Performance Standards (NSPS) subparts that were evaluated for this emission point.

Complete

NA

Each subpart evaluated listed

Check yes or no if the emission point is subject to subpart listed

Optional if the answer above is no: explain why the emission point is not subject

List the National Emission Standard for Hazardous Air Pollutants (NESHAP) subparts that were evaluated for this emission point

Complete

NA

Each subpart evaluated listed

Check yes or no if the emission point is subject to subpart listed

Optional if the answer above is no: explain why the emission point is not subject

Section V. Monitoring Requirements

Use CAM Calculations form and Appendix J: Compliance Assurance Monitoring to determine the CAM Applicability for the control equipment associated with this emission point. The CAM Calculations from just be included with the Part 2 application.

Complete

Answer yes or no, is a Compliance Assurance Monitoring (CAM) plan required?

Answer yes or no, is continuous emissions monitoring required?

Section VI: Compliance Plan, Schedule & Certification

Complete

Indicate whether this emission point is in compliance or not in compliance for the Previous year to date

Indicate whether this emission point is in compliance or not in compliance on the date of submittal.

If not in compliance at either point above, submit a compliance plan. See Part 2 instructions for compliance plan requirements.

Part 2 – Part 61 National Emission Standards for Hazardous Air Pollutants (NESHAP) Information

Complete this form if you answered yes to question 1g on Part 2 – General Facility Requirements.

| | Complete | NA |
|---|--------------------------|--------------------------|
| Check answer “a”, “b”, or “c”, and fill in the tables if “b” or “c” applies | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2 – Boiler and Process Heater Information

Provide the following information for each boiler and process heater at the facility.

| | Complete | NA |
|-------------------------------|--------------------------|--------------------------|
| EP # | <input type="checkbox"/> | <input type="checkbox"/> |
| EU # | <input type="checkbox"/> | <input type="checkbox"/> |
| Fuel Type | <input type="checkbox"/> | <input type="checkbox"/> |
| Rated Capacity (MMBtu/hr) | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Subcategory | <input type="checkbox"/> | <input type="checkbox"/> |
| Commence Construction Date | <input type="checkbox"/> | <input type="checkbox"/> |
| Reconstruction Date | <input type="checkbox"/> | <input type="checkbox"/> |
| Control Equipment Description | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2 – Engine Information

Provide the following information for each engine at the facility. Provide one form per engine.

| | Complete | NA |
|--|--------------------------|--------------------------|
| EP # | <input type="checkbox"/> | <input type="checkbox"/> |
| EU # | <input type="checkbox"/> | <input type="checkbox"/> |
| Engine manufacturer | <input type="checkbox"/> | <input type="checkbox"/> |
| Model # | <input type="checkbox"/> | <input type="checkbox"/> |
| Model year | <input type="checkbox"/> | <input type="checkbox"/> |
| Fuel Type | <input type="checkbox"/> | <input type="checkbox"/> |
| Rated capacity (bhp) | <input type="checkbox"/> | <input type="checkbox"/> |
| Displacement CI only (liters/cylinder) | <input type="checkbox"/> | <input type="checkbox"/> |
| Date of Construction | <input type="checkbox"/> | <input type="checkbox"/> |
| Ignition type | <input type="checkbox"/> | <input type="checkbox"/> |
| Black start? | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency engine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 or 4-Stroke? (SI only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Rich or lean burn? (SI only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Portable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Manufacturer certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| Modification/reconstruction date | <input type="checkbox"/> | <input type="checkbox"/> |

Compliance Assurance Monitoring (CAM) Calculations Form

| | Complete |
|--|--------------------------|
| Self-explanatory. Include every emission point with controls on the form and determine if CAM applies. | <input type="checkbox"/> |

PART 3

Part 3 - APPLICATION CERTIFICATION

A properly completed and signed application certification must accompany all applications, supplemental information submitted in support of an application, annual emissions summaries, and fee payments. Submittals made without the appropriate signature will be considered incomplete.

| | | |
|--|--------------------------|--------------------------|
| Fill in Facility Name, EIQ Number, Facility Number, Mailing Address, City and Zip Code | Complete | |
| Part 1 – General Information – check all application forms that are included in the submittal | <input type="checkbox"/> | |
| Part 2 – Air Pollution Control Requirements & Compliance – check all application forms that are included in the submittal | <input type="checkbox"/> | |
| Part 3 – Application Certification – check all that apply and that are included in the submittal | <input type="checkbox"/> | |
| | Complete | NA |
| <ul style="list-style-type: none">• Complete the Certification of Fees section of this form if a fee payment is enclosed• Complete the Application Fees Agreement section of this form if an initial or renewal application is enclosed• Complete the Statement of Certification of Compliance section of this form if application forms listed in Part 2 – Requirements & Compliance block of this form are enclosed• Read and complete the Certification of Truth, Accuracy, and Completeness section of this form if application forms listed in the Part 1 – General Emissions Information and/or Part 2 – Requirements & Compliance blocks of this form are enclosed | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |