



AIR QUALITY BUREAU  
7900 Hickman Rd Ste 1  
Windsor Heights IA 50324

## Application for Operating Permit by Rule for Small Sources

(Also known as "Fifty Percent Permit")

### Form 1.0 Facility Identification – Certification

 Small Source

 De Minimus Source

1) COMPANY/FACILITY Name			2) EIQ No.			
3) FACILITY Street Address		4) Facility City		State IA	5) Zip Code	
6) Facility Permit Contact Person			7) Facility Contact Phone Number			
8) MAILING Street/PO Address		9) Mailing City		10) State	11) Zip Code	
12) PARENT COMPANY/OWNER Name						
13) Parent Company/Owner Mailing Address			<b>Principal Activity- Processes and Products</b>			
			19) Activity Description			
14) City	15) State	16) Zip Code		<b>Secondary Activity</b>		
17) Parent Company Contact/Agent			20) Activity Description			
18) Parent Company Contact Phone Number			21) Twelve Month Period used for Total Emissions		Begin:	
					End:	

### 22) Actual- Facility Total Emissions (Tons per Year)

PM-10	SO <sub>2</sub>	NOx	VOC	CO	Lead	HAPs
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### Certification & Commitment to Operate under the terms and requirements of 567 IAC Rule 22.300.

"I certify that all equipment at the facility with the potential to emit any regulated pollutant is included in the registration form, and submitted to the department as required in 22.300(8)"b." I understand that the facility will be deemed to have been granted an operating permit by rule for small sources under the terms of 567 IAC 22.300(455B) only if all applicable requirements of 567 IAC 22.300(455B) are met and if the registration is not denied by the director under 567 IAC 22.300(11). This certification is based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete."

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date Signed

### 23) Designation of the Responsible Official – 567 IAC 22.100

Name		Address			
Title	City	State	Phone		