



Application for Operating Permit by Rule for Small Sources (Also known as "Fifty Percent Permit")

FORM 1.0: FACILITY IDENTIFICATION - CERTIFICATION

FACILITY INFORMATION

Small Source De Minimus Source

1. Company/Facility Name: _____ 2. EIQ Number: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

3. Emission Point Number: _____ 4. Emission Point Description: _____

5. Permit Contact Name: _____ Title: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PARENT COMPANY INFORMATION

6. Parent Company/Owner Name: _____

Contact/Agent Name: _____ Title: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PRINCIPAL ACTIVITY - PROCESSES AND PRODUCTS

7. Activity Description _____

SECONDARY ACTIVITY

8. Activity Description _____

9. Twelve Month Period used for Total Emissions Begin _____ End: _____

10. ACTUAL - FACILITY TOTAL EMISSIONS (Tons per Year)

PM-10	SO ₂	NO _x	VOC	CO	Lead	HAPs

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

11. DESIGNATION OF THE RESPONSIBLE OFFICIAL - 567 IAC 22.100

Name: _____ Address: _____

Title: _____ City: _____ State: _____ Phone: _____