

TITLE V PERMIT APPLICATION

STATIONARY SOURCE SUMMARY

I. FACILITY IDENTIFICATION

1. Facility Name: _____
2. Four digit SIC Code: _____ EPA Plant ID: _____
3. Parent Company: _____
(if different from Facility name)
4. Mailing Address: _____
5. Street Address or Source Location: _____
6. Is source located within 50 miles of the state line?: Yes No
7. Is source located within 1000 feet of a school?: Yes No
8. Type of Organization: Corporation Sole Ownership Government
 Partnership Utility Company
9. Legal Owner's Name: _____
10. Owner's Agent Name (if any): _____
11. Responsible Official: _____ Telephone No.: _____
Title: _____
12. Plant Site Manager/Contact: _____ Telephone No.: _____
Title: _____
13. Type of facility: _____
14. General description of processes/products: _____

15. Is a Federal Risk Management Plan required [pursuant to Section 112(r)]? Yes No
(If yes, attach verification that the Risk Management Plan is registered with appropriate agency.)

TOTAL STATIONARY SOURCE EMISSIONS

I. FACILITY IDENTIFICATION

1. Facility Name: _____
2. Street Address or Source Location: _____

II. TOTAL STATIONARY SOURCE EMISSIONS

POLLUTANT (name)	EMISSIONS (tons per year)	PRE-MODIFICATION EMISSIONS (tons per year)	EMISSIONS CHANGE (tons per year)

III. CERTIFICATION

Under penalty of perjury, I certify that based on information and belief formed after reasonable inquiry that the answers, statements and information contained in this application (and supplemental attachments thereto) are true, accurate and complete. This application consists of the application forms provided by the SMAQMD, information required pursuant to the List and Criteria and any supplemental information and/or attachments submitted with the application. I also certify that I am the responsible official as defined in SMAQMD Rule 207.

Signature of Responsible Official Date

Print Name of Responsible Official

Title of Responsible Official and Company Name

Telephone Number of Responsible Official: (____) _____ - _____

COMPLIANCE SCHEDULE PROGRESS REPORT

I. FACILITY INFORMATION

1. Facility Name: _____
2. Street Address or Source Location: _____
3. Facility Permit Number: _____

II. GENERAL INFORMATION

4. Reporting period (specify dates): _____
5. Due date for submittal of report: _____

III. COMPLIANCE SCHEDULE PROGRESS INFORMATION

6. Indicate dates the activities, milestones, or compliance required by the schedule of compliance was achieved or will be achieved:

Activity/Milestone/Compliance Required by the Schedule	Date Due	Date Done

7. Provide explanation of why any dates in the schedule of compliance were not or will not be met:

8. Describe in chronological order preventive or corrective action taken:

Date	Preventive/Corrective Action Taken

(CONTINUED)

COMPLIANCE SCHEDULE PROGRESS REPORT

(CONTINUED)

IV. CERTIFICATION

I certify based on information and belief formed after reasonable inquiry that the statements and information in this document and supplements are true, accurate and complete.

Signature of Responsible Official

Date

Print Name of Responsible Official

Title of Responsible Official and Company Name

Telephone Number of Responsible Official: (_____) _____ - _____

DEVIATION REPORT

I. FACILITY IDENTIFICATION

1. Facility Name: _____
2. Street Address or Source Location: _____

II. DEVIATION INFORMATION

3. Permit number(s) of emission unit or control unit affected: _____
4. Description of deviation: _____

5. Description and identification of permit condition(s) deviated: _____

6. Associated equipment and equipment operation (if any): _____

7. Date and time when deviation was discovered: _____

8. Date, time and duration of deviation: _____

9. Probable cause of deviation: _____

10. Preventive or corrective action taken: _____

