

To be filled in by AQ Staff

Permit No.: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_

**APPLICATION FOR AUTHORITY TO CONSTRUCT/MODIFY AND/OR PERMIT TO  
OPERATE FOR *PART 70* SUBJECT SOURCES**

Return to: Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street B171  
Reno, Nevada 89512  
(775) 784-7200, (775) 784-7225 (fax)

**INSTRUCTIONS:**

- A Plan Review Fee of **\$38,166** must be submitted with the Application(s).
- An additional Operating permit fee will be assessed after completion of the air quality emissions review.
- Use one Application form for each process.
- Application must be filled out by completely for all items that are applicable.
- Application must be signed by a responsible person knowledgeable concerning the operation of equipment.
- Applications are available at [www.OurCleanAir.com](http://www.OurCleanAir.com)

**1. Full Business Name (name permit will be issued under):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address (actual location of equipment/process):

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**2. Business/Mailing Address (if different than above):**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**3. Name & Address of Responsible Party (operations contact person):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street | Reno, Nevada 89512

AQM Office: 775-784-7200 | Fax: 775-784-7225 | [washoecounty.us/health](http://washoecounty.us/health)

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**4. Type of permit issuance requested:**

_____ New Permit	_____ Minor Modification
_____ Permit Renewal	_____ Significant Modification
_____ Administrative Modification	

If applicable, describe change or modification requested: \_\_\_\_\_

**5. Expected date for start of construction (new installations):** \_\_\_\_\_

**Estimated date of start of operation:** \_\_\_\_\_

**6. Description of equipment/process (by SIC Code, include manufacturer, model, serial number, attach flow diagram, etc. and any equipment/process associated with an alternate operating scenario). Describe production rates under all operating scenarios. This description must be in sufficient detail to allow the District to determine regulation applicability and fees. The description should also list all insignificant activities in sufficient detail to determine applicability and fees and to impose any applicable requirements. All proposed modifications must describe the type of modification to be made and the plant-wide emissions changes caused in that modification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Materials used in process (i.e., type of solvents, resin, paints, raw product processed, etc.):**

**\*\*\*\*\* Attach MSDS sheets\*\*\*\*\***

Raw Material	Estimate Average Quantity Used Per Year
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Project operating time:**

Time of Day \_\_\_\_\_ to \_\_\_\_\_  
Hours per Day \_\_\_\_\_ Days per Year \_\_\_\_\_

For Batch Processes:  
Hours per Batch \_\_\_\_\_ Pounds per Batch \_\_\_\_\_  
Batches per Year \_\_\_\_\_

**9. Description of Air Pollution Control Apparatus:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manufacturer: \_\_\_\_\_

**10. Description of stack emissions discharge point(s):**

- a. Height of discharge above ground \_\_\_\_\_ feet
- b. Distance from discharge to nearest property line \_\_\_\_\_ feet, direction \_\_\_\_\_
- c. Stack diameter in feet \_\_\_\_\_
- d. Volume of gas discharged into open air in cubic feet per minute \_\_\_\_\_
- e. Temperature at point of discharge in degrees F \_\_\_\_\_

**11. Identification and description of compliance monitoring devices or activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manufacturer: \_\_\_\_\_

**12. Description of any limitations on operation affecting source operation (including work practice standards):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. For fuel burning equipment state:**

Aggregate input BTU/hr. \_\_\_\_\_

Type of fuel used: (circle)	Natural Gas	Fuel Oil	Coal
Type of back-up fuel used: (circle)	Natural Gas	Fuel Oil	Coal

Sulfur content if oil or coal is used: \_\_\_\_\_

Average hours operated (hrs/yr): \_\_\_\_\_

Average amount of fuel consumed per hour: \_\_\_\_\_

**14. Please list and describe requirements applicable to process (including test method to determine compliance with any additional information required by the applicable requirement):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any proposed exemptions from applicable requirement:

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**15. Projected Process Emissions (tons/yr):**

Pollutant	Potential Emissions	With Control Equipment	Without Control Equipment
Particulate			
Sulfur Dioxide			
Carbon Monoxide			
Oxides of Nitrogen			
Hydrocarbons			
Lead			
Hazardous Air Contaminants (Toxics)			
Other Regulated Pollutants (specify)			

**16. Projected Fugitive Emissions (tons/yr):**

Pollutant	Potential Emissions	With Control Equipment	Without Control Equipment
Particulate			
Sulfur Dioxide			
Carbon Monoxide			
Oxides of Nitrogen			
Hydrocarbons			
Lead			

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<b>Hazardous Air Contaminants (Toxics)</b>			
<b>Other Regulated Pollutants(specify)</b>			

**17. Insignificant Emissions (average of 2 lbs/day for criteria pollutant, 1 lb/day for hazardous air contaminants):**

<b>Pollutant</b>	<b>Potential Emissions</b>	<b>With Control Equipment</b>	<b>Without Control Equipment</b>
<b>Particulate</b>			
<b>Sulfur Dioxide</b>			
<b>Carbon Monoxide</b>			
<b>Oxides of Nitrogen</b>			
<b>Hydrocarbons</b>			
<b>Lead</b>			
<b>Hazardous Air Contaminants (Toxics)</b>			
<b>Other Regulated Pollutants (specify)</b>			

**ATTACH ALL CALCULATIONS OR REFERENCES FROM WHICH EMISSIONS INFORMATION IS BASED.**

**18. Compliance Plan and Certification (Please Attach)Including:**

- a) A description of the compliance status with respect to all applicable requirements.
- b) Statement showing how compliance will be maintained or achieved.
  - 1) Commitment to continue compliance
  - 2) Show that all applicable requirements will be met that will become effective during the permit term and include schedule for meeting requirements, if needed.
- c) For sources out of compliance:
  - 1) Description of plan to achieve compliance
  - 2) Enforceable schedule of compliance including remedial measures leading to compliance
  - 3) If subject to any judicial consent decree or administrative order, include provisions that schedule requires and is at least as stringent.
- d) For sources required to have a schedule of compliance to remedy a violation, a schedule for submission of certified progress at least every six months.

- e) Certification of compliance, including:
  - 1) Certification by responsible official.
  - 2) Statement of methods for determining compliance; description of monitoring, record-keeping, reporting requirements, and test methods.
  - 3) Schedule for annual submission of compliance certifications during permit term (more frequently if specified by underlying applicable requirement).
  - 4) Statement indicating compliance with enhanced monitoring and compliance certification requirement(s) of the Act, if applicable.

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**NOTE: Applicant agrees to allow on site inspection during and after construction by the Air Quality Management Division during working hours without prior notice. The operator must notify this office when facility commences and completes construction. An official Permit to Operate will not be issued until a final inspection is made and any test data has been forwarded to this office assuring the equipment will meet all district and state regulations.**

This document and any additional reports or compliance certifications submitted shall be certified by a responsible official for truth, accuracy, and completeness. Submission of fraudulent data or information may be deemed a criminal violation.

This application is submitted in accordance with the provisions of Section 030.055, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

**X**

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**Signature**

**Date**

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**Print or Type Name and Title**