

Bayer CropScience



Mr. William F. Durham, Director  
WV Department of Environmental Protection  
Division of Air Quality  
601 57th Street, SE  
Charleston, West Virginia 25304

**CERTIFIED MAIL**

(Return Receipt Requested)  
7010 0290 0000 3531 9907

Re: Bayer CropScience AG  
Institute Site, Institute, West Virginia  
G60-C Class II Emergency Generator Permit Application

October 30, 2015  
Bayer CropScience  
Institute Site  
P. O. Box 1005  
Charleston, WV  
25112

Tel 304 767 6123  
Fax 304 767 6879


Dear Mr. Durham:

Enclosed is a General Permit Registration for a new emergency generator to be located in a new operations facility at the Goff Mountain Landfill. Final construction is planned for December 30, 2015 with a projected start-up date of January 15, 2016. This emergency generator will only run in the event of a power loss of the facility. Enclosed is the complete permit application along with a check for \$1,500.00.

If you have any questions concerning this permit application, please contact Linda Tennant at (304) 767-6161 or via e-mail at [linda.tennant@bayer.com](mailto:linda.tennant@bayer.com).

Sincerely,

Connie Stewart  
Director - QHSE

	WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF AIR QUALITY 601 - 57 <sup>th</sup> Street Charleston, WV 25304 Phone: (304) 926-0475 • www.wvdep.org	<h2 style="margin:0;">APPLICATION FOR GENERAL PERMIT REGISTRATION</h2> <p style="margin:0;"><i>CONSTRUCT, MODIFY, RELOCATE OR ADMINISTRATIVELY UPDATE</i></p> <p style="margin:0;"><b>A STATIONARY SOURCE OF AIR POLLUTANTS</b></p>
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PLEASE CHECK ALL THAT APPLY (IF KNOWN): <input checked="" type="checkbox"/> <b>CONSTRUCTION</b> <input type="checkbox"/> <b>MODIFICATION</b> <input type="checkbox"/> <b>RELOCATION</b> <input type="checkbox"/> <b>ADMINISTRATIVE UPDATE</b> <input type="checkbox"/> <b>AFTER-THE-FACT</b>	<b>FOR AGENCY USE ONLY:</b> PLANT I.D. # _____  PERMIT # _____ PERMIT WRITER: _____
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**CHECK WHICH TYPE OF GENERAL PERMIT REGISTRATION YOU ARE APPLYING FOR:**

<input type="checkbox"/> <b>G10-D</b> – Coal Preparation and Handling <input type="checkbox"/> <b>G20-B</b> – Hot Mix Asphalt <input type="checkbox"/> <b>G30-D</b> – Natural Gas Compressor Stations <input type="checkbox"/> <b>G33-A</b> – Spark Ignition Internal Combustion Engines  <input type="checkbox"/> <b>G35-A</b> – Natural Gas Compressor Stations (Flare/Glycol Dehydration Unit)	<input type="checkbox"/> <b>G40-B</b> – Nonmetallic Minerals Processing <input type="checkbox"/> <input type="checkbox"/> <b>G50-B</b> – Concrete Batch <input type="checkbox"/> <input checked="" type="checkbox"/> <b>G60-C</b> Class II Emergency Generator <input type="checkbox"/> <b>G65-C</b> – Class I Emergency Generator
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**SECTION I. GENERAL INFORMATION**

1. NAME OF APPLICANT (AS REGISTERED WITH THE WV SECRETARY OF STATE'S OFFICE): <b>Bayer CropScience LP</b>	2. FEDERAL EMPLOYER ID NO. (FEIN): <b>13-2887825</b>
3. APPLICANT'S MAILING ADDRESS: <b>Bayer CropScience LP</b> <b>P.O. Box 1005</b> <b>Institute WV 25112</b>	
4. IF APPLICANT IS A SUBSIDIARY CORPORATION, PLEASE PROVIDE THE NAME OF PARENT CORPORATION: <b>Bayer AG</b>	
5. <b>WV BUSINESS REGISTRATION.</b> IS THE APPLICANT A RESIDENT OF THE STATE OF WEST VIRGINIA? <input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> ⇨ IF <b>YES</b> , PROVIDE A COPY OF THE <b>CERTIFICATE OF INCORPORATION / ORGANIZATION / LIMITED PARTNERSHIP</b> (ONE PAGE) INCLUDING ANY NAME CHANGE AMENDMENTS OR OTHER <b>BUSINESS CERTIFICATE</b> AS ATTACHMENT A. ⇨ IF <b>NO</b> , PROVIDE A COPY OF THE <b>CERTIFICATE OF AUTHORITY / AUTHORITY OF L.L.C. / REGISTRATION</b> (ONE PAGE) INCLUDING ANY NAME CHANGE AMENDMENTS OR OTHER <b>BUSINESS CERTIFICATE</b> AS ATTACHMENT A.	

**SECTION II. FACILITY INFORMATION**

7. TYPE OF PLANT OR FACILITY (STATIONARY SOURCE) TO BE CONSTRUCTED, MODIFIED, RELOCATED OR ADMINISTRATIVELY UPDATED (E.G., COAL PREPARATION PLANT, PRIMARY CRUSHER, ETC.): <b>Emergency Generator</b>	8. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE FOR THE FACILITY: <b>2879; 2869</b>  NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) FOR THE FACILITY: <b>325320, 325199</b>
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9A. DAQ PLANT I.D. NO. (FOR AN EXISTING FACILITY): <b>039-00007</b>	10A. LIST ALL CURRENT 45CSR13 AND 45CSR30 (TITLE V) PERMIT NUMBERS ASSOCIATED WITH THIS PROCESS (FOR EXISTING FACILITY ONLY): <b>NA</b>
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**PRIMARY OPERATING SITE INFORMATION**

11A. NAME OF PRIMARY OPERATING SITE: <b>Institute Plant</b>	12A. MAILING ADDRESS OF PRIMARY OPERATING SITE: <b>Bayer CropScience LP                  P.O. Box 1005                  Institute, WV 25112</b>
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13A. DOES THE APPLICANT OWN, LEASE, HAVE AN OPTION TO BUY, OR OTHERWISE HAVE CONTROL OF THE *PROPOSED SITE*?  
 **YES**     **NO**  
 ⇨ IF **YES**, PLEASE EXPLAIN: **Owns**  
  
 ⇨ IF **NO**, YOU ARE NOT ELIGIBLE FOR A PERMIT FOR THIS SOURCE.

14A. ⇨ FOR **MODIFICATIONS or ADMINISTRATIVE UPDATES**, AT AN EXISTING FACILITY, PLEASE PROVIDE DIRECTIONS TO THE *PRESENT LOCATION* OF THE FACILITY FROM THE NEAREST STATE ROAD;  
 ⇨ FOR **CONSTRUCTION OR RELOCATION PERMITS**, PLEASE PROVIDE DIRECTIONS TO *THE PROPOSED NEW SITE LOCATION* FROM THE NEAREST STATE ROAD.  
  
**The facility is located west of Institute, WV adjacent to State Route 25 and West Virginia State University**  
  
 INCLUDE A **MAP AS ATTACHMENT F**.

15A. NEAREST CITY OR TOWN: <b>Institute</b>	16A. COUNTY: <b>Kanawha</b>	
17A. UTM NORTHING (KM): <b>4248.3</b>	18A. UTM EASTING (KM): <b>432.0</b>	19A. UTM ZONE: <b>17</b>

**1<sup>ST</sup> ALTERNATE OPERATING SITE INFORMATION**

11B. NAME OF PRIMARY OPERATING SITE: Not Applicable <b>NA</b>  _____ _____	12B. MAILING ADDRESS OF PRIMARY OPERATING SITE:  _____ _____
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13B. DOES THE APPLICANT OWN, LEASE, HAVE AN OPTION TO BUY, OR OTHERWISE HAVE CONTROL OF THE *PROPOSED SITE*?  
 **YES**     **NO**  
 ⇨ IF **YES**, PLEASE EXPLAIN: \_\_\_\_\_  
 \_\_\_\_\_  
  
 ⇨ IF **NO**, YOU ARE NOT ELIGIBLE FOR A PERMIT FOR THIS SOURCE.

14B. ⇨ FOR **MODIFICATIONS or ADMINISTRATIVE UPDATES**, AT AN EXISTING FACILITY, PLEASE PROVIDE DIRECTIONS TO THE *PRESENT LOCATION* OF THE FACILITY FROM THE NEAREST STATE ROAD;  
 ⇨ FOR **CONSTRUCTION OR RELOCATION PERMITS**, PLEASE PROVIDE DIRECTIONS TO *THE PROPOSED NEW SITE LOCATION* FROM THE NEAREST STATE ROAD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INCLUDE A **MAP AS ATTACHMENT F**.

15B. NEAREST CITY OR TOWN:	16B. COUNTY:	
17B. UTM NORTHING (KM):	18B. UTM EASTING (KM):	19B. UTM ZONE:

**2<sup>ND</sup> ALTERNATE OPERATING SITE INFORMATION**

11C. NAME OF PRIMARY OPERATING SITE: Not Applicable <b>NA</b>	12C. MAILING ADDRESS OF PRIMARY OPERATING SITE:
_____	_____

13C. DOES THE APPLICANT OWN, LEASE, HAVE AN OPTION TO BUY, OR OTHERWISE HAVE CONTROL OF THE *PROPOSED SITE*?  
 YES     NO

⇨ IF **YES**, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

⇨ IF **NO**, YOU ARE NOT ELIGIBLE FOR A PERMIT FOR THIS SOURCE.

14C. ⇨ FOR **MODIFICATIONS or ADMINISTRATIVE UPDATES**, AT AN EXISTING FACILITY, PLEASE PROVIDE DIRECTIONS TO THE *PRESENT LOCATION* OF THE FACILITY FROM THE NEAREST STATE ROAD;  
 ⇨ FOR **CONSTRUCTION OR RELOCATION PERMITS**, PLEASE PROVIDE DIRECTIONS TO *THE PROPOSED NEW SITE LOCATION* FROM THE NEAREST STATE ROAD.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INCLUDE A **MAP AS ATTACHMENT F**.

15C. NEAREST CITY OR TOWN:	16C. COUNTY:	
17C. UTM NORTHING (KM):	18C. UTM EASTING (KM):	19C. UTM ZONE:

20. PROVIDE THE DATE OF ANTICIPATED INSTALLATION OR CHANGE: <u>12 / 30 / 2015</u>	21. DATE OF ANTICIPATED START- UP IF REGISTRATION IS GRANTED:
⇨ IF THIS IS AN <b>AFTER-THE-FACT</b> PERMIT APPLICATION, PROVIDE THE DATE UPON WHICH THE PROPOSED CHANGE DID HAPPEN: <u>    </u> / <u>    </u> / <u>    </u>	<u>1 / 15 / 2016</u>

22. PROVIDE MAXIMUM PROJECTED **OPERATING SCHEDULE** OF ACTIVITY/ ACTIVITIES OUTLINED IN THIS APPLICATION:

Total Hours of Operation: 500 hours per year

**SECTION III. ATTACHMENTS AND SUPPORTING DOCUMENTS**

PLEASE CHECK ALL ATTACHMENTS INCLUDED WITH THIS PERMIT APPLICATION:

Please See the appropriate reference document for an explanation of the attachments listed below.

- ATTACHMENT A : CURRENT BUSINESS CERTIFICATE**
- ATTACHMENT B: PROCESS DESCRIPTION**
- ATTACHMENT C: DESCRIPTION OF FUGITIVE EMISSIONS**
- ATTACHMENT D: PROCESS FLOW DIAGRAM**
- ATTACHMENT E: PLOT PLAN**
- ATTACHMENT F: AREA MAP**
- ATTACHMENT G: AFFECTED SOURCE SHEETS**
- ATTACHMENT H: BAGHOUSE AIR POLLUTION CONTROL DEVICE SHEET**
- ATTACHMENT I: EMISSIONS CALCULATIONS**
- ATTACHMENT J: CLASS I LEGAL ADVERTISEMENT**
- ATTACHMENT K: ELECTRONIC SUBMITTAL DISKETTE**
- CERTIFICATION OF INFORMATION**
- ATTACHMENT L: GENERAL PERMIT REGISTRATION APPLICATION FEE**
- ATTACHMENT M: SITING CRITERIA WAIVER**

PLEASE MAIL AN ORIGINAL AND TWO COPIES OF THE COMPLETE GENERAL PERMIT REGISTRATION APPLICATION WITH THE SIGNATURE(S) TO THE DAQ PERMITTING SECTION AT THE ADDRESS SHOWN ON THE FRONT PAGE. PLEASE DO NOT FAX PERMIT APPLICATIONS. FOR QUESTIONS REGARDING APPLICATIONS OR WEST VIRGINIA AIR POLLUTION RULES AND REGULATIONS PLEASE CALL (304) 926-0475.

**SECTION IV. CERTIFICATION OF INFORMATION**

This General Permit Registration Application shall be signed below by a Responsible Official. A Responsible Official is a President, Vice President, Secretary, Treasurer, General Partner, General Manager, a member of a Board of Directors, or Owner, depending on business structure. A business may certify an Authorized Representative who shall have authority to bind the Corporation, Partnership, Limited Liability Company, Association, Joint Venture or Sole Proprietorship. Required records of daily throughput, hours of operation and maintenance, general correspondence, Emission Inventory, Certified Emission Statement, compliance certifications and all required notifications must be signed by a Responsible Official or an Authorized Representative. If a business wishes to certify an Authorized Representative, the official agreement below shall be checked off and the appropriate names and signatures entered. Any administratively incomplete or improperly signed or unsigned Registration Application will be returned to the applicant.

**FOR A CORPORATION (domestic or foreign)**

- I certify that I am a President, Vice President, Secretary, Treasurer or in charge of a principal business function of the corporation

**FOR A PARTNERSHIP**

- I certify that I am a General Partner

**FOR A LIMITED LIABILITY COMPANY**

- I certify that I am a General Partner or General Manager

**FOR AN ASSOCIATION**

- I certify that I am the President or a member of the Board of Directors

**FOR A JOINT VENTURE**

- I certify that I am the President, General Partner or General Manager

**FOR A SOLE PROPRIETORSHIP**

- I certify that I am the Owner and Proprietor

hereby certify that (please print or type) **Connie Stewart**

*is an Authorized Representative and in that capacity shall represent the interest of the business (e.g., Corporation, Partnership, Limited Liability Company, Association Joint Venture or Sole Proprietorship) and may obligate and legally bind the business. If the business changes its Authorized Representative, a Responsible Official shall notify the Chief of the Office of Air Quality immediately, and/or,*

*I hereby certify that all information contained in this General Permit Registration Application and any supporting documents appended hereto is, to the best of my knowledge, true, accurate and complete, and that all reasonable efforts have been made to provide the most comprehensive information possible*

**Signature** \_\_\_\_\_

(please use blue ink)

Responsible Official

Date

**Name & Title** **Connie Stewart, Director - QHSE**

(please print or type)

**Applicant's Name** **Bayer CropScience LP**

Please direct all technical questions to **Linda Tennant** at **linda.tennant@bayer.com**

**(304) 767-6161 (Office)**      **(304) 690-3154 (Cell)**

**2009**

**WEST VIRGINIA  
STATE TAX DEPARTMENT**

**2011**

**BUSINESS REGISTRATION  
CERTIFICATE**

ISSUED TO:  
**BAYER CROPSCIENCE LP  
2 TW ALEXANDER DR  
RESEARCH TRIANGLE PARK, NC 27709**

**BUSINESS REGISTRATION ACCOUNT NUMBER: 1048-6631**

This certificate is issued for the registration period beginning: **July 1, 2009**  
This certificate is valid until: **June 30, 2011**

*This business registration certificate is issued by  
the West Virginia State Tax Commissioner  
in accordance with Chapter 11, Article 12 of the West Virginia Code.*

*The person or organization identified on this certificate is registered  
to conduct business in the State of West Virginia at the location above.*

**This certificate is not transferrable and must be displayed at the location for which issued.**

**ENGAGING IN BUSINESS WITHOUT CONSPICUOUSLY POSTING A WEST VIRGINIA BUSINESS  
REGISTRATION CERTIFICATE IN THE PLACE OF BUSINESS IS A CRIME AND MAY SUBJECT YOU  
TO FINES PER W. VA. CODE § 11-9.**

**TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.  
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of  
this certificate displayed at every job site within West Virginia.**

## **Attachment B**

### **Process Description**

Bayer CropScience proposes to install a Cummins Inc. DFEJ diesel Model QSX15-G9 emergency generator for use at Goff Mountain Landfill (“GML”) Operations Building. This Operations Building is presently being constructed with a projected startup date of January 15, 2015.

The GML Operations Building will include leachate holding tanks and all equipment and instrumentation required to operate and maintain these tanks. The building will also include a tank truck loading facility to transport landfill leachate to an off-site facility. In the event of a power loss, this generator will be the emergency power backup.

The generator will be cycled and tested to insure proper operation in event that power is lost to the GML Operations Building.



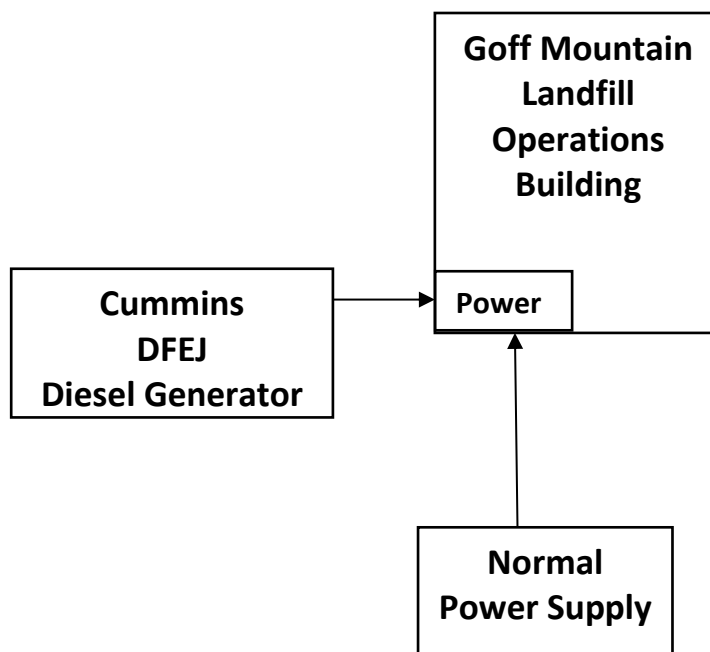
## **Attachment C**

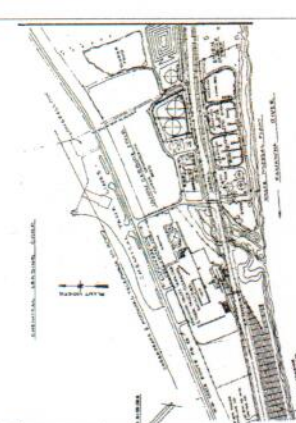
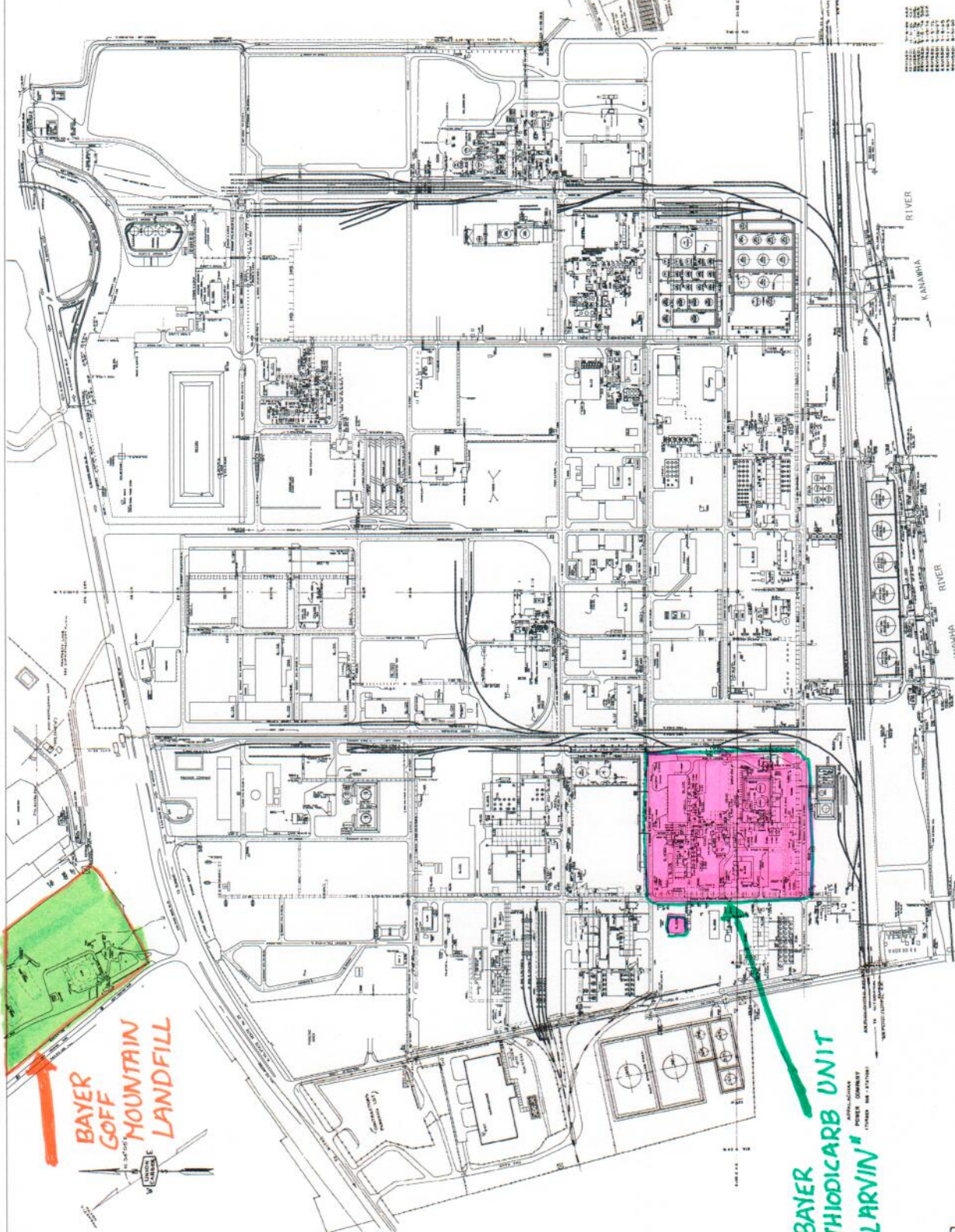
### **Fugitive Emissions**

There are no fugitive emissions associated with the generator.

## Attachment D

### Process Flow Diagram





INSTITUTE PLANT UNION CARBIDE CHEMICALS COMPANY UCCG



DRAWN BY	CHW	BY ENGINEER	DATE	SCALE	1" = 200'
Bayer CropScience					
APP. NUMBER	UCCG 102	DRAWN BY	CHW	CHECKED BY	CHW
INSTITUTE PLANT PLOT PLAN					
LOCATION	102	DATE	05-80	SCALE	R.11
DESCRIPTION	2000000000	PROJECT	20000000	REV.	12

ALL REMAINING ASSETS : PROPERTIES OWNED BY UNION CARBIDE /DOW

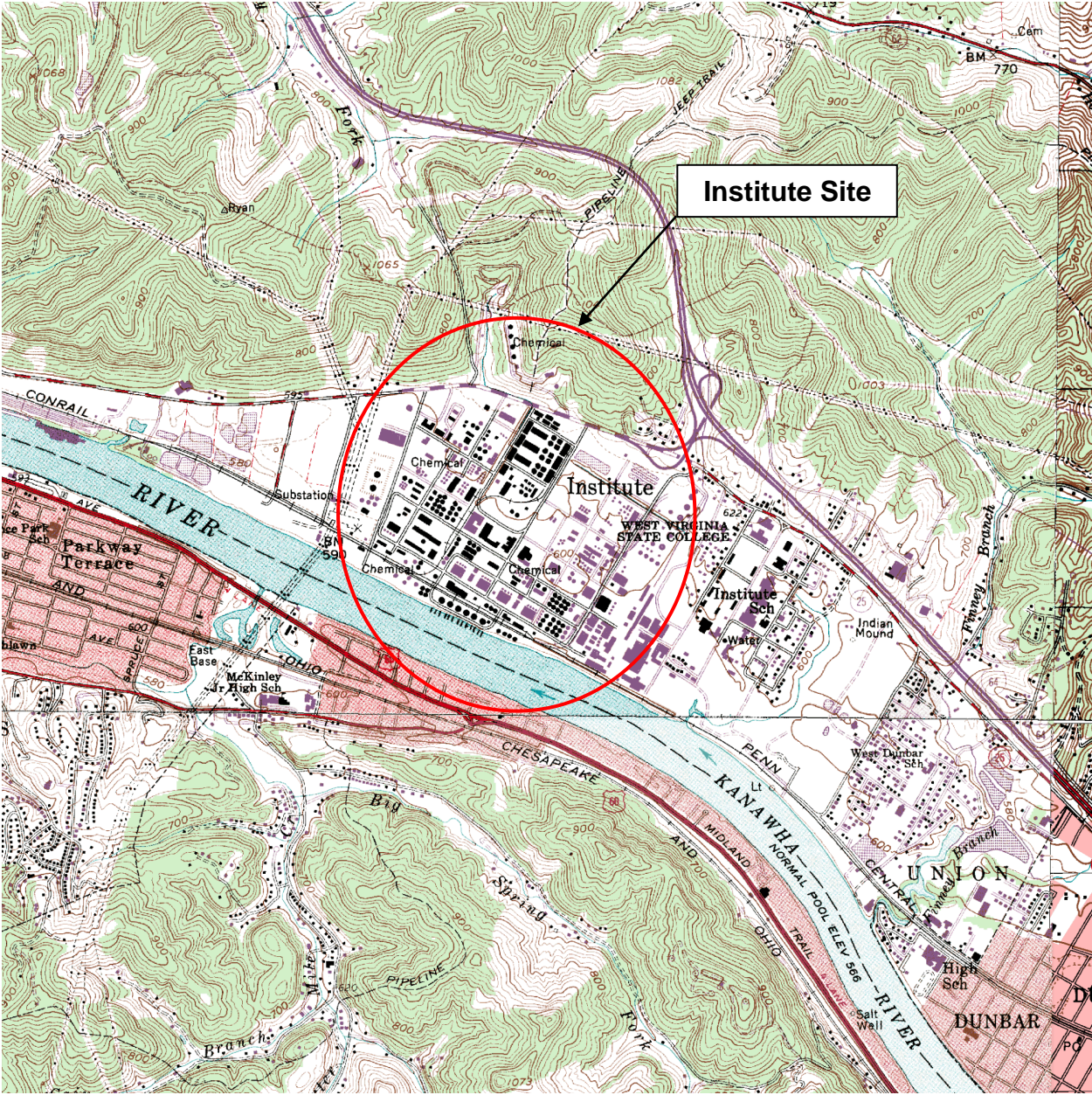
BAYER GOFF MOUNTAIN LANDFILL

BAYER THIODICARB UNIT "L'ARVIN"



# Attachment F

## Site Location



# **G60-C REGISTRATION APPLICATION FORMS**

# General Permit G60-C Registration

## Section Applicability Form

General Permit G60-C was developed to allow qualified registrants to seek registration for emergency generator(s).

General Permit G60-C allows the registrant to choose which sections of the permit that they wish to seek registration under. Therefore, please mark which sections that you are applying for registration under. Please keep in mind, that if this registration is approved, the issued registration will state which sections will apply to your affected facility.

- |           |   |                                     |
|-----------|---|-------------------------------------|
| Section 5 | Reciprocating Internal Combustion Engines (R.I.C.E.)*   | <input type="checkbox"/>            |
| Section 6 | Tanks   | <input checked="" type="checkbox"/> |
| Section 7 | Standards of Performance for Stationary Compression Ignition Internal Combustion Engines (40CFR60 Subpart IIII) | <input checked="" type="checkbox"/> |
| Section 8 | Standards of Performance for Stationary Spark Ignition Internal Combustion Engines (40CFR60 Subpart JJJJ)       | <input type="checkbox"/>            |

**\* Affected facilities that are subject to Section 5 may also be subject to Sections 7 or 8. Therefore, if the applicant is seeking registration under both sections, please select both.**

## EMERGENCY GENERATOR ENGINE DATA SHEET

Source Identification Number <sup>1</sup>		EG-GML					
Engine Manufacturer and Model		Cummins, Inc Model QSX15-G9					
Manufacturer's Rated bhp/rpm		680/2150					
Source Status <sup>2</sup>		NS					
Date Installed/Modified/Removed <sup>3</sup>		December 15, 2015					
Engine Manufactured/Reconstruction Date <sup>4</sup>		September 23, 2015 (purchased date)					
Is this a Certified Stationary Spark Ignition Engine according to 40CFR60 Subpart IIII? (Yes or No) <sup>5</sup>		Yes					
Is this a Certified Stationary Spark Ignition Engine according to 40CFR60 Subpart JJJJ? (Yes or No) <sup>6</sup>		No					
Engine, Fuel and Combustion Data	Engine Type <sup>7</sup>	DFEJ					
	APCD Type <sup>8</sup>	A/F)					
	Fuel Type <sup>9</sup>	2FO					
	H <sub>2</sub> S (gr/100 scf)						
	Operating bhp/rpm	680/2150					
	BSFC (Btu/bhp-hr)						
	Fuel throughput (ft <sup>3</sup> /hr)	23.2 gal/hr					
	Fuel throughput (MMft <sup>3</sup> /yr)	11,600 gal/yr					
	Operation (hrs/yr)	500					
Reference <sup>10</sup>	Potential Emissions <sup>11</sup>	lbs/hr	tons/yr	lbs/hr	tons/yr	lbs/hr	tons/yr
MD	NO <sub>x</sub>	5.847	1.462				
MD	CO	0.600	0.150				
AP	SO <sub>2</sub>	1.360	0.340				
MD	PM-TOT	0.120	0.030				
MD	PM10	0.028	0.007				
MD	PM2.5	0.007	0.002				
AP	VOC	1.68	0.420				
AP	CO <sub>2</sub>	782	195				
AP	HAPS	0.06	0.0588				

1. Enter the appropriate Source Identification Number for each emergency generator. Generator engines should be designated EG-1, EG-2, EG-3 etc. If more than three (3) engines exist, please use additional sheets.
2. Enter the Source Status using the following codes:
 

NS	Construction of New Source (installation)	ES	Existing Source
MS	Modification of Existing Source	RS	Removal of Source
3. Enter the date (or anticipated date) of the engine's installation (construction of source), modification or removal.
4. Enter the date that the engine was manufactured, modified or reconstructed.
5. Is the engine a certified stationary spark ignition internal combustion engine according to 40CFR60 Subpart IIII. If so, the engine and control device must be operated and maintained in accordance with the manufacturer's emission-related written instructions. You must keep records of conducted maintenance to demonstrate compliance, but no performance testing is required. If the certified engine is not operated and maintained in accordance with the manufacturer's emission-related written instructions, the engine will be considered a non-certified engine and you must demonstrate compliance according to 40CFR§60.4210 as appropriate.

**Provide a manufacturer's data sheet for all engines being registered.**

6. Is the engine a certified stationary spark ignition internal combustion engine according to 40CFR60 Subpart JJJJ. If so, the engine and control device must be operated and maintained in accordance with the manufacturer's emission-related written instructions. You must keep records of conducted maintenance to demonstrate compliance, but no performance testing is required. If the certified engine is not operated and maintained in accordance with the manufacturer's emission-related written instructions, the engine will be considered a non-certified engine and you must demonstrate compliance according to 40CFR§60.4243a(2)(i) through (iii), as appropriate.

**Provide a manufacturer's data sheet for all engines being registered.**

7. Enter the Engine Type designation(s) using the following codes:
 

LB2S	Lean Burn Two Stroke	RB4S	Rich Burn Four Stroke
LB4S	Lean Burn Four Stroke		
8. Enter the Air Pollution Control Device (APCD) type designation(s) using the following codes:
 

A/F	Air/Fuel Ratio	IR	Ignition Retard
HEIS	High Energy Ignition System	SIPC	Screw-in Precombustion Chambers
PSC	Prestratified Charge	LEC	Low Emission Combustion
NSCR	Rich Burn & Non-Selective Catalytic Reduction	SCR	Lean Burn & Selective Catalytic Reduction
9. Enter the Fuel Type using the following codes:
 

PQ	Pipeline Quality Natural Gas	RG	Raw Natural Gas
2FO	#2 Fuel Oil	LPG	Liquid Propane Gas
10. Enter the Potential Emissions Data Reference designation using the following codes. Attach all referenced data to this *Compressor/Generator Data Sheet(s)*.
 

MD	Manufacturer's Data	AP	AP-42	
GR	GRI-HAPCalc <sup>TM</sup>	OT	Other _____	(please list)
11. Enter each engine's Potential to Emit (PTE) for the listed regulated pollutants in pounds per hour and tons per year. PTE shall be calculated at manufacturer's rated brake horsepower and may reflect reduction efficiencies of listed Air Pollution Control Devices. Emergency generator engines may use 500 hours of operation when calculating PTE. PTE data from this data sheet shall be incorporated in the *Emissions Summary Sheet*.



## STORAGE TANK DATA SHEET

**NOTE: Storage tank is enclosed within the generator and not a separate unit.**

Source ID # <sup>1</sup>	Status <sup>2</sup>	Content <sup>3</sup>	Volume <sup>4</sup>	Dia <sup>5</sup>	Throughput <sup>6</sup>	Orientation <sup>7</sup>	Liquid Height <sup>8</sup>
<b>EG-GML-T</b>	<b>New</b>	<b>Fuel Oil</b>	<b>850 gallons</b>	<b>NA</b>	<b>NA</b>	<b>Enclosed in Unit</b>	<b>NA</b>

1. Enter the appropriate Source Identification Numbers (Source ID #) for each storage tank located at the compressor station. Tanks should be designated T01, T02, T03, etc.
2. Enter storage tank Status using the following:
  - EXIST Existing Equipment
  - NEW Installation of New Equipment
  - REM Equipment Removed
3. Enter storage tank content such as condensate, pipeline liquids, glycol (DEG or TEG), lube oil, etc.
4. Enter storage tank volume in gallons.
5. Enter storage tank diameter in feet.
6. Enter storage tank throughput in gallons per year.
7. Enter storage tank orientation using the following:
  - VERT Vertical Tank
  - HORZ Horizontal Tank
8. Enter storage tank average liquid height in feet.

## EMERGENCY GENERATOR EMISSION SUMMARY SHEET FOR CRITERIA POLLUTANTS

Emergency Generator Location:						Registration Number <small>(Agency Use)</small> <u>G60-C</u>				
	Potential Emissions (lbs/hr)					Potential Emissions (tons/yr)				
Source ID No.	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub>	PM <sub>10</sub>	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub>	PM <sub>10</sub>
<b>EG-GML</b>	<b>5.85</b>	<b>0.60</b>	<b>1.68</b>	<b>1.36</b>	<b>0.03</b>	<b>1.46</b>	<b>0.15</b>	<b>0.42</b>	<b>0.34</b>	<b>0.007</b>
<b>Total</b>	<b>5.85</b>	<b>0.60</b>	<b>1.68</b>	<b>1.36</b>	<b>0.03</b>	<b>1.46</b>	<b>0.15</b>	<b>0.42</b>	<b>0.34</b>	<b>0.007</b>

**EMERGENCY GENERATOR EMISSION SUMMARY SHEET FOR HAZARDOUS/TOXIC POLLUTANTS**

Emergency Generator Location:							Registration Number <small>(Agency Use)</small> <u>G60-C</u>					
Potential Emissions (lbs/hr)							Potential Emissions (tons/yr)					
Source ID No.	Benzene	Naphthalene	Toluene	Xylenes	Acetaldehyde	Formaldehyde	Benzene	Naphthalene	Toluene	Xylenes	Acetaldehyde	Formaldehyde
EG-GML	0.02	0.001	0.006	0.004	0.01	0.02	0.004	0.0003	0.028	0.019	0.003	0.005
<b>Total</b>	<b>0.02</b>	<b>0.001</b>	<b>0.006</b>	<b>0.004</b>	<b>0.01</b>	<b>0.02</b>	<b>0.004</b>	<b>0.0003</b>	<b>0.028</b>	<b>0.019</b>	<b>0.003</b>	<b>0.005</b>

## **Attachment H**

### **Control Device Sheets**

There is no control devices associated with the emergency generator.

**Attachment K**  
**Electronic Submittal**

This registration application is not being submitted electronically.

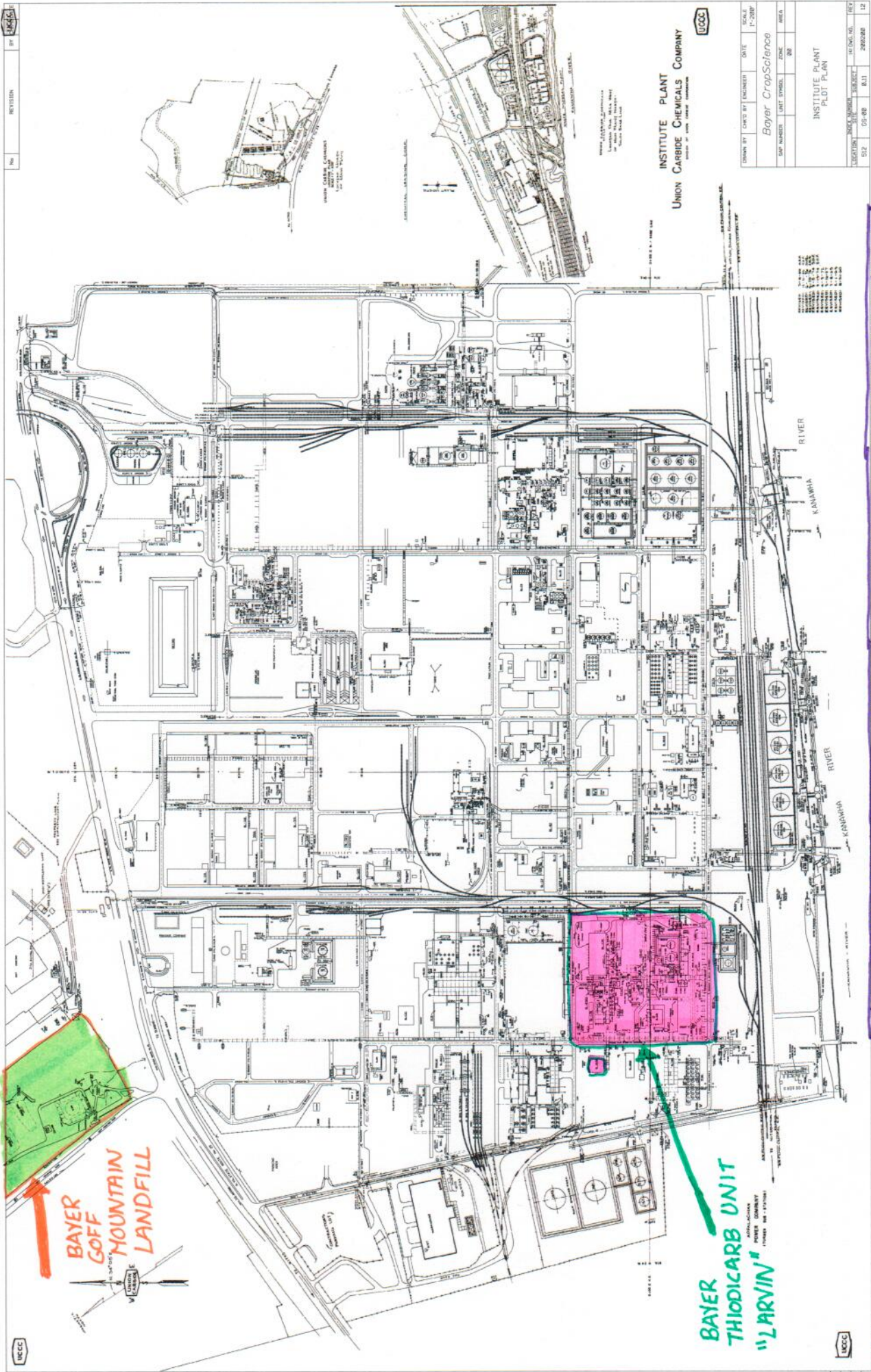
**Attachment L**  
**Application Fee**

A check for \$1,500 is enclosed with this registration application to cover the required application fee.

## **Attachment M**

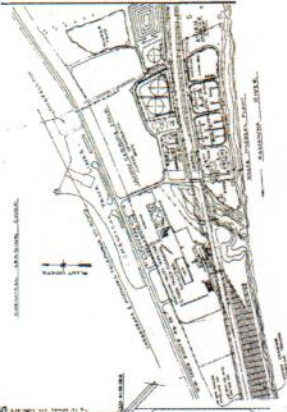
### **Siting Criteria Waiver**

The emergency generator will be located more than 300 feet from a public building or dwelling. Therefore, no waiver is required.



**BAYER GOFF MOUNTAIN LANDFILL**

**BAYER THIODICARB UNIT "L ARVIN"**



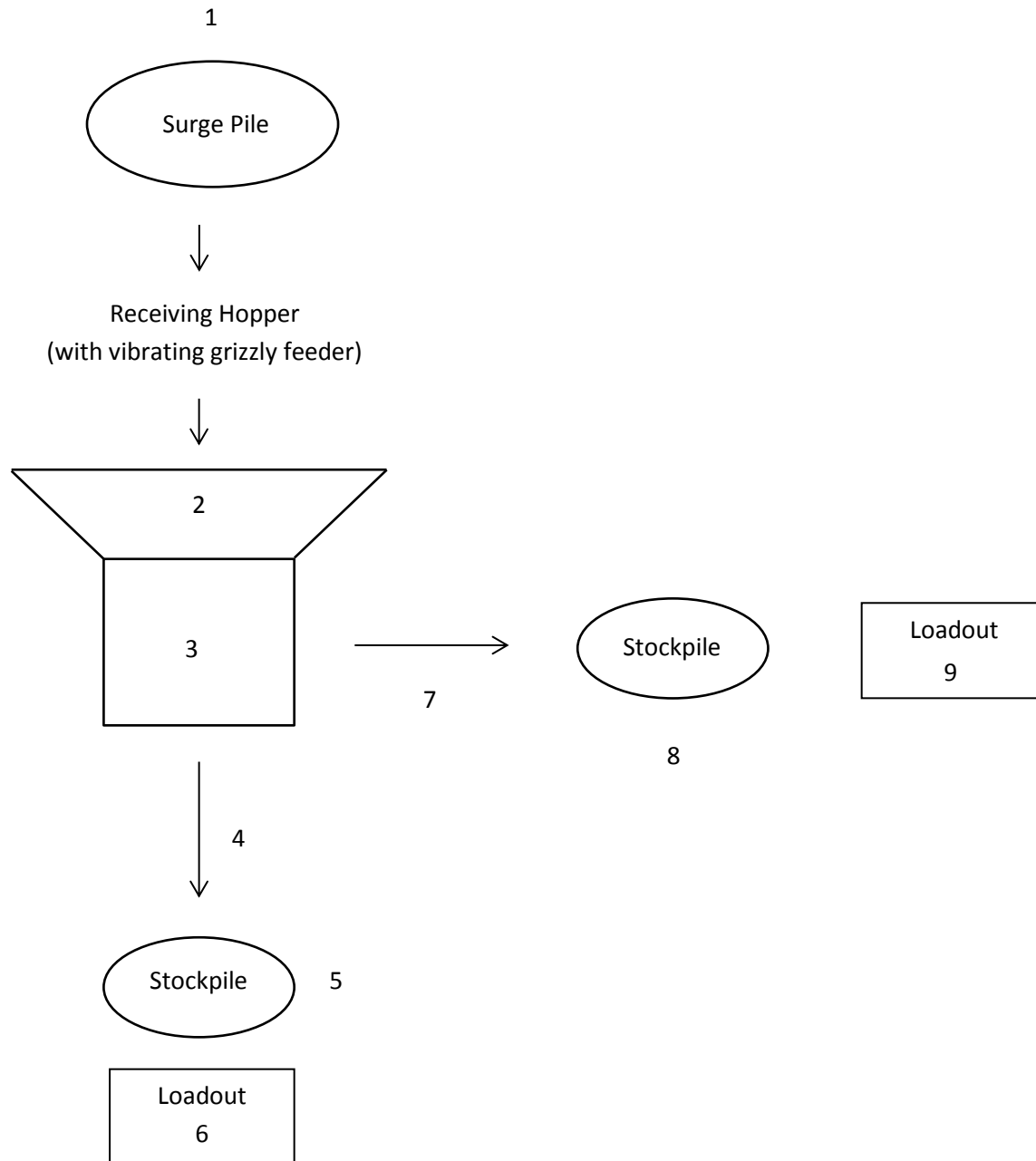
**INSTITUTE PLANT UNION CARBIDE CHEMICALS COMPANY**



DESIGNED BY	DATE	SCALE
BY: [Signature]	11-20-57	1"=200'
DATE	BY	AREA
05-40	R. J. L.	288,000
05-40	R. J. L.	12

**ALL REMAINING ASSETS : PROPERTIES OWNED BY UNION CARBIDE / DOW**





Facility Number	Description
1	Surge Pile
2	Receiving Hopper
3	Primary Crusher
4	26" Side Conveyor
5	Stockpile
6	Loadout
7	47" Main Conveyor
8	Stockpile
9	Loadout

Process Flow Diagram  
 Bizzack Construction, LLC  
 Portable Crushing Unit

Date: June 30, 2015  
 Project Number: 313106  
 Scale: Not To Scale  
 Project Manager: I.Ratliff



Pike Technical Services, Inc.  
 183 Tollage Creek  
 Pikeville, KY 41501  
 (606) 432-0300