| DEP Letterhead logo | **west virginia** department of environmental protection | | Division of Air Quality 601 57th Street SE  Charleston, WV 25304  Phone (304) 926-0475  Fax (304) 926-0479  www.dep.wv.gov |
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| G20-C GENERAL PERMIT REGISTRATION Application **PREVENTION AND CONTROL OF AIR POLLUTION IN REGARD TO THE CONSTRUCTION, MODIFICATION, RELOCATION, ADMINISTRATIVE UPDATE AND OPERATION OF**  **HOT MIX ASPHALT PLANTS** | | | |
| CONSTRUCTION  CLASS I ADMINISTRATIVE UPDATE  MODIFICATION  CLASS II ADMINISTRATIVE UPDATE  RELOCATION | | | |
| **general information** | | | |
| Name of Applicant (as registered with the WV Secretary of State’s Office): | | | |
|  | | | |
| Federal Employer ID No. (FEIN): | | | |
| Applicant’s Mailing Address: | | | |
| City: | | State: | ZIP Code: |
| Facility Name: | | | |
| Primary Operating Site Physical Address:  If none available, list road, city or town and zip of facility. | | | |
| City: | | Zip Code: | County: |
| Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits):  Latitude:  Longitude: | | | |
| |  |  | | --- | --- | | SIC Code:  NAICS Code: | DAQ Facility ID No. (For existing facilities) | | | | |
| **CERTIFICATION OF INFORMATION** | | | |
| This G20-C 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 the 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, 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 G20-C Registration Application will be returned to the applicant. Furthermore, if the G20-C forms are not utilized, the application will be returned to the applicant. No substitution of forms is allowed.** | | | |
| I hereby certify that       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 Director of the Division of Air Quality immediately.  I hereby certify that all information contained in this G20-C 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. | | | |
| Responsible Official Signature:  Name and Title:       Phone:       Fax:  Email:       Date: | | | |
| If applicable:  Authorized Representative Signature:  Name and Title:       Phone:       Fax:  Email:       Date: | | | |
| If applicable:  Environmental Contact  Name and Title:       Phone:       Fax:  Email:       Date: | | | |

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| **OPERATING SITE INFORMATION** | |
| Briefly describe the proposed new operation and/or any change(s) to the facility: | |
| Directions to the facility: | |
| **ATTACHMENTS AND SUPPORTING DOCUMENTS** | |
| **I have enclosed the following required documents:** | |
| Check payable to WVDEP – Division of Air Quality with the appropriate application fee (per 45CSR13 and 45CSR22).  Check attached to front of application.  I wish to pay by electronic transfer. Contact for payment (incl. name and email address):  I wish to pay by credit card. Contact for payment (incl. name and email address):    $500 (Construction, Modification, and Relocation) $300 (Class II Administrative Update)  $1,000 NSPS fee for 40 CFR60, Subpart I, OOO, IIII and/or JJJJ1  $2,500 NESHAP fee for 40 CFR63, Subpart ZZZZ 2  1 Only one NSPS fee will apply.  2 Only one NESHAP fee will apply. The Subpart ZZZZ NESHAP fee will be waived for new engines that satisfy requirements by complying with NSPS, Subparts IIII and/or JJJJ.  *NSPS and NESHAP fees apply to new construction or if the source is being modified.* | |
| Responsible Official or Authorized Representative Signature (if applicable) | |
| Facility Location – Attachment A | Single Source Determination Form – Attachment B |
| Siting Criteria Waiver (if applicable) – Attachment C | Current Business Certificate – Attachment D |
| Process Flow Diagram – Attachment E | Process Description – Attachment F |
| Plot Plan – Attachment G | Area Map – Attachment H |
| G20-C Section Applicability Form – Attachment I | HMA Affected Source Sheet – Attachment J |
| APCD Affected Source Sheet – Attachment K | HMA Capture System Sheet – Attachment L |
| HMA Storage and Handling Sheet – Attachment M | Heaters/Boilers Sheet – Attachment N |
| Storage Vessel Data Sheet – Attachment O | Haulroad Emissions – Attachment P |
| Internal Combustion Engine Data Sheet(s) (include manufacturer performance data sheet(s) if applicable) –  Attachment Q | |
| Emissions Calculations – Attachment R | |
| Facility Wide PTE Summary Sheet – Attachment S | |
| Class I Legal Advertisement – Attachment T | |
| One (1) paper copy and two (2) copies of CD or DVD with pdf copy of application and attachments | |

**All attachments must be identified by name, divided into sections, and submitted in order.**

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| **ATTAchMENT A – FACILITY LOCATION** | |
| Is this hot mix asphalt plant portable?  Yes  No  Primary Location   |  |  |  | | --- | --- | --- | | Primary Operating Site Physical Address:  If none available, list road, city or town and zip of facility. | | | | City: | Zip Code: | County: | | Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits):  Latitude:  Longitude: | | |   If Yes, please list all addresses/locations below:  Alternate Location 1   |  |  |  | | --- | --- | --- | | Primary Operating Site Physical Address:  If none available, list road, city or town and zip of facility. | | | | City: | Zip Code: | County: | | Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits):  Latitude:  Longitude: | | |   Alternate Location 2   |  |  |  | | --- | --- | --- | | Primary Operating Site Physical Address:  If none available, list road, city or town and zip of facility. | | | | City: | Zip Code: | County: | | Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits):  Latitude:  Longitude: | | |   Alternate Location 3   |  |  |  | | --- | --- | --- | | Primary Operating Site Physical Address:  If none available, list road, city or town and zip of facility. | | | | City: | Zip Code: | County: | | Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits):  Latitude:  Longitude: | | |   ***Use more pages if necessary*** | |
| **ATTAchMENT B - SINGLE SOURCE DETERMINATION FORM** |
| Classifying multiple facilities as one “stationary source” under 45CSR13, 45CSR14, and 45CSR19 is based on the definition of Building, structure, facility, or installation as given in §45-14-2.13 and §45-19-2.12. The definition states:  *“Building, Structure, Facility, or Installation” means all of the pollutant-emitting activities which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties, and are under the control of the same person (or persons under common control). Pollutant-emitting activities are a part of the same industrial grouping if they belong to the same “Major Group” (i.e., which have the same two (2)-digit code) as described in the Standard Industrial Classification Manual, 1987 (United States Government Printing Office stock number GPO 1987 0-185-718:QL 3).*  Is there equipment and activities in the same industrial grouping (defined by SIC code)?  Yes  No  Is there equipment and activities under the control of the same person/people?  Yes  No  Is there equipment and activities located on contiguous or adjacent sites?  Yes  No    If all questions are answered yes, please provide the company name, facility name and DAQ facility ID# for the other facility:  Company Name:  Facility Name:  DAQ Facility ID#: |

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| **ATTACHMENT C - SITING CRITERIA WAIVER** |
| If applicable, please complete this form and it must be notarized. |

**G20-C General Permit**

**Siting Criteria Waiver**

**WV Division of Air Quality 300’ Waiver**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby

Print Name

acknowledge and agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will

General Permit Applicant’s Name

construct an emission unit(s) at a hot mix asphalt plant

that will be located within 300’ of my dwelling and/or business.

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I hereby offer this waiver of siting criteria to the West Virginia Department of Environmental Protection

Division of Air Quality as permission to construct, install and operate in such location.

Signed:

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Signature Date

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Signature Date

**Taken, subscribed and sworn before me this \_\_\_\_\_ day of**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

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| **ATTACHMENT D – CURRENT BUSINESS CERTIFICATE** |
| If the applicant is a resident of West Virginia, the applicant should provide a copy of the current Business Registration Certificate issued to them from the West Virginia Secretary of State’s Office. If the applicant is not a resident of the State of West Virginia, the registrant should provide a copy of the Certificate of Authority/Authority of LLC/Registration. This information is required for all sources to operate a business in West Virginia regardless of whether it is a construction, modification, or administrative update.  If you are a new business to West Virginia and have applied to the West Virginia Secretary of State’s Office for a business license, please include a copy of your application.  Please note: Under the West Virginia Bureau of Employment Programs, 96CSR1, the DAQ may not grant, issue, or renew approval of any permit, general permit registration, or Certificate to Operate to any employing unit whose account is in default with the Bureau of Employment Programs Unemployment Compensation Division. |

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| **ATTACHMENT E – PROCESS flow diagram** |
| Provide a diagram or schematic that supplements the Process Description of the operation or plant. The Process Flow Diagram shall show all sources, components or facets of the operation or plant in an understandable line sequence of operation. Appropriate sizing and specifications of equipment should also be shown on the Process Flow Diagram. For a proposed modification, clearly identify the process areas, affected facilities and equipment that will be modified or added, and specify the nature and extent of the modification.  Use the following guidelines to ensure a complete Process Flow Diagram:     * The Process Flow Diagram shall logically follow the entire process from beginning to end. * Identify each source, air pollution control device and transfer point with proper and consistent Source Identification Numbers, Control Device Identification Numbers and Transfer Point Identification Numbers. * Include material handling rates for all lines of the Process Flow Diagram. If applicable, include pre- and post-modification material handling rates and identify accordingly. * Transfer Point Identification Numbers, consistent with assignments in any emission calculation sheet, should be shown at each transfer point. * The process flow lines may appear different for clarity. For example, dot-dash-dot for raw material, and a solid line for finished product. Refuse flow may be identified by a dotted line * The process flow lines may be color coded. For example, new or modified equipment may be red, old or existing equipment may be blue; different stages of preparation such as raw material may be green and finished product or refuse another color. |

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| **ATTACHMENT F – PROCESS description** |
| Provide a detailed written description of the operation for which the applicant is seeking a permit. The process description is used in conjunction with the process flow diagram to provide the reviewing engineer a complete understanding of the activity at the operation. Describe in detail and order the complete process operation.  Use the following guidelines to ensure a complete Process Description:   * The process flow diagram should be prepared first and used as a guide when preparing the process description. The written description shall follow the logical order of the process flow diagram. * All emission sources, emission points, and air pollution control devices must be included in the process description. * When modifications are proposed, describe the modifications and the effect the changes will have on the emission sources, emission points, control devices and the potential emissions. * Proper emission source ID numbers must be used consistently in the process description, the process flow diagram, the emissions calculations, and the emissions summary information provided. * Include any additional information that may facilitate the reviewers understanding of the process operation.   The process description is required for all sources regardless of whether it is a construction, modification, or administrative update. |

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| **ATTACHMENT G – PLOT PLAN** |
| Provide an accurately scaled and detailed Plot Plan showing the locations of all emission units, emission points, and air pollution control devices. Show all emission units, affected facilities, enclosures, buildings and plant entrances and exits from the nearest public road(s) as appropriate. Note height, width and length of proposed or existing buildings and structures.  A scale between 1"=10' and 1"=200' should be used with the determining factor being the level of detail necessary to show operation or plant areas, affected facilities, emission unit sources, transfer points, etc. An overall small scale plot plan (e.g., 1"=300') should be submitted in addition to larger scale plot plans for process or activity areas (e.g., 1"=50') if the plant is too large to allow adequate detail on a single plot plan. Process or activity areas may be grouped for the enlargements as long as sufficient detail is shown.  Use the following guidelines to ensure a complete Plot Plan:   * Facility name * Company name * Company facility ID number (for existing facilities) * Plot scale, north arrow, date drawn, and submittal date. * Facility boundary lines * Base elevation * Lat/Long reference coordinates from the area map and corresponding reference point elevation * Location of all point sources labeled with proper and consistent source identification numbers   This information is required for all sources regardless of whether it is a construction, modification, or administrative update. |

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| **ATTACHMENT H – AREA MAP** |
| Provide an Area Map showing the current or proposed location of the operation. On this map, identify plant or operation property lines, access roads and any adjacent dwelling, business, public building, school, church, cemetery, community or institutional building or public park within a 300’ boundary circle of the collective emission units.  Please provide a 300’ boundary circle on the map surrounding the proposed emission units collectively.  This information is required for all sources regardless of whether it is a construction, modification, or administrative update. |

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| **ATTACHMENT I – G20-C Section Applicability Form** |

**General Permit G20-C Registration**

**Section Applicability Form**

General Permit G20-C was developed to allow qualified applicants to seek registration for a variety of sources. These sources include stockpiles, materials handling, baghouses, storage vessels, haulroads, engines, small heaters and boilers, and fugitive emissions. All registered facilities will be subject to Sections 1.0, 2.0, 3.0, and 4.0.

General Permit G20-C allows the registrant to choose which sections of the permit they are seeking registration under. Therefore, please mark which additional sections that you are applying for registration under. If the applicant is seeking registration under multiple sections, please select all that apply.Please keep in mind, that if this registration is approved, the issued registration will state which sections will apply to your affected facility.

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| **GENERAL PERMIT G20-C APPLICABLE SECTIONS** | |
| Section 5.0 | Hot Mix Asphalt Plants |
| Section 6.0 | Reciprocating Internal Combustion Engines and Generator Engines (excluding non-road engines) |
| Section 7.0 | Non-Road Engines |
| Section 8.0 | Small Heaters and Boilers not subject to 40CFR60 Subpart Dc |

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| **ATTACHMENT J – HOT MIX ASPHALT PLANT**  **AFFECTED SOURCE SHEET** |
| Complete this data sheet for the hot mix asphalt plant. |

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| --- | --- | --- |
| General HMA Plant Information | Source Identification Number1 |  |
| Manufacturer & Model Number |  |
| Date of Manufacture |  |
| Plant Type2 |  |
| Max Production Rate (ton/hour) |  |
| Max Yearly Production (tons/year) |  |
| Annual Operation (hours/year) |  |
| Batch Plant Information | Tons per Batch |  |
| Batches per Hour |  |
| Drum Mixer Information | Drum Length (ft) |  |
| Drum Diameter (ft) |  |
| Burner, Fuel & Combustion Data | Burner Manufacturer & Model Number |  |
| Design Heat Input (mmBTU/hour) |  |
| Excess Air (%) |  |
| Fuel Type3 |  |
| Maximum Fuel Usage4 |  |
| Fuel Heating Value5 |  |
| Maximum Sulfur Content (%) |  |
| Maximum Ash Content (%) |  |

1. Enter the appropriate Source Identification Number for each rotary dryer or drum mixer. Batch plant rotary dryer should be designated

BPRD-1, parallel flow drum mixer designated PFDM-1, and counterflow drum mixer designated CDFM-1, etc.

1. Enter the Plant Type designation using the following codes:

Batch Batch Plant PFDM Parallel Flow Drum Mix Plant

CFDM Counterflow Drum Mix Plant CNMX Continuous Mix Plant

COMB Combination Batch/Drum Mix Plant

1. Enter the Fuel Type(s) using the following code:

PNG Pipeline Quality Natural Gas #2FO Number 2 Fuel Oil

UO Used or Recycled Oil

1. Enter the maximum fuel use in standard cubic feet per hour (natural gas) or gallons per hour (fuel oil). List appropriate units.
2. Enter the Fuel heating value in Btu per standard cubic foot (natural gas) or Btu per gallon (fuel Oil). List appropriate units.

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| **ATTACHMENT K – AIR POLLUTION CONTROL DEVICE**  **AFFECTED SOURCE SHEET** |
| Complete this data sheet for the air pollution control device.  *Additional pages may be necessary.* |

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| **HMA PLANT AIR POLLUTION CONTROL DEVICE DATA SHEET** | | PRIMARY COLLECTION  (CYCLONE) | SECONDARY COLLECTION  (BAGHOUSE) |
| General Information | APCD Identification Number1 |  |  |
| Manufacturer & Model Number |  |  |
| Physical Parameters | Number of Cylinders |  |  |
| Number of Compartments |  |  |
| Cylinder Diameter (ft) |  |  |
| Cylinder Length (ft) |  |  |
| Cone Length (ft) |  |  |
| Gas Inlet Area (ft) |  |  |
| Gas Outlet Area (ft) |  |  |
| Bag Cleaning Mechanism2 |  |  |
| Total Cloth (fabric) Area (ft2) |  |  |
| Draft Fan HP |  |  |
| Outlet Stack Area (ft2) |  |  |
| Operational Parameters | Minimum Design ΔP (in H20) |  |  |
| Maximum Design ΔP (in H20) |  |  |
| Inlet Gas Flow Rate (ACFM) |  |  |
| Inlet Gas Temperature (°F) |  |  |
| Inlet Gas Pressure (PSIA) |  |  |
| Inlet Gas Velocity (ft/sec) |  |  |
| PM Inlet Rate (grains/ACF) |  |  |
| PM Outlet Rate (grains/ACF) |  |  |
| Operating Air/Cloth Ratio (ft/min) |  |  |

1. Enter the appropriate Air Pollution Control Device Identification Number for the primary and secondary collectors. The primary collector should be designated APCD-1 and the secondary collector designated APCD-2. If the secondary collector incorporates a knockdown or settling chamber and combines the functions of a primary and secondary collector, enter NONE for the primary collector APCD identification number and designate the secondary collector APCD-1.
2. Enter method used to clean bags: shaker, pulse jet, reverse jet or other.

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| **ATTACHMENT L – HOT MIX ASPHALT plant**  **capture system affected source sheet** |
| Pursuant to Section 2.3.5 of General Permit G20-C and 45CSR3, the registrant shall not cause, allow or permit a hot mix asphalt plant to operate that is not equipped with a particulate matter capture system. Such systems and devices shall be designed, operated and maintained in such a manner as to prevent the emission of particulate matter from any point other than a stack outlet.  A particulate matter capture system shall be used to confine, collect and transport particulate matter from dryers, hot elevators, screens, drum mixers, pugmills, weigh hoppers, hot bins and related components to air pollution control devices. Particulate matter capture systems shall include but not be limited to hoods, bins, ductwork, enclosures, air pollution control devices and fans.  Use the following guidelines to ensure a complete Description of Fugitive Emissions:   * Describe all sources and potential sources of fugitive particulate emissions. * Describe all fugitive dust control equipment. * Provide the application rate of water, or if using solution, mix ratio and type used at sprays. * Provide the application frequency of water or solution to haulroads and work areas during dry periods. * Describe methods employed to winterize sprays. * Indicate type of haulroad surface(s) that will be maintained such as asphalt pavement, concrete, dirt, coarse gravel, etc. * Describe fugitive dust control methods and related equipment for any highwall truck or conveyor dump. * Describe any other method or practice implemented to minimize fugitive particulate emissions. |

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| **ATTACHMENT M – HOT MIX ASPHALT PLANT STORAGE**  **AND HANDLING AFFECTED SOURCE SHEET** |
| *Additional pages may be necessary.* |

| Source Identification Number1 |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Material Stored2 |  |  |  |  |  |  |
| Maximum Yearly Throughput (tons/year)3 |  |  |  |  |  |  |
| Typical Moisture  Content (%)4 |  |  |  |  |  |  |
| Average % of Material Passing Through 200 Mesh Sieve5 |  |  |  |  |  |  |
| Maximum Stockpile  Base Area (ft2)6 |  |  |  |  |  |  |
| Maximum Stockpile  Height (ft)7 |  |  |  |  |  |  |
| Maximum Storage  Capacity (tons)8 |  |  |  |  |  |  |
| Dust Control Method  Applied to Storage9 |  |  |  |  |  |  |
| Method of Material  Load-in to Bin or Stockpile10 |  |  |  |  |  |  |
| Dust Control Method  Applied During Load-in11 |  |  |  |  |  |  |
| Method of Material Load-out from Bin or Stockpile10 |  |  |  |  |  |  |
| Dust Control Method  Applied During Load-out11 |  |  |  |  |  |  |
| 1. Enter the appropriate Source Identification Number for each storage activity using the following codes. For example, if the facility utilizes four open stockpiles and one storage silo, the Source Identification Numbers should be OS-1, OS-2, OS-3, and OS-4; and BS-1, respectively.  OS Open Stockpile E3 Enclosure (three-sided enclosure)  BS Bin or Storage Silo (full enclosure) SB Storage Building (full enclosure)  SF Stockpiles with wind fences OT Other (please specify)  2. Describe the type of material stored or stockpiled.  3. Enter the maximum yearly storage throughput for each storage activity.  4. Enter the average percent moisture content of the stored material.  5. Enter the average percent of material that will pass through a 200 mesh sieve.  6. For stockpiles, enter the maximum stockpile base area.  7. For stockpiles, enter the maximum stockpile height.  8. Enter the maximum storage capacity for each storage activity in tons (e.g. silo capacity, maximum stockpile size, etc.).  9. Enter the dust control method applied to storage activity using the following codes:  CA Crusting Agent WS Water Spray  FE Full Enclosure NO None  OT Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)  10. Enter the method of load-in or load-out to/from stockpiles or bins using the following codes:  FE Front Endloader SS Stationary Conveyor/Stacker  ST Stacking Tube MC Mobile Conveyor/Stacker  CS Clamshell TD Truck Dump  OT Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)  11. Enter the dust control method applied during load-in or load-out using the following codes:  CA Crusting Agent WS Water Spray  FE Full Enclosure MD Minimize Drop Height  ST Stacking Tube NO None  OT Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify) | | | | | | |

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| **ATTACHMENT N – hot mix asphalt heater/Boiler**  **affected source sheet** |
| Complete this data sheet for all hot mix asphalt heaters and/or boilers. |

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| **Source**  **ID#1** | **Maximum Fuel Use2** | **Fuel Type3** | **Hours of Operation4** |
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1. Enter the appropriate Source Identification Number for each asphaltic cement tank heater located at the hot mix asphalt plant. Asphaltic cement tank heaters should be designated AH-1, AH-2, etc.
2. Enter the maximum fuel use in standard cubic foot per hour (natural gas) or gallons per hour (fuel oil). List appropriate units.
3. Enter the Fuel Type using the following codes:

PNG Pipeline Quality Natural Gas #2FO Number 2 Fuel Oil UO Used Oil

1. Enter the maximum hours of operation each year.

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| **ATTACHMENT O – STORAGE vessel data sheet** |
| Complete this data sheet for all deminimis storage tanks (i.e. lube oil, diesel etc.) |

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| **Source**  **ID #1** | **Status2** | **Content3** | **Volume4** |
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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 lube oil, diesel, etc.

4. Enter the maximum design storage tank volume in gallons.

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| **ATTACHMENT P – HAULROAD EMISSIONS** |
| Complete this data sheet for paved and unpaved haulroads |

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| --- | --- | --- | --- | --- |
| **Haulroad Type** | **Uncontrolled Emissions** | | **Controlled Emissions** | |
| **Hourly (lb/hr)** | **Annual (tpy)** | **Hourly (lb/hr)** | **Annual (tpy)** |
| **Paved** |  |  |  |  |
| **Unpaved** |  |  |  |  |

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| **ATTACHMENT Q – internal combustion engine data sheet** | | | | | | | |
| Complete this data sheet for each internal combustion engine at the facility. Include manufacturer performance data sheet(s) or any other supporting document if applicable. Use extra pages if necessary. *Generator(s) and microturbine generator(s) shall also use this form.* | | | | | | | |
| Emission Unit ID#1 | |  | |  | |  | |
| Engine Manufacturer/Model | |  | |  | |  | |
| Manufacturers Rated bhp/rpm | |  | |  | |  | |
| Source Status2 | |  | |  | |  | |
| Date Installed/  Modified/Removed/Relocated3 | |  | |  | |  | |
| Engine Manufactured /Reconstruction Date4 | |  | |  | |  | |
| Check all applicable Federal Rules for the engine (include EPA Certificate of Conformity if applicable)5 | | 40CFR60 Subpart JJJJ  JJJJ Certified?  40CFR60 Subpart IIII  IIII Certified?  40CFR63 Subpart ZZZZ  NESHAP ZZZZ/ NSPS JJJJ Window  NESHAP ZZZZ Remote Sources | | 40CFR60 Subpart JJJJ  JJJJ Certified?  40CFR60 Subpart IIII  IIII Certified?  40CFR63 Subpart ZZZZ  NESHAP ZZZZ/ NSPS JJJJ Window  NESHAP ZZZZ Remote Sources | | 40CFR60 Subpart JJJJ  JJJJ Certified?  40CFR60 Subpart IIII  IIII Certified?  40CFR63 Subpart ZZZZ  NESHAP ZZZZ/ NSPS JJJJ Window  NESHAP ZZZZ Remote Sources | |
| Engine Type6 | |  | |  | |  | |
| APCD Type7 | |  | |  | |  | |
| Fuel Type8 | |  | |  | |  | |
| H2S (gr/100 scf) | |  | |  | |  | |
| Operating bhp/rpm | |  | |  | |  | |
| BSFC (BTU/bhp-hr) | |  | |  | |  | |
| Hourly Fuel Throughput | | ft3/hr        gal/hr | | ft3/hr        gal/hr | | ft3/hr        gal/hr | |
| Annual Fuel Throughput  (Must use 8,760 hrs/yr unless emergency generator) | | MMft3/yr        gal/yr | | MMft3/yr        gal/yr | | MMft3/yr        gal/yr | |
| Fuel Usage or Hours of Operation Metered | | Yes  No | | Yes  No | | Yes  No | |
| **Calculation Methodology9** | **Pollutant10** | **Hourly PTE**  **(lb/hr)11** | **Annual PTE**  **(tons/year) 11** | **Hourly PTE**  **(lb/hr) 11** | **Annual PTE**  **(tons/year) 11** | **Hourly PTE**  **(lb/hr) 11** | **Annual PTE**  **(tons/year) 11** |
|  | NOx |  |  |  |  |  |  |
|  | CO |  |  |  |  |  |  |
|  | VOC |  |  |  |  |  |  |
|  | SO2 |  |  |  |  |  |  |
|  | PM10 |  |  |  |  |  |  |
|  | Formaldehyde |  |  |  |  |  |  |
|  | Total HAPs |  |  |  |  |  |  |
|  | GHG (CO2e) |  |  |  |  |  |  |

1 Enter the appropriate Source Identification Number for each natural gas-fueled reciprocating internal combustion engine/generator engine located at the well site. Multiple engines should be designated CE-1, CE-2, CE-3 etc. Generator engines should be designated GE-1, GE-2, GE-3 etc. Microturbine generator engines should be designated MT-1, MT-2, MT-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 Relocated Source

REM Removal of Source

3 Enter the date (or anticipated date) of the engine’s installation (construction of source), modification, relocation 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/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 as appropriate.

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

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

2SLB Two Stroke Lean Burn 4SRB Four Stroke Rich Burn

4SLB Four Stroke Lean Burn

7 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 OxCat Oxidation Catalyst

SCR Lean Burn & Selective Catalytic Reduction DPF Diesel Particulate Filter

8 Enter the Fuel Type using the following codes:

PQ Pipeline Quality Natural Gas RG Raw Natural Gas /Production Gas D Diesel

9 Enter the Potential Emissions Data Reference designation using the following codes. Attach all reference data used.

MD Manufacturer’s Data AP AP-42

GR GRI-HAPCalcTM OT Other       (please list)

10Enter 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*.

11 PTE for engines shall be calculated from manufacturer’s data unless unavailable.

|  |  |
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| **Engine Air Pollution Control Device**  **(Emission Unit ID#**      **, use extra pages as necessary)** | |
| Air Pollution Control Device Manufacturer’s Data Sheet included?  Yes  No | |
| NSCR  SCR  Oxidation Catalyst  Diesel Particulate Filter | |
| Provide details of process control used for proper mixing/control of reducing agent with gas stream: | |
| Manufacturer: | Model #: |
| Design Operating Temperature:       oF | Design gas volume:       scfm |
| Service life of catalyst: | Provide manufacturer data? Yes  No |
| Volume of gas handled:       acfm at       oF | Operating temperature range for NSCR/Ox Cat:  From       oF to       oF |
| Reducing agent used, if any: | Ammonia slip (ppm): |
| Pressure drop against catalyst bed (delta P):       inches of H2O | |
| Provide description of warning/alarm system that protects unit when operation is not meeting design conditions: | |
| Is temperature and pressure drop of catalyst required to be monitored per 40CFR63 Subpart ZZZZ?  Yes  No | |
| How often is catalyst recommended or required to be replaced (hours of operation)? | |
| How often is performance test required?  Initial  Annual  Every 8,760 hours of operation  Field Testing Required  No performance test required. If so, why (please list any maintenance required and the applicable sections in NSPS/GACT, | |

**NONROAD ENGINE DETERMINATION GUIDANCE**

All nonroad engines, or any replacement engines, shall not remain at one (1) location for more than 12 consecutive months. A location is any single site at a building, structure, facility or installation. Any engine that replaces the engine claimed as nonroad at a location and that is intended to perform the same or similar function as the claimed nonroad engine must be included in calculating the consecutive time period.

If your internal combustion engine does not qualify as a nonroad engine, it must be included in this application. If at any time after registration issuance, it is determined that an engine does not qualify as a nonroad engine and requires a permit, the registrant may be subject to enforcement action.

The following checklist shall be used to determine whether or not an engine qualifies as a nonroad engine:

Engine Manufacturer:       Engine Model:

Engine Serial No.:       Engine Date of Mfg:

1. Is the engine used to propel a motor vehicle or vehicle used solely for competition, or is the engine subject to motor vehicle standards promulgated under Section 202 of the Federal Clean Air Act?

Yes. This engine does not qualify as a nonroad engine. **COMPLETE**

No. Proceed to next question.

2. Is the engine regulated by a federal new source performance standard promulgated under section 111 of the Federal Clean Air Act?

Yes. This engine does not qualify as a nonroad engine. **COMPLETE**

No. Proceed to next question.

3. Is the engine in or on a piece of equipment that is self-propelled or serves a dual purpose by both propelling itself and performing another function (garden tractors, off-highway mobile cranes and bulldozers)

Yes. This engine qualifies as a nonroad engine. **COMPLETE**

No. Proceed to next question.

4. Is the engine in or on a piece of equipment that is intended to be propelled while performing its function (lawnmowers, string trimmers)

Yes. This engine qualifies as a nonroad engine. **COMPLETE**

No. Proceed to next question.

5. Is the engine by itself or in or on a piece of equipment that is portable or transportable?

Yes. Proceed to next question.

No. This engine does not qualify as a nonroad engine? **COMPLETE**

6. Will this engine, or any replacement engines remain in one (1) location for more than 12 consecutive months. A location is any single site at a building, structure, facility or installation. Any engine that replaces the engine claimed as nonroad at a location and that is intended to perform the same or similar function as the claimed nonroad engine must be included in calculating the consecutive time period.

Yes. This engine does not qualify as a nonroad engine. **COMPLETE**

No. Proceed to next question.

7. Is the engine located at a seasonal source? A seasonal source is a stationary source that remains in a single location on a permanent basis (at least 2 years) and that operates approximately 3 months or more each year.

Yes. Proceed to next question.

No. This engine qualifies as a nonroad engine. **COMPLETE**

8. Will the engine remain at the seasonal source during the seasonal source’s full annual operating period?

Yes. This engine does not qualify as a nonroad engine. **COMPLETE**

No. This engine qualifies as a nonroad engine. **COMPLETE**

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| **ATTACHMENT R – emissions calculations** |
| Use the following guidelines to ensure complete emission calculations:   * All emission sources and fugitive emissions are included in the emission calculations, as well as all methods used to calculate the emissions. * Proper emission point identification numbers and APCD identification numbers are used consistently in the emission calculations that are used throughout the application. * If emissions are provided from the manufacturer, the manufacturer’s documentation and/or certified emissions must also be included. * The emission calculations results must match the emissions provided on the emissions summary sheet. * Provide any additional clarification as necessary. Additional clarification or information is especially helpful when reviewing modeling calculations to assist the engineer in understanding the basis of assumptions and/or inputs.   Please follow specific guidance provided on the emissions summary sheet when providing the calculations. |

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| **ATTACHMENT S – facility-wide CONTROLLED emissions summary sheet** | | | | | | | | | | | | | | | | |
| List all sources of emissions in this table. Use extra pages if necessary. | | | | | | | | | | | | | | | | |
| Emission Point ID# | NOx | | CO | | VOC | | SO2 | | PM10 | | PM2.5 | | CH4 | | GHG (CO2e) | |
| lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy |
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| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Annual emissions shall be based on 8,760 hours per year of operation for all emission units except emergency generators.

According to 45CSR14 Section 2.43.e, fugitive emissions are not included in the major source determination because it is not listed as one of the source categories in Table 1. Therefore, fugitive emissions shall not be included in the PTE above.

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| **ATTACHMENT S – facility-wide HAP CONTROLLED emissions summary sheet** | | | | | | | | | | | | | | |
| List all sources of emissions in this table. Use extra pages if necessary. | | | | | | | | | | | | | | |
| Emission Point ID# | Formaldehyde | | Benzene | | Toluene | | Ethylbenzene | | Xylenes | | Hexane | | Total HAPs | |
| lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy | lb/hr | tpy |
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| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Annual emissions shall be based on 8,760 hours per year of operation for all emission units except emergency generators.

Fugitive emissions shall be included in the PTE above.

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| **ATTACHMENT T – class i legal advertisement** |
| Publication of a proper Class I legal advertisement is a requirement of the G20-C registration process. In the event the applicant’s legal advertisement fails to follow the requirements of 45CSR13, Section 8 or the requirements of Chapter 59, Article 3, of the West Virginia Code, the application will be considered incomplete and no further review of the application will occur until this is corrected.  The applicant, utilizing the format for the Class I legal advertisement example provided on the following page, shall have the legal advertisement appear a minimum of one (1) day in the newspaper most commonly read in the area where the facility exists or will be constructed. The notice must be published no earlier than five (5) working days of receipt by this office of your application. The original affidavit of publication must be received by this office no later than the last day of the public comment period.  The advertisement shall contain, at a minimum, the name of the applicant, the type and location of the source, the type and amount of air pollutants that will be discharged (include fugitive emissions separately), the nature of the permit being sought, the proposed start-up date for the source, and a contact telephone number for more information.  The location of the source should be as specific as possible starting with: 1.) the street address of the source; 2.) the nearest street or road; 3.) the nearest town or unincorporated area, 4.) the county, and 5.) latitude and longitude coordinates in decimal format.  Types and amounts of pollutants discharged must include all regulated pollutants (Nitrogen Oxides, Carbon Monoxide, Particulate Matter-2.5, Particulate Matter-10, Volatile Organic Compounds, Sulfur Dioxide, Formaldehyde, Benzene, Toluene, Ethylbenzene, Xylenes, Hexane, Total Hazardous Air Pollutants) and their potential to emit or the permit level being sought in units of tons per year.  In the event the 30th day is a Saturday, Sunday, or legal holiday, the comment period will be extended until 5:00 p.m. on the following regularly scheduled business day.  A list of qualified newspapers that are eligible to publish legal ads may be found:  http://www.sos.wv.gov/elections/resource/Documents/Qualified%20Newspapers.pdf |

**RECOMMENDED PUBLIC NOTICE TEMPLATE**

**AIR QUALITY PERMIT NOTICE**

**Notice of Application**

Notice is given that **(Applicant’s Legal Name)** has applied to the West Virginia Department of Environmental Protection, Division of Air Quality, for a G20-C **(General Permit Registration, General Permit Modification, General Permit Class II Administrative Update)** for a hot mix asphalt plant located on **(Street Name, Road Number, etc.)**, **(in/near City or Town)**, in **(County Name)** County, West Virginia. The latitude and longitude coordinates are: **(Provide latitude and longitude in decimal format, NAD83 Decimal to 5 digits)**.

The applicant estimates the **(Increased, if modification application)** potential to discharge the following Regulated Air Pollutants will be: **(Pollutants and associated amounts in tons per year)**.

Startup of operation is planned to begin on or about the **(Day)** day of **(Month)**, **(Year)**. Written comments will be received by the West Virginia Department of Environmental Protection, Division of Air Quality, 601 57th Street, SE, Charleston, WV 25304, for at least 30 calendar days from the date of publication of this notice.

Any questions regarding this permit application should be directed to the DAQ at (304) 926-0499, extension 1250, during normal business hours.

Dated this the **(Day)** day of **(Month)**, **(Year)**.

By: **(Applicant’s Legal Name)**

**(Name of Responsible Official)**

**(Title of Responsible Official)**

**(Mailing Address)**

**(City, State and Zip Code)**