Received
July 21, 2020
WV DEP/Div of Air Quality

Division of Air Quality Permit Application Submittal

Please find attached a permit application for : ALTIVIA Services, LLC ; Institute, WV
[Company Name; Facility Location]

- DAQ Facility ID (for existing facilities only): 039-00692
- Current 45CSR13 and 45CSR30 (Title V) permits associated with this process (for existing facilities only): R30-03900005-2016 (Group 7)

- Type of NSR Application (check all that apply):
  - ☐ Construction
  - ☐ Modification
  - ☐ Class I Administrative Update
  - ☐ Class II Administrative Update
  - ☐ Relocation
  - ☐ Temporary
  - ☐ Permit Determination

- Type of 45CSR30 (TITLE V) Application:
  - ☐ Title V Initial
  - ☑ Title V Renewal
  - ☐ Administrative Amendment**
  - ☐ Minor Modification**
  - ☐ Significant Modification**
  - ☐ Off Permit Change

****If the box above is checked, include the Title V revision information as ATTACHMENT S to the combined NSR/Title V application.**

- Payment Type:
  - ☑ Credit Card (Instructions to pay by credit card will be sent in the Application Status email.)
  - ☐ Check (Make checks payable to: WVDEP – Division of Air Quality)
    Mail checks to:
    WVDEP – DAQ – Permitting
    Attn: NSR Permitting Secretary
    601 57th Street, SE
    Charleston, WV 25304

Please wait until DAQ emails you the Facility ID Number and Permit Application Number. Please add these identifiers to your check or cover letter with your check.

- If the permit writer has any questions, please contact (all that apply):
  - ☐ Responsible Official/Authorized Representative
    - Name:
    - Email:
    - Phone Number:
  - ☑ Company Contact
    - Name: Jason Patrick
    - Email: jpatrick@altivia.com
    - Phone Number: (740) 533-5267
  - ☐ Consultant
    - Name:
    - Email:
    - Phone Number:

WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF AIR QUALITY
601 57th Street SE
Charleston, WV 25304
Phone: (304) 926-0475
www.dep.wv.gov/daq

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INITIAL/RENEWAL TITLE V PERMIT APPLICATION - GENERAL FORMS

Section 1: General Information

1. Name of Applicant (As registered with the WV Secretary of State's Office):
ALTIVIA Services, LLC

2. Facility Name or Location:
250 Carbide Road, Dunbar, WV 25064

3. DAQ Plant ID No.:
0 3 9 — 0 0 6 9 2

4. Federal Employer ID No. (FEIN):
3 0 1 1 5 7 5 6 9

5. Permit Application Type:

☐ Initial Permit — When did operations commence? 11/01/2019
☒ Permit Renewal — What is the expiration date of the existing permit? 01/20/2021
☐ Update to Initial/Renewal Permit Application

6. Type of Business Entity:

☐ Corporation ☐ Governmental Agency ☒ LLC
☐ Partnership ☐ Limited Partnership

7. Is the Applicant the:

☐ Owner ☐ Operator ☒ Both

If the Applicant is not both the owner and operator, please provide the name and address of the other party.

8. Number of onsite employees:
65

9. Governmental Code:

☒ Privately owned and operated; 0
☐ Federally owned and operated; 1
☐ State government owned and operated; 2
☐ County government owned and operated; 3
☐ Municipality government owned and operated; 4
☐ District government owned and operated; 5

10. Business Confidentiality Claims

Does this application include confidential information (per 45CSR31)? ☐ Yes ☒ No

If yes, identify each segment of information on each page that is submitted as confidential, and provide justification for each segment claimed confidential, including the criteria under 45CSR§31-4.1, and in accordance with the DAQ's "PRECAUTIONARY NOTICE-CLAIMS OF CONFIDENTIALITY" guidance.

11. Mailing Address		
Street or P.O. Box: 250 Carbide Road		
City: Dunbar	State: WV	Zip: 25064
Telephone Number: (304) 757-1299	Fax Number: ( ) -	

12. Facility Location		
Street: 250 Carbide Road	City: Dunbar	County: Kanawha
UTM Easting: 432.0 km	UTM Northing: 4,248.310 km	Zone: ☒ 17 or ☐ 18
Directions: Adjacent to Route 25, west of Institute, WV.		
Portable Source? ☐ Yes ☒ No		
Is facility located within a nonattainment area? ☐ Yes ☒ No		If yes, for what air pollutants?
Is facility located within 50 miles of another state? ☒ Yes ☐ No		If yes, name the affected state(s). Ohio Kentucky
Is facility located within 100 km of a Class I Area[1]? ☐ Yes ☒ No If no, do emissions impact a Class I Area[1]? ☐ Yes ☒ No		If yes, name the area(s).

[1] Class I areas include Dolly Sods and Otter Creek Wilderness Areas in West Virginia, and Shenandoah National Park and James River Face Wilderness Area in Virginia.

13. Contact Information		
Responsible Official: Tim Albert		Title: Vice President - Manufacturing
Street or P.O. Box: 1019 Haverhill-Ohio Furnace Rd.		
City: Haverhill	State: OH	Zip: 45636
Telephone Number: (740) 533-5200	Fax Number: ( ) -	
E-mail address: talbert@altivia.com		
Environmental Contact: Jason Patrick		Title: EHS Manager
Street or P.O. Box: 1019 Haverhill-Ohio Furnace Rd.		
City: Haverhill	State: OH	Zip: 45636
Telephone Number: (740) 533-5267	Fax Number: ( ) -	
E-mail address: jpatrick@altivia.com		
Application Preparer: Jason Patrick		Title: EHS Manager
Company: ALTIVIA		
Street or P.O. Box: 1019 Haverhill-Ohio Furnace Rd.		
City: Haverhill	State: OH	Zip: 45636
Telephone Number: (740) 533-5267	Fax Number: ( ) -	
E-mail address: jpatrick@altivia.com		

14. Facility Description

List all processes, products, NAICS and SIC codes for normal operation, in order of priority. Also list any process, products, NAICS and SIC codes associated with any alternative operating scenarios if different from those listed for normal operation.

Process	Products	NAICS	SIC
WWTU	Wastewater Treatment	325199	2869
Maintenance	Maintenance Activities	325199	2869

Provide a general description of operations.

Wastewater Treatment Unit (WWTU) Process Description

Process wastewater is collected in a series of hubs, sewers, and sumps. The wastewater is pumped to the 1-million gallon equalization tank, which provides pH and TOC equalization, resulting in a more consistent feed to the aeration system. The pH is monitored and HCl or NaOH is added as a final pH adjustment before transfer to the aeration tanks. Spills to the process sewer or abnormally high TOC loads are diverted into the 1.5-million gallon emergency tank where the material is held until a determination is made on treatment.

From the equalization tank, the wastewater and Return Activated Sludge (RAS) is fed to two 3.5-million gallon aeration tanks where the wastewater is biologically treated. After aeration is completed, polymers are added to the treated wastewater to aid in solid settling in the three downstream secondary clarifiers. Clarified water is discharged from the clarifiers to the Kanawha River. Solids removed from the clarifier are fed back to the equalization tank discharge splitter box as RAS and to the sludge thickener as Waste Activated Sludge (WAS). In the thickener, the solids are concentrated and then fed to the Digester where additional biological activity occur to further reduce the solids. The Sludge Dewater Unit processes the solids from the Digester. Pressed solids are transferred offsite to an approved landfill.

Maintenance

The maintenance department performs activities related to the overall operation of the facility that generate minimal fugitive emissions.

15. Provide an Area Map showing plant location as ATTACHMENT A.

16. Provide a Plot Plan(s), e.g. scaled map(s) and/or sketch(es) showing the location of the property on which the stationary source(s) is located as ATTACHMENT B. For instructions, refer to "Plot Plan - Guidelines."

17. Provide a detailed Process Flow Diagram(s) showing each process or emissions unit as ATTACHMENT C. Process Flow Diagrams should show all emission units, control equipment, emission points, and their relationships.

Section 2: Applicable Requirements

18. Applicable Requirements Summary	
Instructions: Mark all applicable requirements.	
☐ SIP	☐ FIP
☒ Minor source NSR (45CSR13)	☐ PSD (45CSR14)
☐ NESHAP (45CSR34)	☐ Nonattainment NSR (45CSR19)
☐ Section 111 NSPS	☒ Section 112(d) MACT standards
☐ Section 112(g) Case-by-case MACT	☐ 112(r) RMP
☐ Section 112(i) Early reduction of HAP	☐ Consumer/commercial prod. reqts., section 183(e)
☐ Section 129 Standards/Reqts.	☐ Stratospheric ozone (Title VI)
☐ Tank vessel reqt., section 183(f)	☐ Emissions cap 45CSR§30-2.6.1
☐ NAAQS, increments or visibility (temp. sources)	☐ 45CSR27 State enforceable only rule
☒ 45CSR4 State enforceable only rule	☐ Acid Rain (Title IV, 45CSR33)
☐ Emissions Trading and Banking (45CSR28)	☐ Compliance Assurance Monitoring (40CFR64)
☐ CAIR NO_x Annual Trading Program (45CSR39)	☐ CAIR NO_x Ozone Season Trading Program (45CSR40)
☐ CAIR SO_2 Trading Program (45CSR41)	

19. Non Applicability Determinations
List all requirements which the source has determined not applicable and for which a permit shield is requested. The listing shall also include the rule citation and the reason why the shield applies. SIP/FIP NESHAP Section 111 NSPS – No NSPS standards are applicable Section 112(g) case-by-case MACT Section 112(i) – Early HAP reduction Section 129 – Facilities do not own a solid waste incinerator Section 183(f) – Any tank vessels per section 183(f) are not included NAAQs – Facilities are a permanent source. 45CSR28 – No emissions are banked or traded. 45CSR14 – Facility has no PSD permits. 45CSR19 – Renewal does not trigger thresholds. 112(r) RMP – Not an RMP facility. Section 183 (e) – No 183e listed consumer or commercial products produced. Stratospheric ozone (Title VI) – renewal does not involve any regulated pollutant.
☒ Permit Shield

19. Non Applicability Determinations (Continued) - Attach additional pages as necessary.

List all requirements which the source has determined not applicable and for which a permit shield is requested. The listing shall also include the rule citation and the reason why the shield applies.

Emission Cap 45CSR section 30-2.6.1 – Facilities have no emission cap agreement.

45CSR27 – Facilities do not have TAP emissions.

45CSR33 – Facilities are not subject to Acid Rain provisions.

40CFR64 – Monitoring requirements have already been established.

45CSR26 - Emissions units in this permit not subject to NOx Budget Trading.

☒ Permit Shield

20. Facility-Wide Applicable Requirements

List all facility-wide applicable requirements. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements).

Open Burning 45CSR§6-3.1

Asbestos 40 C.F.R. §61.145(b) and 45CSR34

Odor 45CSR§4-3.1 State-Enforceable only

Standby plan for reducing emissions 45CSR§11-5.2

Emission Inventory – WV Code 22-5-4(a)(14)

Ozone-depleting substances 40 CFR Part 82, Subpart F

Operating permit requirement 45CSR30

☒ Permit Shield

For all facility-wide applicable requirements listed above, provide monitoring/testing / recordkeeping / reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number and/or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

Monitoring – N/A

Testing – WV Code §§ 22-5-4(a)(14-15) and 45CSR13

Recordkeeping Requirements

Monitoring information 45CSR§30-5.1.c.2.A

Retention of records 45CSR§30-5.1.c.2.B

Odors 45CSR§30-5.1.c. State-Enforceable only

Reporting Requirements

Responsible official 45CSR§§30-4, 5.1.c.3.D, and 45CSR§30-5.1.c.3.E

Certified emissions statement 45CSR§30-8

Compliance certification 45CSR§30-5.3.e

Semi-annual monitoring reports 45CSR§30-5.1.c.3.A

Emergencies 45CSR§30-5.7

Deviations 45CSR§30-5.1.c.3.C, 45CSR§30-5.1.c.3.B

New applicable requirements 45CSR§30-4.3.h.1.B

Permit Shield – 45CSR§30-5.6

Are you in compliance with all facility-wide applicable requirements? ☒ Yes ☐ No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

21. Active Permits/Consent Orders		
Permit or Consent Order Number	Date of Issuance MM/DD/YYYY	List any Permit Determinations that Affect the Permit (if any)
R30-03900005-2016 (Group 7 of 7)	01/20/2016	N/A
G60-C054A	5/26/2015	N/A
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22. Inactive Permits/Obsolete Permit Conditions		
Permit Number	Date of Issuance	Permit Condition Number
N/A	N/A	N/A
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Section 3: Facility-Wide Emissions

23. Facility-Wide Emissions Summary [Tons per Year]	
Criteria Pollutants	Potential Emissions
Carbon Monoxide (CO)	< 2.0
Nitrogen Oxides (NO_X)	< 4.0
Particulate Matter ($PM_{2.5}$)[1]	< 1.0
Particulate Matter (PM_{10})[1]	< 1.0
Total Particulate Matter (TSP)	< 1.0
Sulfur Dioxide (SO_2)	< 1.0
Volatile Organic Compounds (VOC)	62
Hazardous Air Pollutants[2]	Potential Emissions
Total HAPs	23
Ethylene Glycol	15
Regulated Pollutants other than Criteria and HAP	Potential Emissions

[1] $PM_{2.5}$ and PM_{10} are components of TSP.
[2] For HAPs that are also considered PM or VOCs, emissions should be included in both the HAPs section and the Criteria Pollutants section.

Section 4: Insignificant Activities

24. Insignificant Activities (Check all that apply)		
☒	1.	Air compressors and pneumatically operated equipment, including hand tools.
☒	2.	Air contaminant detectors or recorders, combustion controllers or shutoffs.
☒	3.	Any consumer product used in the same manner as in normal consumer use, provided the use results in a duration and frequency of exposure which are not greater than those experienced by consumer, and which may include, but not be limited to, personal use items; janitorial cleaning supplies, office supplies and supplies to maintain copying equipment.
☒	4.	Bathroom/toilet vent emissions.
☒	5.	Batteries and battery charging stations, except at battery manufacturing plants.
☒	6.	Bench-scale laboratory equipment used for physical or chemical analysis, but not lab fume hoods or vents. Many lab fume hoods or vents might qualify for treatment as insignificant (depending on the applicable SIP) or be grouped together for purposes of description.
☐	7.	Blacksmith forges.
☒	8.	Boiler water treatment operations, not including cooling towers.
☒	9.	Brazing, soldering or welding equipment used as an auxiliary to the principal equipment at the source.
☐	10.	CO_2 lasers, used only on metals and other materials which do not emit HAP in the process.
☐	11.	Combustion emissions from propulsion of mobile sources, except for vessel emissions from Outer Continental Shelf sources.
☐	12.	Combustion units designed and used exclusively for comfort heating that use liquid petroleum gas or natural gas as fuel.
☐	13.	Comfort air conditioning or ventilation systems not used to remove air contaminants generated by or released from specific units of equipment.
☐	14.	Demineralized water tanks and demineralizer vents.
☒	15.	Drop hammers or hydraulic presses for forging or metalworking.
☒	16.	Electric or steam-heated drying ovens and autoclaves, but not the emissions from the articles or substances being processed in the ovens or autoclaves or the boilers delivering the steam.
☐	17.	Emergency (backup) electrical generators at residential locations.
☒	18.	Emergency road flares.
☐	19.	Emission units which do not have any applicable requirements and which emit criteria pollutants (CO, NO_x, SO_2, VOC and PM) into the atmosphere at a rate of less than 1 pound per hour and less than 10,000 pounds per year aggregate total for each criteria pollutant from all emission units. Please specify all emission units for which this exemption applies along with the quantity of criteria pollutants emitted on an hourly and annual basis: _____ _____ _____ _____ _____ _____ _____ _____ _____

24. Insignificant Activities (Check all that apply)		
☐	20.	Emission units which do not have any applicable requirements and which emit hazardous air pollutants into the atmosphere at a rate of less than 0.1 pounds per hour and less than 1,000 pounds per year aggregate total for all HAPs from all emission sources. This limitation cannot be used for any source which emits dioxin/furans nor for toxic air pollutants as per 45CSR27. Please specify all emission units for which this exemption applies along with the quantity of hazardous air pollutants emitted on an hourly and annual basis: _____ _____ _____ _____ _____
☐	21.	Environmental chambers not using hazardous air pollutant (HAP) gases.
☒	22.	Equipment on the premises of industrial and manufacturing operations used solely for the purpose of preparing food for human consumption.
☐	23.	Equipment used exclusively to slaughter animals, but not including other equipment at slaughterhouses, such as rendering cookers, boilers, heating plants, incinerators, and electrical power generating equipment.
☒	24.	Equipment used for quality control/assurance or inspection purposes, including sampling equipment used to withdraw materials for analysis.
☒	25.	Equipment used for surface coating, painting, dipping or spray operations, except those that will emit VOC or HAP.
☒	26.	Fire suppression systems.
☒	27.	Firefighting equipment and the equipment used to train firefighters.
☐	28.	Flares used solely to indicate danger to the public.
☒	29.	Fugitive emission related to movement of passenger vehicle provided the emissions are not counted for applicability purposes and any required fugitive dust control plan or its equivalent is submitted.
☒	30.	Hand-held applicator equipment for hot melt adhesives with no VOC in the adhesive formulation.
☒	31.	Hand-held equipment for buffing, polishing, cutting, drilling, sawing, grinding, turning or machining wood, metal or plastic.
☐	32.	Humidity chambers.
☒	33.	Hydraulic and hydrostatic testing equipment.
☐	34.	Indoor or outdoor kerosene heaters.
☒	35.	Internal combustion engines used for landscaping purposes.
☐	36.	Laser trimmers using dust collection to prevent fugitive emissions.
☐	37.	Laundry activities, except for dry-cleaning and steam boilers.
☐	38.	Natural gas pressure regulator vents, excluding venting at oil and gas production facilities.
☒	39.	Oxygen scavenging (de-aeration) of water.
☐	40.	Ozone generators.

24. Insignificant Activities (Check all that apply)		
☒	41.	Plant maintenance and upkeep activities (e.g., grounds-keeping, general repairs, cleaning, painting, welding, plumbing, re-tarring roofs, installing insulation, and paving parking lots) provided these activities are not conducted as part of a manufacturing process, are not related to the source's primary business activity, and not otherwise triggering a permit modification. (Cleaning and painting activities qualify if they are not subject to VOC or HAP control requirements. Asphalt batch plant owners/operators must still get a permit if otherwise requested.)
☒	42.	Portable electrical generators that can be moved by hand from one location to another. "Moved by Hand" means that it can be moved without the assistance of any motorized or non-motorized vehicle, conveyance, or device.
☒	43.	Process water filtration systems and demineralizers.
☒	44.	Repair or maintenance shop activities not related to the source's primary business activity, not including emissions from surface coating or de-greasing (solvent metal cleaning) activities, and not otherwise triggering a permit modification.
☒	45.	Repairs or maintenance where no structural repairs are made and where no new air pollutant emitting facilities are installed or modified.
☒	46.	Routing calibration and maintenance of laboratory equipment or other analytical instruments.
☐	47.	Salt baths using nonvolatile salts that do not result in emissions of any regulated air pollutants. Shock chambers.
☐	48.	Shock chambers.
☐	49.	Solar simulators.
☐	50.	Space heaters operating by direct heat transfer.
☐	51.	Steam cleaning operations.
☒	52.	Steam leaks.
☐	53.	Steam sterilizers.
☒	54.	Steam vents and safety relief valves.
☒	55.	Storage tanks, reservoirs, and pumping and handling equipment of any size containing soaps, vegetable oil, grease, animal fat, and nonvolatile aqueous salt solutions, provided appropriate lids and covers are utilized.
☒	56.	Storage tanks, vessels, and containers holding or storing liquid substances that will not emit any VOC or HAP. Exemptions for storage tanks containing petroleum liquids or other volatile organic liquids should be based on size limits such as storage tank capacity and vapor pressure of liquids stored and are not appropriate for this list.
☐	57.	Such other sources or activities as the Director may determine.
☐	58.	Tobacco smoking rooms and areas.
☒	59.	Vents from continuous emissions monitors and other analyzers.

Section 5: Emission Units, Control Devices, and Emission Points

25. Equipment Table
Fill out the Title V Equipment Table and provide it as ATTACHMENT D.
26. Emission Units
For each emission unit listed in the Title V Equipment Table, fill out and provide an Emission Unit Form as ATTACHMENT E.
For each emission unit not in compliance with an applicable requirement, fill out a Schedule of Compliance Form as ATTACHMENT F.
27. Control Devices
For each control device listed in the Title V Equipment Table, fill out and provide an Air Pollution Control Device Form as ATTACHMENT G.
For any control device that is required on an emission unit in order to meet a standard or limitation for which the potential pre-control device emissions of an applicable regulated air pollutant is greater than or equal to the Title V Major Source Threshold Level, refer to the Compliance Assurance Monitoring (CAM) Form(s) for CAM applicability. Fill out and provide these forms, if applicable, for each Pollutant Specific Emission Unit (PSEU) as ATTACHMENT H.

Section 6: Certification of Information

28. Certification of Truth, Accuracy and Completeness and Certification of Compliance

*Note: This Certification must be signed by a responsible official. The **original**, signed in **blue ink**, must be submitted with the application. Applications without an **original** signed certification will be considered as incomplete.*

a. Certification of Truth, Accuracy and Completeness

I certify that I am a responsible official (as defined at 45CSR§30-2.38) and am accordingly authorized to make this submission on behalf of the owners or operators of the source described in this document and its attachments. I certify under penalty of law that I have personally examined and am familiar with the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine and/or imprisonment.

b. Compliance Certification

Except for requirements identified in the Title V Application for which compliance is not achieved, I, the undersigned hereby certify that, based on information and belief formed after reasonable inquiry, all air contaminant sources identified in this application are in compliance with all applicable requirements.

Responsible official (type or print)

Name: Tim Albert	Title: Vice President - Manufacturing

Responsible official's signature:

Signature: _____ Signature Date: July 20, 2020

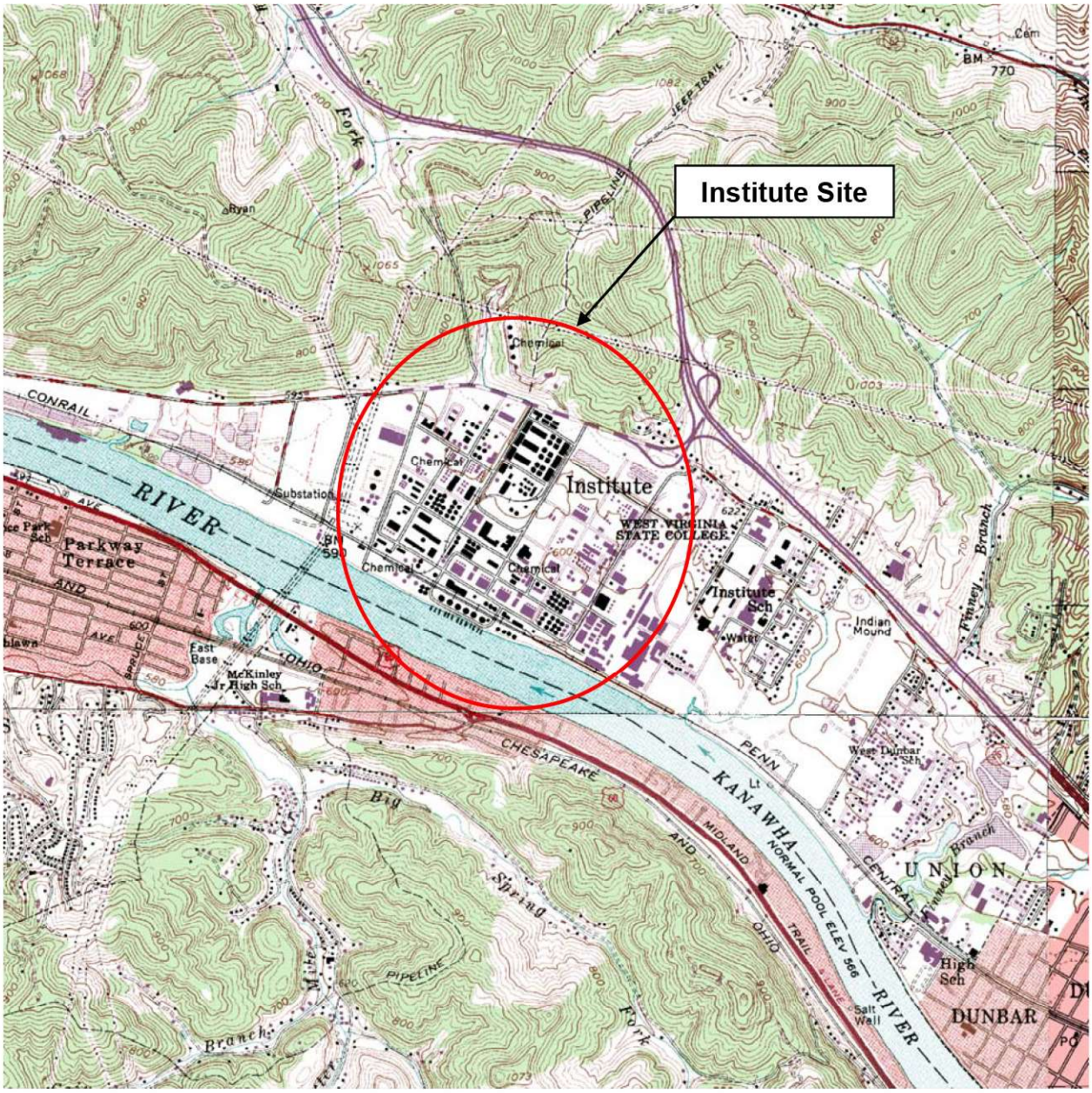
(Must be signed and dated in blue ink)

Note: Please check all applicable attachments included with this permit application:	
☒	ATTACHMENT A: Area Map
☒	ATTACHMENT B: Plot Plan(s)
☒	ATTACHMENT C: Process Flow Diagram(s)
☒	ATTACHMENT D: Equipment Table
☒	ATTACHMENT E: Emission Unit Form(s)
☐	ATTACHMENT F: Schedule of Compliance Form(s)
☐	ATTACHMENT G: Air Pollution Control Device Form(s)
☐	ATTACHMENT H: Compliance Assurance Monitoring (CAM) Form(s)

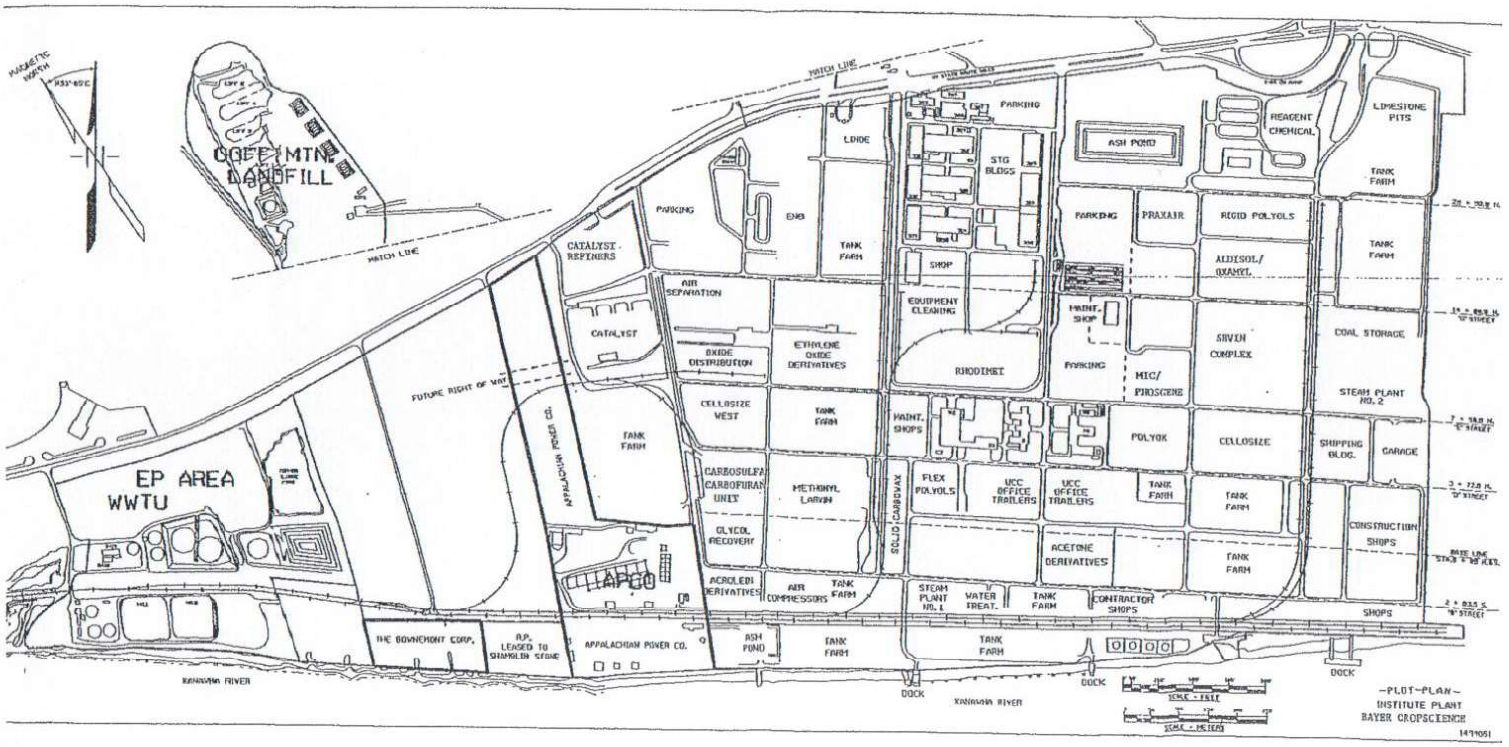
All of the required forms and additional information can be found and downloaded from, the DEP website at www.dep.wv.gov/daq, requested by phone (304) 926-0475, and/or obtained through the mail.

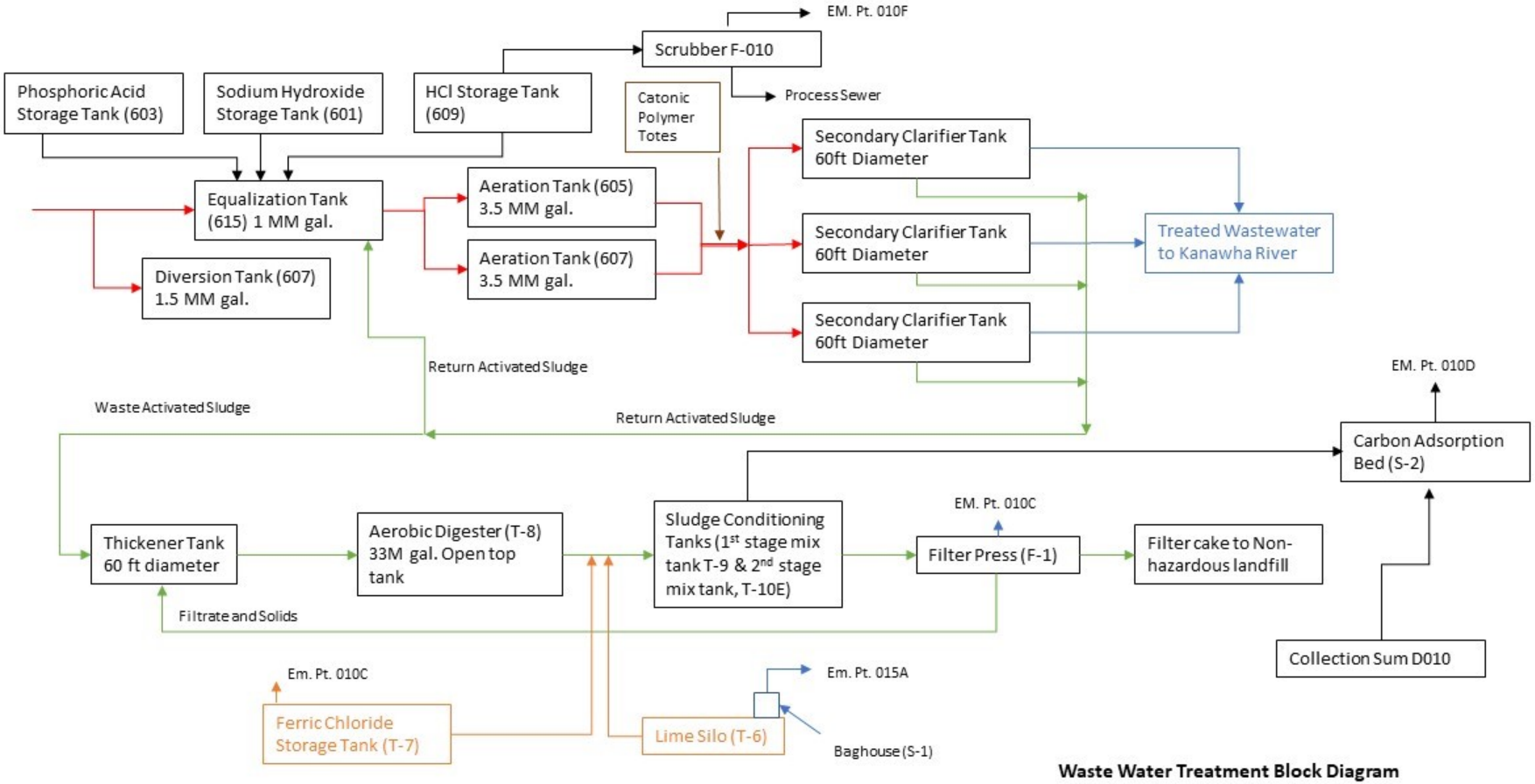
Table of Contents

Attachment A
Area Map



Attachment E - Plot Plan





Waste Water Treatment Block Diagram
Updated 7/2020

ATTACHMENT D - Title V Equipment Table (includes all emission units at the facility except those designated as insignificant activities in Section 4, Item 24 of the General Forms)

Emission Point ID[1]	Control Device[1]	Emission Unit ID[1]	Emission Unit Description	Design Capacity	Year Installed/ Modified
Maintenance					
E-334VAT	Closed Top	B334VAT	VAT Tanks	2,500 gallons	1979
E-334GB	Baghouse (S-3)	B334GB	Building 334 Grit Blasting	NA	NA
E-334PS	NA	B334PS	Building 334 Paint Shop	NA	NA
E-334WS	NA	B4WB	Building 4 Welding Shop	NA	NA
WWTU Equipment					
E-600	NA	T-600	Flock Tank	62,000 gallons	1990
E-601	NA	T-601	Sodium Hydroxide (Caustic) Tank	10,000 gallons	1975
E-603	NA	T-603	Phosphoric Acid Tank	22,000 gallons	1995
E-605	NA	T-605	Aeration Basin	3,680,000 gallons	1987
E-606	NA	T-606	Aeration Basin	3,680,000 gallons	1987
E-607	NA	T-607	Diversion Tank	1,500,000 gallons	1987
010F	Scrubber (F-010)	T-609	HCl Acid Storage Tank	12,000 gallons	1990
Open Top	NA	T-610	Aerobic Digester	330,000 gallons	NA
E-615	NA	T-615	Equalization Tank	1,000,000 gallons	1997
E-801	NA	T-801	Thickener Tank	60 ft. diameter	1980
E-4582	NA	T-4582	50% Caustic Tank	280,000 gallons	1988
E-4583	NA	T-4583	50/20% Caustic Tank	280,000 gallons	1981
E-4585	NA	T-4585	20% Caustic Tank	280,000 gallons	1981
010D	NA	D010	Collection Sump	5,000 gallons	1988
010C	NA	F-1	Filter Press	3,000 cubic yards/yr	2015
015A	Baghouse (S-1)	T-6	Lime Storage Silo	60 tons	1988
E-T7	NA	T-7	Ferric Chloride Tank	5,000 gallons	1988
010D	Carbon Adsorption (S-2)	T-9	1st Stage Mix Tank	1,200 gallons	NA
010D	Carbon Adsorption (S-2)	T-10	2nd Stage Mix Tank	5,000 gallons	1988
E-SC1	NA	TSC-1	#1 Secondary Clarifier	60 ft. diameter	1963
E-SC2	NA	TSC-2	#2 Secondary Clarifier	60 ft. diameter	1963
E-SC3	NA	TSC-3	#3 Secondary Clarifier	60 ft. diameter	1963
E-TADD	NA	T-ADD	Antifoam Tank	4,000 gallons	NA

Emission Point ID[1]	Control Device[1]	Emission Unit ID[1]	Emission Unit Description	Design Capacity	Year Installed/ Modified
E-319P	NA	P-319	Center Sump Diesel Pump (Six cylinder w/ displacement of 6.8 liters).	300hp	2013
E-354P	NA	P-354	West Sump Diesel Pump (Six cylinder w/ displacement of 6.8 liters).	156hp	2013
E-TCS	NA	T-CS	Diesel Storage Tank – Center Sump (integral to Center Pump)	250 gallons	2013
E-TWS	NA	T-WS	Diesel Storage Tank – West Sump (integral to West Pump)	175 gallons	2013
Miscellaneous					
Fugitives	NA	450	Miscellaneous Laboratory Analysis	NA	NA
Control Equipment					
015A	NA	S-1	Baghouse	151 ft^2 cloth	1988
010D	NA	S-2	Carbon Adsorption	1,800 lbs carbon	1988
E-334GB	NA	S-3	Baghouse	NA	NA
010F	NA	F-010	Scrubber	4 gpm	1990

[1]For 45CSR13 permitted sources, the numbering system used for the emission points, control devices, and emission units should be consistent with the numbering system used in the 45CSR13 permit. For grandfathered sources, the numbering system should be consistent with registrations or emissions inventory previously submitted to DAQ. For emission points, control devices, and emissions units which have not been previously labeled, use the following 45CSR13 numbering system: 1S, 2S, 3S,... or other appropriate description for emission units; 1C, 2C, 3C,... or other appropriate designation for control devices; 1E, 2E, 3E, ... or other appropriate designation for emission points.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
450	Miscellaneous Laboratory Analyses	N/A

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Miscellaneous Laboratory Analyses

Manufacturer:	**Model number:**	**Serial number:**
N/A	N/A	N/A
Construction date:	**Installation date:**	**Modification date(s):**
N/A	1943	N/A

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
N/A

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
N/A	N/A	N/A

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X_ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: N/A	**Type and Btu/hr rating of burners:** N/A

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
N/A

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
N/A	N/A	N/A	N/A

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	N/A	N/A	
Nitrogen Oxides (NO_X)	N/A	N/A	
Lead (Pb)	N/A	N/A	
Particulate Matter ($PM_{2.5}$)	N/A	N/A	
Particulate Matter (PM_{10})	N/A	N/A	
Total Particulate Matter (TSP)	N/A	N/A	
Sulfur Dioxide (SO_2)	N/A	N/A	
Volatile Organic Compounds (VOC)	N/A	N/A	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

N/A

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

N/A

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

N/A

Are you in compliance with all applicable requirements for this emission unit? _X_Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
B334VAT	VAT Tanks	Closed Top

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

VAT Tanks

Manufacturer:	Model number:	Serial number:
NA	NA	NA

Construction date: (MM/DD/YYYY)	Installation date: (MM/DD/YYYY)	Modification date(s): (MM/DD/YYYY)
/ / NA	/ / 1979	/ / NA ; / / NA / / NA ; / / NA

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

2,500 gallons

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA	NA	NA

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel?	If yes, is it?
__Yes ✓ No	___ Indirect Fired ___Direct Fired

Maximum design heat input and/or maximum horsepower rating:	Type and Btu/hr rating of burners:
NA	NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
B334GB	Grit Blasting	Baghouse (S-3)

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

Building 334 Grit Blasting

Manufacturer:	Model number:	Serial number:
NA	NA	NA
Construction date: (MM/DD/YYYY) / / NA	Installation date: (MM/DD/YYYY) / / NA	Modification date(s): (MM/DD/YYYY) / / NA ; / / NA / / NA ; / / NA

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

NA

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA	NA	NA

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel? __Yes ✓ No	If yes, is it? ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	Type and Btu/hr rating of burners: NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
B334PS	Building 334 Paint Shop	NA

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

Building 334 Paint Shop

Manufacturer:	Model number:	Serial number:
NA	NA	NA

Construction date: (MM/DD/YYYY)	Installation date: (MM/DD/YYYY)	Modification date(s): (MM/DD/YYYY)
/ / NA	/ / NA	/ / NA ; / / NA / / NA ; / / NA

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

NA

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA	NA	NA

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel?	If yes, is it?
__Yes ✓ No	_ Indirect Fired __Direct Fired

Maximum design heat input and/or maximum horsepower rating:	Type and Btu/hr rating of burners:
NA	NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
B4WS	Building 4 Welding Shop	NA

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

Building 4 Welding Shop

Manufacturer:	Model number:	Serial number:
NA	NA	NA

Construction date: (MM/DD/YYYY)	Installation date: (MM/DD/YYYY)	Modification date(s): (MM/DD/YYYY)
/ / NA	/ / NA	/ / NA ; / / NA / / NA ; / / NA

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

NA

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA	NA	NA

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel?	If yes, is it?
__Yes ✓ No	__ Indirect Fired __Direct Fired

Maximum design heat input and/or maximum horsepower rating:	Type and Btu/hr rating of burners:
NA	NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
P-319	Center Sump Pump	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Emergency backup pump for center sump process sewer.

Manufacturer:	**Model number:**	**Serial number:**

Construction date:	**Installation date:**	**Modification date(s):**
2013	2013	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

420 hp

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? X Yes ___ No	**If yes, is it?** ___ Indirect Fired _X_Direct Fired
Maximum design heat input and/or maximum horsepower rating:	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
Diesel

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
Diesel			

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

The affected engine is used to power a sewer water diversion pump in the event of an unplanned outage of the primary electric powered pump.

Engines are subject to 40 CFR Part 60, Subpart IIII: Standards of Performance for Stationary Compression Ignition Internal Combustion Engines. Subpart IIIII provisions are referenced by 40 CFR 63, Subpart ZZZZ, National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines (RICE MACT)

Applicable Subpart IIII provisions listed in Regulation 13 General Permit G60-C054. A copy of Permit G60-C054 is attached to this emission unit form.

Summary of Subpart IIII Requirements

- Fuel Requirements:
  Sulfur content: 15 ppm maximum for non-road diesel fuel and
  either
  - minimum Cetane index of 40 or
  - a maximum aromatic content of 35 volume percent.
- Emission Standards
  - Table 1 to Subpart IIII of Part 60 - Must have manufacturer's certification.
- Monitoring Requirements
  - engine must be equipped with a non-resettable run hours meter.
- Recordkeeping
  - Maintain a copy of engine manufacturer's data indicating compliance with the emission standards.

___X_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

A copy of the manufacturer's certification data will be maintained.
A record of the engine hours of operation will be maintained.

Are you in compliance with all applicable requirements for this emission unit? __X_ Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-CS	Diesel Storage Tank - Center Sump	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

Diesel storage tank backup pump for center sump process sewer.

Manufacturer:	**Model number:**	**Serial number:**

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

420 hp

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? X Yes ___ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating:	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

Diesel

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
Diesel			

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	NA	NA	
Nitrogen Oxides (NO_X)	NA	NA	
Lead (Pb)	NA	NA	
Particulate Matter ($PM_{2.5}$)	NA	NA	
Particulate Matter (PM_{10})	NA	NA	
Total Particulate Matter (TSP)	NA	NA	
Sulfur Dioxide (SO_2)	NA	NA	
Volatile Organic Compounds (VOC)	NA	NA	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
NA	NA	NA	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
NA	NA	NA	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

Requirements covered under Class II General Permit G60-C054.

___X_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? __X_Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
P-354	West Sump Diesel Pump	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

Emergency backup pump for west sump process sewer.

Manufacturer:	**Model number:**	**Serial number:**

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

420 hp

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? X Yes ___ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating:	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

Diesel

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
Diesel			

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	NA	NA	
Nitrogen Oxides (NO_X)	NA	NA	
Lead (Pb)	NA	NA	
Particulate Matter ($PM_{2.5}$)	NA	NA	
Particulate Matter (PM_{10})	NA	NA	
Total Particulate Matter (TSP)	NA	NA	
Sulfur Dioxide (SO_2)	NA	NA	
Volatile Organic Compounds (VOC)	NA	NA	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
NA	NA	NA	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
NA	NA	NA	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

Requirements covered under Class II General Permit G60-C054.

___X_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? __X_Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-WS	Diesel Storage Tank - West Sump	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

Diesel storage tank backup pump for west sump process sewer.

Manufacturer:	**Model number:**	**Serial number:**

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

420 hp

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? X Yes ___ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating:	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

Diesel

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
Diesel			

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	NA	NA	
Nitrogen Oxides (NO_X)	NA	NA	
Lead (Pb)	NA	NA	
Particulate Matter ($PM_{2.5}$)	NA	NA	
Particulate Matter (PM_{10})	NA	NA	
Total Particulate Matter (TSP)	NA	NA	
Sulfur Dioxide (SO_2)	NA	NA	
Volatile Organic Compounds (VOC)	NA	NA	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
NA	NA	NA	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
NA	NA	NA	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

Requirements covered under Class II General Permit G60-C054.

___X_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? __X_Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
None Listed D010	Collection Sump	Carbon Absorption (S-2)

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Sump

Manufacturer:	**Model number:**	**Serial number:**
N/A	N/A	N/A
Construction date:	**Installation date:**	**Modification date(s):**
N/A	1988	N/A

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
5,000 gallons

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
10,000 gal/hr	10,400,000 gal/yr	8,760 hrs/yr

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X_ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: N/A	**Type and Btu/hr rating of burners:** N/A

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
N/A

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
N/A	N/A	N/A	N/A

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	N/A	N/A	
Nitrogen Oxides (NO_X)	N/A	N/A	
Lead (Pb)	N/A	N/A	
Particulate Matter ($PM_{2.5}$)	N/A	N/A	
Particulate Matter (PM_{10})	N/A	N/A	
Total Particulate Matter (TSP)	N/A	N/A	
Sulfur Dioxide (SO_2)	N/A	N/A	
Volatile Organic Compounds (VOC)	N/A	N/A	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

N/A

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

N/A

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

N/A

Are you in compliance with all applicable requirements for this emission unit? _X_Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-6	Lime Silo	Baghouse (015A)

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Lime Silo

Manufacturer:	**Model number:**	**Serial number:**
N/A	N/A	N/A
Construction date:	**Installation date:**	**Modification date(s):**
N/A	1988	N/A

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
60 tons

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
3,000 lb/hr	3,141,000 lb/yr	8,760 hrs/yr

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X_ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: N/A	**Type and Btu/hr rating of burners:** N/A

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
N/A

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
N/A	N/A	N/A	N/A

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	N/A	N/A	
Nitrogen Oxides (NO_X)	N/A	N/A	
Lead (Pb)	N/A	N/A	
Particulate Matter ($PM_{2.5}$)	N/A	N/A	
Particulate Matter (PM_{10})	N/A	N/A	
Total Particulate Matter (TSP)	0.12	0.003	
Sulfur Dioxide (SO_2)	N/A	N/A	
Volatile Organic Compounds (VOC)	N/A	N/A	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

Engineering Estimate

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

45 CSR 7
45 CSR 13, Permit No. R13-1033

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

45 CSR 13, Permit No. R13-1033

Are you in compliance with all applicable requirements for this emission unit? _X_ Yes ___ No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-7	Ferric Chloride Tank	N/A

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
N/A	N/A	N/A
Construction date:	**Installation date:**	**Modification date(s):**
N/A	1988	N/A

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
5,000 gallons

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
100 gal/hr	104,000 gal/yr	8,760 hrs/yr

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X_ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: N/A	**Type and Btu/hr rating of burners:** N/A

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
N/A

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
N/A	N/A	N/A	N/A

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	N/A	N/A	
Nitrogen Oxides (NO_X)	N/A	N/A	
Lead (Pb)	N/A	N/A	
Particulate Matter ($PM_{2.5}$)	N/A	N/A	
Particulate Matter (PM_{10})	N/A	N/A	
Total Particulate Matter (TSP)	N/A	N/A	
Sulfur Dioxide (SO_2)	N/A	N/A	
Volatile Organic Compounds (VOC)	N/A	N/A	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
	NA	NA	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

N/A

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

N/A

X Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

Are you in compliance with all applicable requirements for this emission unit? X Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-9	1st Stage Mix Tank	Carbon Adsorption (S-2)

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
N/A	N/A	N/A
Construction date:	**Installation date:**	**Modification date(s):**
N/A	1988	N/A

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
330,000 gallons

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
10,000 gal/hr	10,400,000 gal/yr	8,760 hrs/yr

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X_ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: N/A	**Type and Btu/hr rating of burners:** N/A

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
N/A

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
N/A	N/A	N/A	N/A

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	N/A	N/A	
Nitrogen Oxides (NO_X)	N/A	N/A	
Lead (Pb)	N/A	N/A	
Particulate Matter ($PM_{2.5}$)	N/A	N/A	
Particulate Matter (PM_{10})	N/A	N/A	
Total Particulate Matter (TSP)	N/A	N/A	
Sulfur Dioxide (SO_2)	N/A	N/A	
Volatile Organic Compounds (VOC)	N/A	N/A	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

N/A

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

N/A

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

N/A

Are you in compliance with all applicable requirements for this emission unit? _X_ Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
T-10	2nd Stage Mix Tank	NA

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

Tank

Manufacturer:	Model number:	Serial number:
NA	NA	NA

Construction date: (MM/DD/YYYY)	Installation date: (MM/DD/YYYY)	Modification date(s): (MM/DD/YYYY)
/ /	/ / 1988	/ / ; / / / / ; / /

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

7,000 gallons

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
10,000 gal/hr	10,400,000 gal/yr	8,760 hrs/yr

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel? __Yes ✓ No	If yes, is it? ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	Type and Btu/hr rating of burners: NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
609	HCL Acid Storage Tank	Scrubber (F-010)

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
N/A	N/A	N/A
Construction date:	**Installation date:**	**Modification date(s):**
N/A	1990	N/A

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
12,000 gallons

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
10,000 gal/day	10,000,000 gal/yr	8,760 hrs/yr

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X_ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: N/A	**Type and Btu/hr rating of burners:** N/A

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
N/A

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
N/A	N/A	N/A	N/A

Emissions Data			
Criteria Pollutants	Potential Emissions		
	PPH	TPY	
Carbon Monoxide (CO)	N/A	N/A	
Nitrogen Oxides (NO_X)	N/A	N/A	
Lead (Pb)	N/A	N/A	
Particulate Matter ($PM_{2.5}$)	N/A	N/A	
Particulate Matter (PM_{10})	N/A	N/A	
Total Particulate Matter (TSP)	N/A	N/A	
Sulfur Dioxide (SO_2)	N/A	N/A	
Volatile Organic Compounds (VOC)	N/A	N/A	
Hazardous Air Pollutants	Potential Emissions		
	PPH	TPY	
HCl	0.004	0.0008	
Regulated Pollutants other than Criteria and HAP	Potential Emissions		
	PPH	TPY	
N/A	N/A	N/A	

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

Engineering Estimate

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

45 CSR 13, Permit No. R13 – 1248

_X_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

6.2.2 Removal of HCl by scrubber 010F by proper operation and maintenance of equipment.

Are you in compliance with all applicable requirements for this emission unit? _X_ Yes ___ No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-4582	50% Caustic Tank	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/	06/30/1988	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

280,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-4583	50/20% Caustic Tank	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/1988	02/08/1981	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

280,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-4585	20% Caustic Tank	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD	11/18/1981	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

280,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-601	Caustic Tank	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/	09/02/1975	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

10,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-603	Phosphoric Acid Tank	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/	11/05/1995	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

22,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
T-600	Flock Tank	NA

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

WWTU Flocculant Tank

Manufacturer:	Model number:	Serial number:
NA	NA	NA

Construction date: (MM/DD/YYYY)	Installation date: (MM/DD/YYYY)	Modification date(s): (MM/DD/YYYY)
/ /	/ / 1990	/ / ; / / / / ; / /

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

62,000 gallons

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA	NA	NA

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel?	If yes, is it?
__Yes ✓ No	___ Indirect Fired ___Direct Fired

Maximum design heat input and/or maximum horsepower rating:	Type and Btu/hr rating of burners:
NA	NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
T-8	Aerobic Digester	NA

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

WWTU Aerobic Digester

Manufacturer:	Model number:	Serial number:
NA	NA	NA
Construction date: (MM/DD/YYYY) / /	Installation date: (MM/DD/YYYY) / /	Modification date(s): (MM/DD/YYYY) / / ; / / / / ; / /

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

33,000 gallons

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA	NA	NA

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel? __Yes ✓ No	If yes, is it? _ Indirect Fired __Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	Type and Btu/hr rating of burners: NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-605	Aeration Basin	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/	10/22/1987	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

3,680,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-606	Aeration Basin	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/	10/22/1987	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

3,680,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-607	Diversion Tank	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		

Construction date:	**Installation date:**	**Modification date(s):**
MM/DD/	10/22/1987	MM/DD/YYYY

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

1,500,000

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	NA

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
T-615	E-615	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Equalization Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		
Construction date:	**Installation date:**	**Modification date(s):**

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
1,000,000 gallons

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	8760

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data

Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
TSC-1	Secondary Clarifier	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		
Construction date:	**Installation date:**	**Modification date(s):**

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
60 ft dia

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	8760 hrs

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data

Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
TSC-2	Secondary Clarifier	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		
Construction date:	**Installation date:**	**Modification date(s):**

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
60 ft dia

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	8760 hrs

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data

Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	**Emission unit name:**	**List any control devices associated with this emission unit:**
TSC-3	Secondary Clarifier	None

Provide a description of the emission unit (type, method of operation, design parameters, etc.):
Tank

Manufacturer:	**Model number:**	**Serial number:**
NA		
Construction date:	**Installation date:**	**Modification date(s):**

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):
60 ft dia

Maximum Hourly Throughput:	**Maximum Annual Throughput:**	**Maximum Operating Schedule:**
NA	NA	8760 hrs

Fuel Usage Data **(fill out all applicable fields)**

Does this emission unit combust fuel? ___Yes _X__ No	**If yes, is it?** ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	**Type and Btu/hr rating of burners:**

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.
NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data

Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or <u>construction permit</u> with the condition number. (*Note: Title V permit condition numbers alone are not the underlying applicable requirements*). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

__X__ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _X__Yes ___No

If no, complete the **Schedule of Compliance Form** as **ATTACHMENT F**.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
T-801	Thickener Tank	NA

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

WWTU Thickener Tank

Manufacturer:	Model number:	Serial number:
NA	NA	NA
Construction date: (MM/DD/YYYY) / /	Installation date: (MM/DD/YYYY) / / 1980	Modification date(s): (MM/DD/YYYY) / / ; / / / / ; / /

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

60 ft. dia.

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA		

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel? __Yes ✓ No	If yes, is it? ___ Indirect Fired ___Direct Fired
Maximum design heat input and/or maximum horsepower rating: NA	Type and Btu/hr rating of burners: NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT E - Emission Unit Form

Emission Unit Description

Emission unit ID number:	Emission unit name:	List any control devices associated with this emission unit:
T-ADD	Antifoam Tank	NA

Provide a description of the emission unit (type, method of operation, design parameters, etc.):

WWTU Antifoam Tank

Manufacturer:	Model number:	Serial number:
NA	NA	NA

Construction date: (MM/DD/YYYY)	Installation date: (MM/DD/YYYY)	Modification date(s): (MM/DD/YYYY)
/ /	/ /	/ / ; / / / / ; / /

Design Capacity (examples: furnaces - tons/hr, tanks - gallons):

4,000 gallons

Maximum Hourly Throughput:	Maximum Annual Throughput:	Maximum Operating Schedule:
NA	NA	NA

Fuel Usage Data (fill out all applicable fields)

Does this emission unit combust fuel?	If yes, is it?
__Yes ✓ No	_ Indirect Fired __Direct Fired

Maximum design heat input and/or maximum horsepower rating:	Type and Btu/hr rating of burners:
NA	NA

List the primary fuel type(s) and if applicable, the secondary fuel type(s). For each fuel type listed, provide the maximum hourly and annual fuel usage for each.

NA

Describe each fuel expected to be used during the term of the permit.

Fuel Type	Max. Sulfur Content	Max. Ash Content	BTU Value
NA	NA	NA	NA

Emissions Data		
Criteria Pollutants	Potential Emissions	
	PPH	TPY
Carbon Monoxide (CO)	NA	NA
Nitrogen Oxides (NO_X)	NA	NA
Lead (Pb)	NA	NA
Particulate Matter ($PM_{2.5}$)	NA	NA
Particulate Matter (PM_{10})	NA	NA
Total Particulate Matter (TSP)	NA	NA
Sulfur Dioxide (SO_2)	NA	NA
Volatile Organic Compounds (VOC)	NA	NA
Hazardous Air Pollutants	Potential Emissions	
	PPH	TPY
NA	NA	NA
Regulated Pollutants other than Criteria and HAP	Potential Emissions	
	PPH	TPY
NA	NA	NA

List the method(s) used to calculate the potential emissions (include dates of any stack tests conducted, versions of software used, source and dates of emission factors, etc.).

NA

Applicable Requirements

List all applicable requirements for this emission unit. For each applicable requirement, include the underlying rule/regulation citation and/or construction permit with the condition number. (Note: Title V permit condition numbers alone are not the underlying applicable requirements). If an emission limit is calculated based on the type of source and design capacity or if a standard is based on a design parameter, this information should also be included.

NA

_✓_ Permit Shield

For all applicable requirements listed above, provide monitoring/testing/recordkeeping/reporting which shall be used to demonstrate compliance. If the method is based on a permit or rule, include the condition number or citation. (Note: Each requirement listed above must have an associated method of demonstrating compliance. If there is not already a required method in place, then a method must be proposed.)

NA

Are you in compliance with all applicable requirements for this emission unit? _✓_Yes ___No

If no, complete the Schedule of Compliance Form as ATTACHMENT F.

ATTACHMENT G - Air Pollution Control Device Form

Control device ID number: S-1	**List all emission units associated with this control device.** See Attachment D; -T-6 Lime Storage Silo; 015A Baghouse	
Manufacturer: Mikro-Pulsaure Bin Vent	**Model number:** 1658-30	**Installation date:** 1988

Type of Air Pollution Control Device:

_X__ Baghouse/Fabric Filter	___ Venturi Scrubber	___ Multiclone
___ Carbon Bed Adsorber	___ Packed Tower Scrubber	___ Single Cyclone
___ Carbon Drum(s)	___ Other Wet Scrubber	___ Cyclone Bank
___ Catalytic Incinerator	___ Condenser	___ Settling Chamber
___ Thermal Incinerator	___ Flare	___ Other (describe) _____
___ Wet Plate Electrostatic Precipitator		___ Dry Plate Electrostatic Precipitator

List the pollutants for which this device is intended to control and the capture and control efficiencies.

Pollutant	Capture Efficiency	Control Efficiency
PM	100%	99.9%

Explain the characteristic design parameters of this control device (flow rates, pressure drops, number of bags, size, temperatures, etc.).

- 151 ft^2 cloth
- 200 ^{O}F @ 90-110 PSIG

Is this device subject to the CAM requirements of 40 C.F.R. 64? ___ Yes ___ No

If Yes, **Complete ATTACHMENT H**

If No**, Provide justification.**

Describe the parameters monitored and/or methods used to indicate performance of this control device.

- Material balances around the baghouse/filter systems.
- The baghouse/filter system shall be inspected monthly.
- Visible emissions monitored monthly.

ATTACHMENT G - Air Pollution Control Device Form

Control device ID number: S-2	**List all emission units associated with this control device.** See Attachment D; Collection Sump ; 2nd Stage Mix Tank (T-10E); 1st Stage Mix Tank (T-9)	
Manufacturer: N/A	**Model number:** N/A	**Installation date:** 1988

Type of Air Pollution Control Device:

___ Baghouse/Fabric Filter	___ Venturi Scrubber	___ Multiclone
_X_ Carbon Bed Adsorber	___ Packed Tower Scrubber	___ Single Cyclone
___ Carbon Drum(s)	___ Other Wet Scrubber	___ Cyclone Bank
___ Catalytic Incinerator	___ Condenser	___ Settling Chamber
___ Thermal Incinerator	___ Flare	___ Other (describe) _____
___ Wet Plate Electrostatic Precipitator		___ Dry Plate Electrostatic Precipitator

List the pollutants for which this device is intended to control and the capture and control efficiencies.

Pollutant	Capture Efficiency	Control Efficiency
VOC	100%	99%

Explain the characteristic design parameters of this control device (flow rates, pressure drops, number of bags, size, temperatures, etc.).

- 1,800 lbs carbon

Is this device subject to the CAM requirements of 40 C.F.R. 64? ___ Yes _X_ No

If Yes, **Complete ATTACHMENT H**

If No**, Provide justification.** Device emission limitations and standards already established under existing Title V permit.

Describe the parameters monitored and/or methods used to indicate performance of this control device.
N/A.

ATTACHMENT G - Air Pollution Control Device Form

Control device ID number: F-010	**List all emission units associated with this control device.** See Attachment D; Tank 609 HCl Acid Storage Tank (010F)	
Manufacturer: N/A	**Model number:** N/A	**Installation date:** 1990

Type of Air Pollution Control Device:

___ Baghouse/Fabric Filter	___ Venturi Scrubber	___ Multiclone
___ Carbon Bed Adsorber	___ Packed Tower Scrubber	___ Single Cyclone
___ Carbon Drum(s)	___ Other Wet Scrubber	___ Cyclone Bank
___ Catalytic Incinerator	___ Condenser	___ Settling Chamber
___ Thermal Incinerator	___ Flare	_X_ Other (describe) Countercurrent packed-bed
___ Wet Plate Electrostatic Precipitator		___ Dry Plate Electrostatic Precipitator

List the pollutants for which this device is intended to control and the capture and control efficiencies.

Pollutant	Capture Efficiency	Control Efficiency
HCL	100%	99.8%

Explain the characteristic design parameters of this control device (flow rates, pressure drops, number of bags, size, temperatures, etc.).

- Flow rate = 4 gpm
- Liquor pressure 75 PSIA
- Gas flow rate 5.6 ACFM

Is this device subject to the CAM requirements of 40 C.F.R. 64? ___ Yes _X_ No

If Yes, **Complete ATTACHMENT H**

If No, **Provide justification.** Device emission limitations and standards already established under existing Title V permit.

Describe the parameters monitored and/or methods used to indicate performance of this control device.

- Maintain preventative maintenance plan.