



Environmental
Protection Agency

John R. Kasich, Governor
Mary Taylor, Lt. Governor
Scott J. Nally, Director

July 27, 2012

Certified Mail

Mr. Keith Martin
Trupointe Cooperative, Inc.
P.O. Box 360
Wapakoneta, OH 45895

**RE: Notice of Violation and Facility Inspection Follow-up for Trupointe, Inc.
Facility ID 0575000001**

Dear Mr. Martin,

I would like to thank you and your staff for the time and cooperation that Terry Sanner and I received during our July 26, 2012 facility inspection.

As we discussed during the inspection, the installation and operation of the fertilizer plant without first applying for and obtaining a PTIO constitutes a violation of Ohio Administrative Code (OAC) Rule 3745-31-02. OAC rule 3745-31-02 (A) states that "*no person shall cause, permit, or allow the installation of a new source of air pollutants...without first obtaining a PTI from the director*".

Based on our inspection, the fertilizer plant includes the following emissions units:

- railcar receiving,
- truck receiving,
- material handling and storage (both the new fertilizer building and existing building), and
- truck shipping.

Please submit all necessary permit applications within 30 days of receipt of this letter. A PTIO application is enclosed. Please note that Ohio EPA has the authority to seek civil penalties as provided in section 3704.06 of the Ohio Revised Code (ORC). This letter, or information pursuant to this letter, does not constitute a waiver of Ohio EPA's authority to seek civil penalties as provided in the ORC. The decision on whether or not to seek such penalties will be made by Ohio EPA at a later date.

If at some time in the future this facility plans to install/modify an air contaminant source, please contact me to obtain the appropriate forms and discuss the applicability of any rules in question. Ohio EPA will endeavor to process all applications in an expeditious manner.

Southwest District Office
401 East Fifth Street
Dayton, OH 45402-2911

937 | 285 6357
937 | 285 6249 (fax)
www.epa.ohio.gov

Mr. Keith Martin
Trupointe Cooperative, Inc.
July 27, 2012
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In our meeting there was also some discussion about emissions units F005 and F014, main terminal truck grain shipping, and two 10,000 bushel per hour grain conveyors, respectively, and if they are covered under any of the existing air pollution permits. Based on my review of the permits, it appears that F005 was combined with F003, shipping, truck unloading with adjustable chutes; while, F014 was combined with emissions unit F002, receiving, transferring & conveying w/ fabric filters. If this is incorrect, please let us know and these two emissions units will be separated and processed as their own emissions units.

If you have any questions or comments, or wish to discuss this matter further, please feel free to contact me at (937) 285-6063.

Sincerely,



Craig Osborne
Environmental Specialist
Division of Air Pollution Control

CO/tf

ec: Tom Schneider, Ohio EPA SWDO DAPC
cc: Bruce Weinberg, Central Office, Ohio EPA
John Paulian, Central Office, Ohio EPA
William MacDowell, Region 5, U.S. EPA

7005 1820 0002 1627 1864

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Total Postage &		Mr. Keith Martin
Sent To	Trupointe Cooperative, Inc.	
Street, Apt. No., or PO Box No.	P.O. Box 360	
City, State, ZIP+4	Wapakoneta, OH 45895	

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Keith Martin
Trupointe Cooperative, Inc.
P.O. Box 360
Wapakoneta, OH 45895

2. Article Number
(Transfer from service label)

7005 1820 0002 1627 1864

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
Lori Wilson Addressee
- B. Received by (Printed Name) *Lori Wilson*
- C. Date of Delivery *7-30-12*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Same

3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

EMISSIONS ACTIVITY CATEGORY FORM GENERAL PROCESS OPERATION

This form is to be completed for each process operation when there is no specific emissions activity category (EAC) form applicable. If there is more than one end product for this process, copy and complete this form for each additional product (see instructions). Several State/Federal regulations which may apply to process operations are listed in the instructions. Note that there may be other regulations which apply to this emissions unit which are not included in this list.

1. Reason this form is being submitted (Check one)

- New Permit Renewal or Modification of Air Permit Number(s) (e.g.

P001) _____

2. Maximum Operating Schedule: _____ hours per day; _____ days per year

If the schedule is less than 24 hours/day or 365 days/year, what limits the schedule to less than maximum? See instructions for examples. _____

3. End product of this process: _____

4. Hourly production rates (indicate appropriate units). Please see the instructions for clarification of "Maximum" and "Average" for new versus existing operations:

Hourly	Rate	Units (e.g., widgets)
Average production		
Maximum production		

5. Annual production rates (indicate appropriate units) Please see the instructions for clarification of "Maximum" and "Actual" for new versus existing operations:

Annual	Rate	Units (e.g., widgets)
Actual production		
Maximum production		

INSTRUCTIONS FOR COMPLETION OF THE EMISSIONS ACTIVITY CATEGORY FORM FOR A PROCESS OPERATION

GENERAL INSTRUCTIONS:

This form should be completed for any operation when there is no specific emissions activity category (EAC) form. Refer to the list of EAC forms attached to the PTI application instructions to determine if another form is more appropriate. If multiple products can be manufactured in/by the process, copy and complete this form for each product. If multiple products have only minor variations in composition and raw materials used, they may be grouped onto one form (contact your district office or local air agency representative for assistance). In such cases, the information for the product with the highest hourly raw material usage rate should be entered in Item 4.

Provide complete responses to all applicable questions. If an item does not apply to the emissions unit, write in "Not Applicable" or "NA." If the answer is not known, write in "Not Known" or "NK." If you need assistance in understanding a question after reading the instructions below, contact your Ohio EPA District Office or Local Air Agency for assistance. Submittal of an incomplete application will delay application review and processing. In addition, the application may be returned as incomplete if all applicable questions are not answered appropriately.

APPLICABLE REGULATIONS:

The following State and Federal Regulations may be applicable to process operations. Note that there may be other regulations which apply to this emissions unit which are not included in this list. Due to the general nature of this form, specific regulations are not listed.

Federal: 40 CFR 60, (NSPS)
 40 CFR 61, (NESHAP)
 40 CFR 63, (MACT)

State: OAC rule 3745-31-02 (Permit to Install)
 OAC rule 3745-35-02 (Permit to Operate)
 OAC rule 3745-17 (Particulate Matter Standards)

If you would like a copy of these regulations, contact your Ohio EPA District Office or Local Air Agency. State regulations may also be viewed and downloaded from the Ohio EPA website at <http://www.epa.state.oh.us/dapc/regs/regs.html>. Federal regulations may be viewed and downloaded at <http://www.epa.gov/docs/epacfr40/chapt-l.info/subch-C.htm>.

CALCULATING EMISSIONS:

Manufacturers of some types of emissions units and most types of control equipment develop emissions estimates or have stack test data which you can request. Stack testing of the emissions may be done. Emissions unit sampling test data may be either for this emissions unit or a similar one located at the facility or elsewhere. You may develop your own emission factors by mass balance or other knowledge of your process, if you can quantify inputs and outputs accurately. You may be able to do this on a small scale or over a short period of time, if it is not practical during regular production. If you have control equipment, you may be able to quantify the amount of pollutants collected over a known time period or production amount. Any emission factor calculation should include a reference to the origin of the emission factor or control efficiency.

The emissions from many processes may be estimated using the information from AP-42, Compilation of Air Pollutant Emission Factors, Fifth Edition, Volume I, available from the following website:
<http://www.epa.gov/ttn/chief/ap42/index.html>.

SPECIFIC INSTRUCTIONS:

1. Indicate whether this is an application for a new permit or an application for permit renewal. If applying for a permit renewal, provide the 4-character OEPA emissions unit identification number.
2. Provide the maximum number of hours per day and days per year the process is expected to operate. The following are examples of why the maximum number of hours per day may be less than 24 or the maximum number of days per year may be less than 365 (this list is not all-inclusive):
 - The facility can only operate during daylight hours.
 - The process can only operate within a certain range of ambient temperatures.
 - The process is limited by another operation (i.e., a bottleneck).
3. Specify the end product(s) of this process (e.g., glassware, benzene, chrome plated bumpers, soaps, etc.).
4. State the average and maximum hourly production rates (indicate units) of the process operation. The average hourly production rate is the actual (for existing) annual production for the last full calendar year or projected actual annual production (for new operations) divided by the total hours of operation for that process during the same calendar year or projected hours of production (for new operations) .

Formula for average hourly production rate: actual or projected actual annual rate divided by the actual or projected actual annual hours of operation.

“Maximum” is defined as the operation's highest attainable production rate. This often is identified by the manufacturer as the “maximum design capacity” for equipment.

For batch processes, “hours of operation” are identified by the “cycle” time. A “cycle” refers to the time the equipment is in operation. Note that this does not include, if applicable, set up or clean up time associated with batch processing.

5. State the projected annual production and indicate the appropriate units (e. g., 10,000 tons of steel, 150,000 barrels of benzene, etc.). “Maximum” is defined as the operations highest attainable production rate. This often is identified by the manufacturer as the “maximum design capacity” for equipment.
6. State whether the process is continuous or batch. A batch process normally has significant down time between production cycles. If batch, indicate the minimum production cycle time and the minimum down time between production cycles. A “cycle” refers to the time the equipment is in operation. Note that this does not include set up or clean up time associated with down time between batches.
7. List all general types of raw materials employed in the process. Indicate the physical state (solid, liquid, gas) under standard conditions (i.e., 70 degrees Fahrenheit and 14.7 pounds per square inch absolute pressure), the principal use (filler, solvent, reactant, binder, catalyst, fuel, etc.) and specify the amount used, in pounds per hour at maximum production rate.

8. Please provide a narrative description of the process in sufficient detail for someone unfamiliar with the process to be able to understand the nature and purpose of the process and how it is integrated into any other processes at the facility, if applicable.



Application for Permit to Install (PTI) and Permit to Install/Operate (PTIO)

Ohio Environmental Protection Agency
Lazarus Government Center
50 West Town Street, Suite 700
P.O. Box 1049
Columbus, Ohio 43216-1049

For EPA Use Only

Application Number _____
Date Received _____

Facility Information

Note: Application is incomplete if all **bolded** questions throughout the application are not completed.

Legal Facility Name _____

Alternate Name (if any) _____

Facility Physical Address _____

City, ZIP code _____

County _____

Facility ID _____

Facility Description _____

NAICS Code _____

Facility Latitude _____

degrees

minutes

seconds

Facility Longitude _____

degrees

minutes

seconds

Core Place ID (if known) _____

SCSC ID (if known) _____

Portable?

Yes No

Portable Type

Asphalt Plant Concrete Plant Generator Aggregate Processing Concrete Crusher Grinder Other

Initial Location County

If "Other", describe: _____

Contact Information

No change to information on file.

<input type="checkbox"/> Billing <input type="checkbox"/> Owner <input type="checkbox"/> Primary <input type="checkbox"/> Operator <input type="checkbox"/> On-Site <input type="checkbox"/> Responsible Official					
First Name	Last Name	Phone	Fax	E-mail	
Address 1	Address 2	City or Township	State	Zip Code	

<input type="checkbox"/> Billing <input type="checkbox"/> Owner <input type="checkbox"/> Primary <input type="checkbox"/> Operator <input type="checkbox"/> On-Site <input type="checkbox"/> Responsible Official					
First Name	Last Name	Phone	Fax	E-mail	
Address 1	Address 2	City or Township	State	Zip Code	

<input type="checkbox"/> Billing <input type="checkbox"/> Owner <input type="checkbox"/> Primary <input type="checkbox"/> Operator <input type="checkbox"/> On-Site <input type="checkbox"/> Responsible Official					
First Name	Last Name	Phone	Fax	E-mail	
Address 1	Address 2	City or Township	State	Zip Code	

<input type="checkbox"/> Billing <input type="checkbox"/> Owner <input type="checkbox"/> Primary <input type="checkbox"/> Operator <input type="checkbox"/> On-Site <input type="checkbox"/> Responsible Official					
First Name	Last Name	Phone	Fax	E-mail	
Address 1	Address 2	City or Township	State	Zip Code	

<input type="checkbox"/> Billing <input type="checkbox"/> Owner <input type="checkbox"/> Primary <input type="checkbox"/> Operator <input type="checkbox"/> On-Site <input type="checkbox"/> Responsible Official					
First Name	Last Name	Phone	Fax	E-mail	
Address 1	Address 2	City or Township	State	Zip Code	

<input type="checkbox"/> Billing <input type="checkbox"/> Owner <input type="checkbox"/> Primary <input type="checkbox"/> Operator <input type="checkbox"/> On-Site <input type="checkbox"/> Responsible Official					
First Name	Last Name	Phone	Fax	E-mail	
Address 1	Address 2	City or Township	State	Zip Code	



Division of Air Pollution Control
Application for Permit-to-Install or Permit-to-Install and Operate

Section I – General Application Information

This section should be filled out for each permit to install (PTI) or Permit to Install and Operate (PTIO) application. A PTI is required for all air contaminant sources (emissions units) installed or modified after January 1, 1974 that are subject to OAC Chapter 3745-77. A PTIO is required for all air contaminant sources (emissions units) that are not subject to OAC Chapter 3745-77 (Title V). See the application instructions for additional information.

For OEPA use only:	<input type="checkbox"/> Installation	<input type="checkbox"/> Request Federally enforceable restrictions
	<input type="checkbox"/> Modification	<input type="checkbox"/> General Permit
	<input type="checkbox"/> Renewal	<input type="checkbox"/> Other

1. Is the purpose of this application to transition from OAC Chapter 3745-77 (Title V) to OAC Chapter 3745-31 (PTIO)?

yes no

2. **Establish PER Due Date** - Select an annual Permit Evaluation Report (PER) due date for this facility (does not apply to facilities subject to Title V, OAC Chapter 3745-77). If the PER has previously been established and a change is now desired, a PER Change Request form must be filed instead of selecting a date here.

<u>Due Date:</u>	<u>For Time Period:</u>
<input type="checkbox"/> February 15	January 1 through December 31
<input type="checkbox"/> May 15	April 1 through March 31
<input type="checkbox"/> August 15	July 1 through June 30
<input type="checkbox"/> November 15	October 1 through September 30
<input type="checkbox"/> PER not applicable (Title V) or due date already established	
<input type="checkbox"/> PER Request Permit Change form attached	

3. **Federal Rules Applicability** - Please check all of the appropriate boxes below.

New Source Performance Standards (NSPS)
New Source Performance Standards are listed under 40 CFR 60 - Standards of Performance for New Stationary Sources.

not affected subject to Subpart: _____
 unknown exempt - explain below

National Emission Standards for Hazardous Air Pollutants (NESHAP)
National Emissions Standards for Hazardous Air Pollutants are listed under 40 CFR 61. (These include asbestos, benzene, beryllium, mercury, and vinyl chloride).

not affected subject to Subpart: _____
 unknown subject, but exempt - explain below

Maximum Achievable Control Technology (MACT)
The Maximum Achievable Control Technology standards are listed under 40 CFR 63 and OAC rule 3745-31-28.

not affected subject to Subpart: _____
 unknown subject, but exempt - explain below

Prevention of Significant Deterioration (PSD)
These rules are found under OAC rule 3745-31-10 through OAC rule 3745-31-20.

not affected subject to regulation
 unknown

Non-Attainment New Source Review
These rules are found under OAC rule 3745-31-21 through OAC rule 3745-31-27.

not affected subject to regulation
 unknown

112 (r) - Risk Management Plan
These rules are found under 40 CFR 68.

not affected subject to regulation
 unknown

Title IV (Acid Rain Requirements)
These rules are found under 40 CFR 72 and 40 CFR 73.

not affected subject to regulation
 unknown

Please explain why you checked "exempt" in this question for one or more federal rules. Identify each exemption and whether the entire facility and/or the specific air contaminant sources included in this permit application is exempted. Attach an additional page if necessary.

4. Express PTI/PTIO - Do you qualify for express PTI or PTIO processing?

yes no

If yes, are you requesting express processing per OAC rule 3745-31-05?

yes no

5. **Air Contaminant Sources in this Application** - Identify the air contaminant source(s) for which you are applying below. Attach additional pages if necessary. Section II of this application and an EAC form should be completed for each air contaminant source.

Emissions Unit ID*	Company Equipment ID (company's name for air contaminant source)	Equipment Description (List all equipment that are a part of this air contaminant source)

* This ID would have been created when a previous air permit was issued. If no previous permits have been issued for this air contaminant source, leave this field blank. If this air contaminant source was previously identified in STARShip applications as a "Z" source (e.g., Z001), please provide that identification and a new ID will be assigned when the PTI/PTIO is issued.

6. Trade Secret Information - Is any information included in this application being claimed as a trade secret per Ohio Revised Code (ORC) 3704.08?

yes (A "non-confidential" version must also be submitted in order for this application to be deemed complete.)
 no

7. Permit Application Contact - Person to contact for questions about this application:

Name _____ Title _____

Address (Street, City/Township, State and Zip Code) _____

Phone _____ Fax _____ E-mail _____

8. **Authorized Signature** – OAC rule 3745-31-04 states that applications for permits to install or permits to install and operate shall be signed:
- (1) In the case of a corporation, by a principal executive officer of at least the level of vice president, or his duly authorized representative, if such representative is responsible for the overall operation of the facility.
 - (2) In the case of a partnership by a general partner.
 - (3) In the case of sole proprietorship, by the proprietor, and
 - (4) In the case of a municipal, state, federal or other governmental facility, by the principal executive officer, the ranking elected official, or other duly authorized employee.

Under OAC rule 3745-31-04, this signature shall constitute personal affirmation that all statements or assertions of fact made in the application are true and complete, comply fully with applicable state requirements, and shall subject the signatory to liability under applicable state laws forbidding false or misleading statements.

Authorized Signature (for facility) Date

Print Name Title

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

One copy of this section should be filled out for each air contaminant source (emissions unit) covered by this PTI/PTIO application identified in Section I, Question 5. See the application instructions for additional information.

1. **Air Contaminant Source Installation or Modification Schedule** – Check all that apply (must be completed regardless of date of installation or modification):

New installation (for which construction has not yet begun, in accordance with OAC rule 3745-31-33). When will you begin to install the air contaminant source?

(month/year) _____ **OR** 9 after installation permit has been issued

Initial application for an air contaminant source already installed or under construction. Identify installation date or the date construction began (month/year) _____ and the date operation began (month/year) _____

Modification to an existing air contaminant source/facility (for which modification has not yet begun) - List previous PTI or PTIO number(s) for air contaminant sources included in this application, if applicable, and describe the requested modification (attach an additional sheet, if necessary):

When will you begin to modify the air contaminant source? (month/year) _____ **OR** 9 after modification permit has been issued

Modification application for an air contaminant source which has been or is currently being modified. List previous PTI or PTIO number(s) for air contaminant sources included in this application, if applicable, and describe the requested modification (attach an additional sheet, if necessary):

Identify modification date or the date modification began (month/year) _____ and the date operation began (month/year) _____

Reconstruction of an existing air contaminant source/facility. Please explain: _____

Renewal of an existing permit-to-operate (PTO) or PTIO

Identify the date operation began after installation or latest modification (month/year) _____

General Permit General Permit Category _____ General Permit Type _____

Complete, sign and attach the appropriate Qualifying Criteria Document

Other, please explain: _____

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

2. **SCC Codes** - List all Source Classification Code(s) (SCC) that describe the process(es) performed by this air contaminant source (e.g., 1-02-002-04).

3. **Emissions Information** - The following table requests information needed to determine the applicable requirements and the compliance status of this air contaminant source with those requirements. Suggestions for how to estimate emissions may be found in the instructions to the Emissions Activity Category (EAC) forms required with this application. If you need further assistance, contact your District Office/Local Air Agency representative.

- If total potential emissions of HAPs or any Toxic Air Contaminant (as identified in OAC rule 3745-114-01) are greater than 1 ton/yr, fill in the table for that (those) pollutant(s). For all other pollutants, if "Emissions before controls (max), lb/hr" multiplied by 24 hours/day is greater than 10 lbs/day, fill in the table for that pollutant.
- Actual emissions are calculated including add-on control equipment. If you have no add-on control equipment, "Emissions before controls" will be the same as "Actual emissions".
- Actual emissions and Requested Allowable should be based on operating 8760 hr/yr unless you are requesting federally enforceable operating restrictions to limit emissions. If so, calculate emissions based on requested operating restrictions and describe in your calculations.
- If you use units other than lbs/hr or ton/yr, specify the units used (e.g., gr/dscf, lb/ton charged, lb/MMBtu, tons/12-months).
- Requested Allowable (ton/yr) is often equivalent to Potential to Emit (PTE) as defined in OAC rule 3745-31-01 and OAC rule 3745-77-01.

Pollutant	Emissions before controls (max)* (lb/hr)	Actual emissions* (lb/hr)	Actual emissions* (ton/year)	Requested Allowable* (lb/hr)	Requested Allowable* (ton/year)
Particulate emissions (PE/PM) (formerly particulate matter, PM)					
PM # 10 microns in diameter (PE/PM ₁₀)					
PM # 2.5 microns in diameter (PE/PM _{2.5})					
Sulfur dioxide (SO ₂)					
Nitrogen oxides (NO _x)					
Carbon monoxide (CO)					
Organic compounds (OC)					
Volatiles organic compounds (VOC)					
Lead (Pb)					
Total Hazardous Air Pollutants (HAPs)					
Highest single HAP:					
Toxic Air Contaminants (see instructions):					

* Provide your calculations as an attachment and explain how all process variables and emission factors were selected. Note the emission factor(s) employed and document origin. Example: AP-42, Table 4.4-3 (8/97); stack test, Method 5, 4/96; mass balance based on MSDS; etc.

4. **Best Available Technology (BAT)** - For each pollutant for which the Requested Allowable in the above table exceeds 10 tons per year, BAT, as defined in OAC 3745-31-01, is required. Describe what has been selected as BAT and the basis for the selection:

5. **Control Equipment** - Does this air contaminant source employ emissions control equipment?

- Yes - fill out the applicable information below.
- No - proceed to Question 6.

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

Select the type(s) of control equipment employed below (required data for selected control equipment in **bold**):

Pollutant abbreviations

PE/PM = Particulate emissions (formerly particulate matter)

PE/PM₁₀ = PM # 10 microns in diameter

PE/PM_{2.5} = PM # 2.5 microns in diameter

OC = Organic compounds

VOC = Volatile organic compounds

SO₂ = Sulfur dioxide

NO_x = Nitrogen oxides

CO = Carbon monoxide

Pb = Lead

Adsorber

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Type: Fluidized Bed Fixed Bed Moving Bed Disposable Concentrator Other _____

Adsorption Media: _____

For Fluidized Bed, Fixed Bed, Moving Bed and Disposable only:

Maximum design outlet organic compound concentration (ppmv): _____

Media replacement frequency or regeneration cycle time (specify units): _____

Maximum temperature of the media bed, after regeneration (including any cooling cycle): _____

For Concentrator Only:

Design regeneration cycle time (minutes): _____

Minimum desorption air stream temperature (°F): _____

Rotational rate (revolutions/hour): _____

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm) : _____

Inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Catalytic Converter

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Catalytic Incinerator

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Combustion chamber residence time (seconds): _____

Minimum temperature difference (°F) across catalyst during air contaminant source operation: _____

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm) : _____

Minimum inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Condenser
 Manufacturer: _____ Year installed: _____ Your ID for control equipment _____
 Describe this control equipment:
 Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____
 Estimated capture efficiency (%): _____ Basis for efficiency: _____
 Design control efficiency (%): _____ Basis for efficiency: _____
 Operating control efficiency (%): _____ Basis for efficiency: _____
 Type: Indirect contact Direct contact Freeboard refrigeration device Other: _____
 Maximum exhaust gas temperature (°F) during air contaminant source operation: _____
 Coolant type: _____
 Design coolant temperature (°F): Minimum _____ Maximum _____
 Design coolant flow rate (gpm): _____
 Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm) : _____
 Inlet gas temperature (°F): _____
 This is the only control equipment on this air contaminant source
 If not, this control equipment is: Primary Secondary Parallel
 List all other air contaminant sources that are also vented to this control equipment: _____
 List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Cyclone/Multiclone
 Manufacturer: _____ Year installed: _____ Your ID for control equipment _____
 Describe this control equipment:
 Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____
 Estimated capture efficiency (%): _____ Basis for efficiency: _____
 Design control efficiency (%): _____ Basis for efficiency: _____
 Operating control efficiency (%): _____ Basis for efficiency: _____
 Type: Simple Multiclone Rotoclone Other _____
 Operating pressure drop range (inches of water): Minimum: _____ Maximum: _____
 Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm) : _____
 This is the only control equipment on this air contaminant source
 If not, this control equipment is: Primary Secondary Parallel
 List all other air contaminant sources that are also vented to this control equipment: _____
 List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Dry Scrubber
 Manufacturer: _____ Year installed: _____ Your ID for control equipment _____
 Describe this control equipment:
 Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____
 Estimated capture efficiency (%): _____ Basis for efficiency: _____
 Design control efficiency (%): _____ Basis for efficiency: _____
 Operating control efficiency (%): _____ Basis for efficiency: _____
 Reagent(s) used: Type: _____ Injection rate(s): _____
 Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm) : _____
 Inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____
 This is the only control equipment on this air contaminant source
 If not, this control equipment is: Primary Secondary Parallel
 List all other air contaminant sources that are also vented to this control equipment: _____
 List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Electrostatic Precipitator
 Manufacturer: _____ Year installed: _____ Your ID for control equipment _____
 Describe this control equipment:
 Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Type: Dry Wet Other: _____

Number of operating fields: _____

Secondary voltage (V) range (minimum - maximum): _____

Secondary current (milliamperes) range (minimum - maximum): _____

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Fabric Filter/Baghouse

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Operating pressure drop range (inches of water): Minimum: _____ Maximum: _____

Pressure type: Negative pressure Positive pressure

Fabric cleaning mechanism: Reverse air Pulse jet Shaker Other _____

Bag leak detection system: Yes No Type: _____

Lime injection or fabric coating agent used: Type: _____ Feed rate: _____

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____

Inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Flare

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Type: Enclosed Elevated (open)

If Elevated (open): Air-assisted Steam-assisted Non-assisted

Ignition device: Electric arc Pilot flame

Flame presence sensor: Yes No

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____

Inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Fugitive Dust Suppression

Suppressant Type: Water Chemical Calcium chloride Asphaltic cement Other _____

Method of application: _____

Application rate (specify units): _____

Application frequency: _____

List all egress point IDs (from Table 7-B) associated with this control strategy: _____

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

NOx Reduction Technology

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

NOx Reduction Type: Selective Catalytic Non-Selective Catalytic Selective Non-Catalytic

Inlet temp.: _____ Outlet temp.: _____

Inlet gas flow rate (acfm): _____

For Selective types only:

Reagent type: _____

Reagent injection rate (specify units): _____

Reagent slip (acfm): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Passive Filter

Type: Bin vent Paint booth filter Filter sock Other: _____ Your ID for filter _____

Design control efficiency (%): _____ Basis for efficiency: _____

Change frequency: _____

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Settling Chamber

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Length x Width x Height: _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Thermal Incinerator/Thermal Oxidizer

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment: _____

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Minimum operating temp. (°F) and sensor location: _____ (See application instructions)

Combustion chamber residence time (seconds): _____

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____

Inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

Wet Scrubber

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment:

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

Operating pressure drop range (inches of water): Minimum: _____ Maximum: _____

Type: Impingement Packed bed Spray chamber Venturi Other: _____

pH range for scrubbing liquid: Minimum: _____ Maximum: _____

Is scrubber liquid recirculated? Yes No

Scrubber liquid flow rate (gal/min): _____

Scrubber liquid supply pressure (psig): _____ NOTE: This item for spray chambers only.

Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____

Inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

Other

Type: describe _____

Manufacturer: _____ Year installed: _____ Your ID for control equipment _____

Describe this control equipment:

Pollutant(s) controlled: PE/PM PE/PM₁₀ PE/PM_{2.5} OC VOC
 SO₂ NO_x CO Pb Other _____

Estimated capture efficiency (%): _____ Basis for efficiency: _____

Design control efficiency (%): _____ Basis for efficiency: _____

Operating control efficiency (%): _____ Basis for efficiency: _____

This is the only control equipment on this air contaminant source

If not, this control equipment is: Primary Secondary Parallel

List all other air contaminant sources that are also vented to this control equipment: _____

List all egress point IDs (from Table 7-A) associated with this control equipment: _____

6. **Process Flow Diagram** - Attach a Process Flow Diagram to this application for this air contaminant source. See the application instructions for additional information.

7. **Modeling information:** (Note: items in bold in Tables 7-A and/or 7-B, as applicable, are required even if the tables do not otherwise need to be completed. If applicable, all information is required.) An air quality modeling analysis is required for PTIs and PTIOs for new installations or modifications, as defined in OAC rule 3745-31-01, where either the increase of toxic air contaminants from any air contaminant source or the increase of any other pollutant for all air contaminant sources combined exceed a threshold listed below. This analysis is to assure that the impact from the requested project will not exceed Ohio's Acceptable Incremental Impacts for criteria pollutants and/or Maximum Allowable Ground Level Concentrations (MAGLC) for toxic air contaminants. (See Ohio EPA, DAPC's Engineering Guide #69 for more information.) Permit requests that would have unacceptable impacts cannot be approved as proposed. See the line-by-line PTI/PTIO instructions for additional information.

Complete Tables 7-A and 7-C for stack emissions egress points and/or Table 7-B and 7-C for fugitive emissions egress points below if the requested allowable annual emission rate for this PTI or PTIO exceeds any of the following:

- Particulate Emissions (PE/PM₁₀): 10 tons per year
- Sulfur Dioxide (SO₂): 25 tons per year
- Nitrogen Oxides (NO_x): 25 tons per year
- Carbon Monoxide (CO): 100 tons per year
- Lead (Pb): 0.6 ton per year
- Toxic Air Contaminants: 1 ton per year. Toxic air contaminants are identified in OAC rule 3745-114-01.

Complete Table 7-A below for each stack emissions egress point. An egress point is a point at which emissions from an air contaminant source are released into the ambient (outside) air. List each individual egress point on a separate pair of lines. In each case, use the dimensions of the tallest nearby (or attached) building, building segment or structure.

Table 7-A, Stack Egress Point Information

1 Company ID for the Egress Point	Type Code*	Dimensions or Diameter	Height from the Ground (ft)	Temp. at Max. Operation (F)	Flow Rate at Max. Operation (ACFM)	Minimum Distance to Fence Line (ft)
Company Description for the Egress Point	Shape: round, square, rectangular	Cross Sectional Area	Base Elevation (ft)	Building Height (ft)	Building Width (ft)	Building Length (ft)

2 Company ID for the Egress Point	Type Code*	Dimensions or Diameter	Height from the Ground (ft)	Temp. at Max. Operation (F)	Flow Rate at Max. Operation (ACFM)	Minimum Distance to Fence Line (ft)
Company Description for the Egress Point	Shape: round, square, rectangular	Cross Sectional Area	Base Elevation (ft)	Building Height (ft)	Building Width (ft)	Building Length (ft)

3 Company ID for the Egress Point	Type Code*	Dimensions or Diameter	Height from the Ground (ft)	Temp. at Max. Operation (F)	Flow Rate at Max. Operation (ACFM)	Minimum Distance to Fence Line (ft)
Company Description for the Egress Point	Shape: round, square, rectangular	Cross Sectional Area	Base Elevation (ft)	Building Height (ft)	Building Width (ft)	Building Length (ft)

4 Company ID for the Egress Point	Type Code*	Dimensions or Diameter	Height from the Ground (ft)	Temp. at Max. Operation (F)	Flow Rate at Max. Operation (ACFM)	Minimum Distance to Fence Line (ft)
Company Description for the Egress Point	Shape: round, square, rectangular	Cross Sectional Area	Base Elevation (ft)	Building Height (ft)	Building Width (ft)	Building Length (ft)

*Type codes for stack egress points:

- A. vertical stack (unobstructed): There are no obstructions to upward flow in or on the stack such as a rain cap.
- B. vertical stack (obstructed): There are obstructions to the upward flow, such as a rain cap, which prevents or inhibits the air flow in a vertical direction.
- C. non-vertical stack: The stack directs the air flow in a direction which is not directly upward.

Complete Table 7-B below for each fugitive emissions egress point. List each individual egress point on a separate line. Refer to the description of the fugitive egress point types below the table for use in completing the type column of the table. For an air contaminant source with multiple fugitive emissions egress points, include only the primary egress points.

Table 7-B, Fugitive Egress Point Information

1 Company ID or Name for the Egress Point	Type* (check one) <input type="checkbox"/> Area <input type="checkbox"/> Volume	Area Source Dimensions (Length x Width, in feet)	Volume Source Dimensions (Height x Width, in feet)
Company Description for the Egress Point	Release Height (ft)	Exit Gas Temp. (only if in excess of 100° F) (° F)	Minimum Distance to the Fence Line (ft)

2 Company ID or Name for the Egress Point	Type* (check one) <input type="checkbox"/> Area <input type="checkbox"/> Volume	Area Source Dimensions (Length x Width, in feet)	Volume Source Dimensions (Height x Width, in feet)
Company Description for the Egress Point	Release Height (ft)	Exit Gas Temp. (only if in excess of 100° F) (° F)	Minimum Distance to the Fence Line (ft)

3 Company ID or Name for the Egress Point	Type* (check one) <input type="checkbox"/> Area <input type="checkbox"/> Volume	Area Source Dimensions (Length x Width, in feet)	Volume Source Dimensions (Height x Width, in feet)
Company Description for the Egress Point	Release Height (ft)	Exit Gas Temp. (only if in excess of 100° F) (° F)	Minimum Distance to the Fence Line (ft)

*Types for fugitive egress point:

Area: an open fugitive source characterized as a horizontal area (L x W) with a release height. For irregular surfaces such as storage piles, enter dimensions of an average cross section; release height is entered as half of the maximum pile height. For process sources such as crushers, use the process opening (e.g., area of crusher hopper opening) and ignore material handling and storage emissions points.

Volume: an unpowered vertical opening, such as a window or roof monitor, characterized as a vertical area (W x H) with a release height, measured at the midpoint of the opening. Multiple openings in a building may be averaged, if necessary.

Use the same Company Name or ID for the Egress Point in Table 7-C that was used in Table 7-A or 7-B. See the line-by-line PTI/PTIO instructions for additional information.

Table 7-C, Egress Point Location

Company Name or ID for the Egress Point (as identified above)	Egress Point Latitude			Egress Point Longitude		
	deg	min	sec	deg	min	sec
	deg	min	sec	deg	min	sec
	deg	min	sec	deg	min	sec
	deg	min	sec	deg	min	sec
	deg	min	sec	deg	min	sec

Section II - Specific Air Contaminant Source Information

Facility ID: _____

Emissions Unit ID: _____

Company Equipment ID: _____

8. Request for Enforceable Restrictions - As part of this permit application, do you wish to propose voluntary restrictions to limit emissions in order to avoid specific requirements listed below, (i.e., are you requesting state-only enforceable limits or state and federally enforceable limits to obtain synthetic minor status)?

- yes
- no
- not sure - please contact me to discuss whether this affects the facility.

If yes, why are you requesting enforceable restrictions? Check all that apply.

- a. to avoid being a major Title V source (see OAC rule 3745-77-01 and OAC rule 3745-31)
- b. to avoid being a major MACT source (see OAC rule 3745-31-01)
- c. to avoid being a major stationary source (see OAC rule 3745-31-01)
- d. to avoid being a major modification (see OAC rule 3745-31-01)
- e. to avoid an air dispersion modeling requirement (see Engineering Guide # 69)
- f. to avoid BAT requirements (see OAC rule 3745-31-05(A)(3)(b))
- g. to avoid another requirement. Describe: _____

If you checked a., b. or c., please attach a facility-wide potential to emit (PTE) analysis (for each pollutant) and synthetic minor strategy to this application. (See application instructions for definition of PTE.) If you checked d., please attach a net emission change analysis to this application. If you checked e., f. or g., please attach a description of the restrictions proposed and how compliance with those restrictions will be verified.

9. Continuous Emissions Monitoring – Does this air contaminant source utilize any continuous emissions monitoring (CEM) equipment for indicating or demonstrating compliance? This does not include continuous parametric monitoring systems.

- yes
- no

If yes, complete the following information.

Company Name or ID for the Egress Point _____

CEM Description _____

This CEM monitors (check all that apply):

Opacity Flow CO NOx SO₂ THC HCl HF H₂S TRS CO₂ O₂ PM

10. **EAC Forms** - The appropriate Emissions Activity Category (EAC) form(s) must be completed and attached for each air contaminant source unless a general permit is being requested. At least one complete EAC form must be submitted for each air contaminant source for the application to be considered complete. Refer to the list attached to the application instructions. Please indicate which EAC form corresponds to this air contaminant source.
