

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION**

**APPLICATION FOR AUTHORITY TO CONSTRUCT/MODIFY
AND/OR PERMIT TO OPERATE**

**Return to: Washoe County Health District
Air Quality Management Division
PO Box 11130
Reno, Nevada 89520-0027
(775) 784-7200, Fax (775) 784-7225**

www.ourcleanair.com

INSTRUCTIONS:

- * A Plan Review Fee must be submitted with the Application(s):
\$583.00 for sources emitting less than 100 tons of pollutants per year;
\$1,734 for Synthetic Minor sources emitting greater than 100 tons per year
An additional Operating Permit Fee will be assessed after completion of the air quality emissions review.
- * Use one Application form for each process.
- * Application must be filled out completely for all items that are applicable.
- * Application must be signed by a responsible person knowledgeable concerning the operation of the equipment.

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

Street Address (actual location of equipment/process):

City

State

Zip Code

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

Address

City

State

Zip Code

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

Name

Address

City

State

Zip Code

Telephone No.: _____ Fax No.: _____

4. Expected date for start of construction (for new installations): _____

Estimated date of start of operation: _____

5. Description of equipment/process (include: manufacturer, model, serial number, attach flow diagram, etc.):

6. Materials Used in Process (i.e., type of solvents, resin, paints, raw product processed, etc.):

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

Raw material

Estimate average quantity used per year

7. Projected Operating Time: Time of day _____ to _____
Hours per day _____ Days per year _____
For Batch Processes: Hours per batch _____ Pounds per batch _____
Batches per year _____

8. Description of Air Pollution Control Apparatus: _____

Manufacturer: _____

a. Height of discharge above ground (feet) _____
b. Distance from discharge to nearest property line (feet) _____ Direction _____
c. Stack diameter in feet _____
d. Volume of gas discharged into open air in cubic feet per minute _____
e. Temperature at point of discharge (in degrees F) _____

9. For fuel burning equipment state:
Aggregate input BTU/hr: _____
Type of fuel used: (circle) Natural Gas Fuel Oil Coal
Type of back-up fuel used: (circle) Natural Gas Fuel Oil Coal
Sulfur content if oil or coal is used: _____
Average hours operated (hrs/yr): _____
Average amount of fuel consumed per hour: _____

10. PROJECTED PROCESS EMISSIONS (lbs/day):

| | <u>without Control Equipment</u> | <u>with Control Equipment</u> |
|--|----------------------------------|-------------------------------|
|--|----------------------------------|-------------------------------|

| | | |
|-------------------------------------|-------|-------|
| Particulate | _____ | _____ |
| Sulfur Dioxide | _____ | _____ |
| Carbon Monoxide | _____ | _____ |
| Oxides of Nitrogen | _____ | _____ |
| Hydrocarbons | _____ | _____ |
| Lead | _____ | _____ |
| Hazardous Air Contaminants (Toxics) | _____ | _____ |

Other (specify): _____

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

This application is submitted in accordance with the provisions of Section 030.005, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

Signature Date

Print or Type Name and Title