	WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF AIR QUALITY 601 - 57th Street Charleston, WV 25304 Phone: (304) 926-0475 • *www.wvdep.org*	**APPLICATION FOR GENERAL PERMIT REGISTRATION** *CONSTRUCT, MODIFY, RELOCATE OR ADMINISTRATIVELY UPDATE* *A STATIONARY SOURCE OF AIR POLLUTANTS*

PLEASE CHECK ALL THAT APPLY (IF KNOWN): ☐ **CONSTRUCTION** ☐ **MODIFICATION** ☐ **RELOCATION** ☐ **ADMINISTRATIVE UPDATE** ☐ **AFTER-THE-FACT**	***FOR AGENCY USE ONLY:*** *PLANT I.D. #* _____ *PERMIT #* _____ *PERMIT WRITER*: _____

CHECK WHICH TYPE OF GENERAL PERMIT REGISTRATION YOU ARE APPLYING FOR:

☐ **G10-D –** Coal Preparation and Handling	☐ **G40-B –** Nonmetallic Minerals Processing
☐ **G20-B –** Hot Mix Asphalt	☐ **G50-B –** Concrete Batch
☐ **G30-D –** Natural Gas Compressor Stations	☐ **G60-C** - Class II Emergency Generator
☐ **G33-A –** Spark Ignition Internal Combustion Engines	☐ **G65-C –** Class I Emergency Generator
☐ **G35-A –** Natural Gas Compressor Stations (Flare/Glycol Dehydration Unit)	

SECTION I. GENERAL INFORMATION

1. NAME OF APPLICANT (AS REGISTERED WITH THE WV SECRETARY OF STATE'S OFFICE):	2. FEDERAL EMPLOYER ID NO. **(FEIN):**

3. APPLICANT'S MAILING ADDRESS:

_____

_____

4. IF APPLICANT IS A SUBSIDIARY CORPORATION, PLEASE PROVIDE THE NAME OF PARENT CORPORATION:

5. **WV BUSINESS REGISTRATION.** IS THE APPLICANT A RESIDENT OF THE STATE OF WEST VIRGINIA? ☐ **YES** ☐ **NO**

- ➪ IF **YES,** PROVIDE A COPY OF THE **CERTIFICATE OF INCORPORATION** / **ORGANIZATION** / **LIMITED PARTNERSHIP** (ONE PAGE) INCLUDING ANY NAME CHANGE AMENDMENTS **OR** OTHER ***BUSINESS CERTIFICATE*** AS **ATTACHMENT A.**
- ➪ IF **NO,** PROVIDE A COPY OF THE **CERTIFICATE OF AUTHORITY** / **AUTHORITY OF L.L.C.** / **REGISTRATION** (ONE PAGE) INCLUDING ANY NAME CHANGE AMENDMENTS **OR** OTHER ***BUSINESS CERTIFICATE*** AS **ATTACHMENT A** .

SECTION II. FACILITY INFORMATION

7. TYPE OF PLANT OR FACILITY (STATIONARY SOURCE) TO BE CONSTRUCTED, MODIFIED, RELOCATED OR ADMINISTRATIVELY UPDATED (E.G., COAL PREPARATION PLANT, PRIMARY CRUSHER, ETC.) :	8. STANDARD INDUSTRIAL CLASSIFICATION (**SIC**) CODE FOR THE FACILITY: NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (**NAICS**) FOR THE FACILITY:

9A. DAQ PLANT I.D. NO. (FOR AN EXISTING FACILITY:	10A. LIST ALL CURRENT 45CSR13 AND 45CSR30 (TITLE V) PERMIT NUMBERS ASSOCIATED WITH THIS PROCESS (FOR EXISTING FACILITY ONLY):
___ ___ ___ - ___ ___ ___ ___ ___	_____
	_____

PRIMARY OPERATING SITE INFORMATION

11A. NAME OF PRIMARY OPERATING SITE:	12A. MAILING ADDRESS OF PRIMARY OPERATING SITE:
_____	_____
_____	_____

13A**.** DOES THE APPLICANT OWN, LEASE, HAVE AN OPTION TO BUY, OR OTHERWISE HAVE CONTROL OF THE *PROPOSED SITE*?

☐ **YES** ☐ **NO**

➪ IF **YES**, PLEASE EXPLAIN: _____

_____

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

14A. ➪ FOR **MODIFICATIONS or ADMINISTRATIVE UPDATES,** AT AN EXISTING FACILITY, PLEASE PROVIDE DIRECTIONS TO THE *PRESENT LOCATION* OF THE FACILITY FROM THE NEAREST STATE ROAD;

➪ FOR **CONSTRUCTION OR RELOCATION PERMITS**, PLEASE PROVIDE DIRECTIONS TO *THE PROPOSED NEW SITE LOCATION* FROM THE NEAREST STATE ROAD.

_____

_____

_____

INCLUDE A **MAP** AS **ATTACHMENT F**.

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

1ST *ALTERNATE OPERATING SITE INFORMATION*

11B. NAME OF PRIMARY OPERATING SITE:	12B. MAILING ADDRESS OF PRIMARY OPERATING SITE:
_____	_____
_____	_____

13B. DOES THE APPLICANT OWN, LEASE, HAVE AN OPTION TO BUY, OR OTHERWISE HAVE CONTROL OF THE *PROPOSED SITE*?

☐ **YES** ☐ **NO**

➪ IF **YES**, PLEASE EXPLAIN: _____

_____

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

14B. ➪ FOR **MODIFICATIONS or ADMINISTRATIVE UPDATES,** AT AN EXISTING FACILITY, PLEASE PROVIDE DIRECTIONS TO THE *PRESENT LOCATION* OF THE FACILITY FROM THE NEAREST STATE ROAD;

➪ FOR **CONSTRUCTION OR RELOCATION PERMITS**, PLEASE PROVIDE DIRECTIONS TO *THE PROPOSED NEW SITE LOCATION* FROM THE NEAREST STATE ROAD.

_____

_____

_____

INCLUDE A **MAP** AS **ATTACHMENT F**.

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

2ND *ALTERNATE OPERATING SITE INFORMATION*

11C. NAME OF PRIMARY OPERATING SITE:	12C. MAILING ADDRESS OF PRIMARY OPERATING SITE:
_____	_____
_____	_____

13C. DOES THE APPLICANT OWN, LEASE, HAVE AN OPTION TO BUY, OR OTHERWISE HAVE CONTROL OF THE *PROPOSED SITE*?

☐ **YES** ☐ **NO**

➪ IF **YES**, PLEASE EXPLAIN: _____

_____

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

14C. ➪ FOR **MODIFICATIONS or ADMINISTRATIVE UPDATES,** AT AN EXISTING FACILITY, PLEASE PROVIDE DIRECTIONS TO THE *PRESENT LOCATION* OF THE FACILITY FROM THE NEAREST STATE ROAD;

➪ FOR **CONSTRUCTION OR RELOCATION PERMITS**, PLEASE PROVIDE DIRECTIONS TO *THE PROPOSED NEW SITE LOCATION* FROM THE NEAREST STATE ROAD.

_____

_____

_____

INCLUDE A **MAP** AS **ATTACHMENT F**.

15C. NEAREST CITY OR TOWN:	16C. COUNTY:

17C. UTM NORTHING (KM):	18C. UTM EASTING (KM):	19C. UTM ZONE:

20. PROVIDE THE DATE OF ANTICIPATED INSTALLATION OR CHANGE: _____/_____/_____ ➪ IF THIS IS AN **AFTER-THE-FACT** PERMIT APPLICATION, PROVIDE THE DATE UPON WHICH THE PROPOSED CHANGE DID HAPPEN: _____/_____/_____	21. DATE OF ANTICIPATED START- UP IF REGISTRATION IS GRANTED: _____/_____/_____

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

HOURS PER DAY_____ DAYS PER WEEK _____ WEEKS PER YEAR _____ PERCENTAGE OF OPERATION _____

SECTION III. ATTACHMENTS AND SUPPORTING DOCUMENTS

PLEASE CHECK ALL ATTACHMENTS INCLUDED WITH THIS PERMIT APPLICATION:
Please See the appropriate reference document for an explanation of the attachments listed below.

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

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

SECTION IV. CERTIFICATION OF INFORMATION

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

FOR A CORPORATION (domestic or foreign)

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

FOR A PARTNERSHIP

☐ **I certify that I am a General Partner**

FOR A LIMITED LIABILITY COMPANY

☐ **I certify that I am a General Partner or General Manager**

FOR AN ASSOCIATION

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

FOR A JOINT VENTURE

☐ **I certify that I am the President, General Partner or General Manager**

FOR A SOLE PROPRIETORSHIP

☐ **I certify that I am the Owner and Proprietor**

☐

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

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

Signature _____

(please use blue ink) **Responsible Official** **Date**

Name & Title _____

(please print or type)

Signature _____

(please use blue ink) **Authorized Representative (if applicable)** **Date**

Applicant's Name _____

Phone & Fax _____

Phone **Fax**

Email _____