



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

**APPLICATION FOR GENERAL
PERMIT REGISTRATION**
*CONSTRUCT, MODIFY, RELOCATE OR
ADMINISTRATIVELY UPDATE*
A STATIONARY SOURCE OF AIR POLLUTANTS

- ☐ CONSTRUCTION ☐ MODIFICATION ☐ RELOCATION ☐ CLASS I ADMINISTRATIVE UPDATE
☐ CLASS II ADMINISTRATIVE UPDATE

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

- | | |
|---|--|
| <input type="checkbox"/> G10-D – Coal Preparation and Handling | <input type="checkbox"/> G40-C – Nonmetallic Minerals Processing |
| <input type="checkbox"/> G20-B – Hot Mix Asphalt | <input type="checkbox"/> G50-B – Concrete Batch |
| <input type="checkbox"/> G30-D – Natural Gas Compressor Stations | <input type="checkbox"/> G60-C – Class II Emergency Generator |
| <input type="checkbox"/> G33-A – Spark Ignition Internal Combustion Engines | <input type="checkbox"/> G65-C – Class I Emergency Generator |
| <input type="checkbox"/> G35-A – Natural Gas Compressor Stations (Flare/Glycol Dehydration Unit) | <input type="checkbox"/> G70-A – Class II Oil and Natural Gas Production Facility |

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. Applicant's physical address: _____	
5. If applicant is a subsidiary corporation, please provide the name of parent corporation:			
6. WV BUSINESS REGISTRATION. Is the applicant a resident of the State of West Virginia? <input type="checkbox"/> YES <input type="checkbox"/> NO ➡ IF YES , provide a copy of the Certificate of Incorporation/ Organization / Limited Partnership (one page) including any name change amendments or other Business Registration Certificate as Attachment A . ➡ IF NO , provide a copy of the Certificate of Authority / Authority of LLC / 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.):	8a. Standard Industrial Classification Classification (SIC) code:	AND	8b. North American Industry System (NAICS) code:
9. DAQ Plant ID No. (for existing facilities only): _____	10. List all current 45CSR13 and other General Permit numbers associated with this process (for existing facilities only): _____ _____		

A: PRIMARY OPERATING SITE INFORMATION

11A. Facility name of primary operating site: _____ _____	12A. Address of primary operating site: Mailing: _____ Physical: _____ _____	
13A. Does the applicant own, lease, have an option to buy, or otherwise have control of the proposed site? <input type="checkbox"/> YES <input type="checkbox"/> 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 Coordinates: Northing (KM): _____ Easting (KM): _____ Zone: _____
18A. Briefly describe the proposed new operation or change (s) to the facility:		19A. Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits): Latitude: _____ Longitude: _____

B: 1ST ALTERNATE OPERATING SITE INFORMATION (only available for G20, G40, & G50 General Permits)

11B. Name of 1 st alternate operating site: _____ _____	12B. Address of 1 st alternate operating site: Mailing: _____ Physical: _____ _____
13B. Does the applicant own, lease, have an option to buy, or otherwise have control of the proposed site? <input type="checkbox"/> YES <input type="checkbox"/> 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 . <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
15B. Nearest city or town:	16B. County:	17B. UTM Coordinates: Northing (KM): <div style="border-bottom: 1px solid black; width: 100%;"></div> Easting (KM): <div style="border-bottom: 1px solid black; width: 100%;"></div> Zone: <div style="border-bottom: 1px solid black; width: 100%;"></div>
18B. Briefly describe the proposed new operation or change (s) to the facility:		19B. Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits): Latitude: <div style="border-bottom: 1px solid black; width: 100%;"></div> Longitude: <div style="border-bottom: 1px solid black; width: 100%;"></div>

C: 2ND ALTERNATE OPERATING SITE INFORMATION (only available for G20, G40, & G50 General Permits):

11C. Name of 2 nd alternate operating site: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>	12C. Address of 2 nd alternate operating site: Mailing: <div style="border-bottom: 1px solid black; width: 100%;"></div> Physical: <div style="border-bottom: 1px solid black; width: 100%;"></div>	
13C. Does the applicant own, lease, have an option to buy, or otherwise have control of the proposed site? <input type="checkbox"/> YES <input type="checkbox"/> NO ⇨ IF YES , please explain: <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> ⇨ 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 . <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
15C. Nearest city or town:	16C. County:	17C. UTM Coordinates: Northing (KM): <div style="border-bottom: 1px solid black; width: 100%;"></div> Easting (KM): <div style="border-bottom: 1px solid black; width: 100%;"></div> Zone: <div style="border-bottom: 1px solid black; width: 100%;"></div>
18C. Briefly describe the proposed new operation or change (s) to the facility:		19C. Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits): Latitude: <div style="border-bottom: 1px solid black; width: 100%;"></div> Longitude: <div style="border-bottom: 1px solid black; width: 100%;"></div>

<p>20. Provide the date of anticipated installation or change:</p> <p style="text-align: center;">____/____/____</p> <p><input type="checkbox"/> If this is an After-The-Fact permit application, provide the date upon which the proposed change did happen: :</p> <p style="text-align: center;">____/____/____</p>	<p>21. Date of anticipated Start-up if registration is granted:</p> <p style="text-align: center;">____/____/____</p>
<p>22. Provide maximum projected Operating Schedule of activity/activities outlined in this application if other than 8760 hours/year. (Note: anything other than 24/7/52 may result in a restriction to the facility's operation).</p> <p>Hours per day _____ Days per week _____ Weeks per year _____ Percentage of operation _____</p>	

SECTION III. ATTACHMENTS AND SUPPORTING DOCUMENTS

<p>23. Include a check payable to WVDEP – Division of Air Quality with the appropriate application fee (per 45CSR22 and 45CSR13).</p>
<p>24. Include a Table of Contents as the first page of your application package.</p>
<p>All of the required forms and additional information can be found under the Permitting Section (General Permits) of DAQ's website, or requested by phone.</p>
<p>25. Please check all attachments included with this permit application. Please refer to the appropriate reference document for an explanation of the attachments listed below.</p> <ul style="list-style-type: none"> <input type="checkbox"/> ATTACHMENT A : CURRENT BUSINESS CERTIFICATE <input type="checkbox"/> ATTACHMENT B: PROCESS DESCRIPTION <input type="checkbox"/> ATTACHMENT C: DESCRIPTION OF FUGITIVE EMISSIONS <input type="checkbox"/> ATTACHMENT D: PROCESS FLOW DIAGRAM <input type="checkbox"/> ATTACHMENT E: PLOT PLAN <input type="checkbox"/> ATTACHMENT F: AREA MAP <input type="checkbox"/> ATTACHMENT G: EQUIPMENT DATA SHEETS AND REGISTRATION SECTION APPLICABILITY FORM <input type="checkbox"/> ATTACHMENT H: AIR POLLUTION CONTROL DEVICE SHEETS <input type="checkbox"/> ATTACHMENT I: EMISSIONS CALCULATIONS <input type="checkbox"/> ATTACHMENT J: CLASS I LEGAL ADVERTISEMENT <input type="checkbox"/> ATTACHMENT K: ELECTRONIC SUBMITTAL <input type="checkbox"/> ATTACHMENT L: GENERAL PERMIT REGISTRATION APPLICATION FEE <input type="checkbox"/> ATTACHMENT M: SITING CRITERIA WAIVER <input type="checkbox"/> ATTACHMENT N: MATERIAL SAFETY DATA SHEETS (MSDS) <input type="checkbox"/> ATTACHMENT O: EMISSIONS SUMMARY SHEETS <input type="checkbox"/> OTHER SUPPORTING DOCUMENTATION NOT DESCRIBED ABOVE (Equipment Drawings, Aggregation Discussion, etc.) <p>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 of this application. Please DO NOT fax permit applications. For questions regarding applications or West Virginia Air Pollution Rules and Regulations, please refer to the website shown on the front page of the application or call the phone number also provided on the front page of the application.</p>

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

☐ I hereby certify that (please print or type) _____
is an Authorized Representative and in that capacity shall represent the interest of the business (e.g., Corporation, Partnership, Limited Liability Company, Association Joint Venture or Sole Proprietorship) and may obligate and legally bind the business. If the business changes its Authorized Representative, a Responsible Official shall notify the Director of the 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 _____