



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

Section II - Specific Air Contaminant Source Information

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.

Facility ID: _____
Emissions Unit ID: _____
Company Equipment ID: _____

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** 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** 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: _____

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

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: _____

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). <https://ofmpub.epa.gov/scsearch/>

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 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, including all Hazardous Air Pollutants, include all of the emissions data regardless of potential emissions levels.
<http://www.epa.ohio.gov/dapc/engineer/eguides.aspx>
- 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)					

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

Pollutant	Emissions before controls (max)* (lb/hr)	Actual emissions* (lb/hr)	Actual emissions* (ton/year)	Requested Allowable* (lb/hr)	Requested Allowable* (ton/year)
Nitrogen oxides (NO _x)					
Carbon monoxide (CO)					
Organic compounds (OC)					
Volatile 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)** – Where applicable, describe what technique or control has been selected as BAT and the basis for the selection. See instructions.

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

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

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/PM_{2.5} = PM # 2.5 microns in diameter
- VOC = Volatile organic compounds
- NO_x = Nitrogen oxides
- PE/PM₁₀ = PM # 10 microns in diameter
- OC = Organic compounds
- SO₂ = Sulfur dioxide
- CO = Carbon monoxide
- Pb = Lead

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

<input type="checkbox"/> Adsorber Manufacturer: _____		Year installed: _____
Your ID for control equipment: _____		
Describe this control equipment: _____		
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____		
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____		Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
Type: <input type="checkbox"/> Fluidized Bed <input type="checkbox"/> Fixed Bed <input type="checkbox"/> Moving Bed <input type="checkbox"/> Disposable <input type="checkbox"/> Concentrator <input type="checkbox"/> 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): _____		
<input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____		
<input type="checkbox"/> Catalytic Converter Manufacturer: _____		Year installed: _____
Your ID for control equipment: _____		
Describe this control equipment: _____		
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____		
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____		Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
<input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____		

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

<input type="checkbox"/> Catalytic Incinerator Manufacturer: _____		Year installed: _____
Your ID for control equipment: _____		
Describe this control equipment: _____		
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____		
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for 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): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____		
<input type="checkbox"/> Condenser Manufacturer: _____		Year installed: _____
Your ID for control equipment: _____		
Describe this control equipment: _____		
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____		
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____	
Type: <input type="checkbox"/> Indirect contact <input type="checkbox"/> Direct contact <input type="checkbox"/> Freeboard refrigeration device <input type="checkbox"/> 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): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____		
<input type="checkbox"/> Cyclone/Multiclone Manufacturer: _____		Year installed: _____
Your ID for control equipment: _____		
Describe this control equipment: _____		

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
Type: <input type="checkbox"/> Simple <input type="checkbox"/> Multiclone <input type="checkbox"/> Rotoclone <input type="checkbox"/> Other _____ Operating pressure drop range (inches of water): Minimum: _____ Maximum: _____ Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Dry Scrubber Manufacturer: _____ Year installed: _____	
Your ID for control equipment: _____ Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for 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): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Electrostatic Precipitator Manufacturer: _____ Year installed: _____	
Your ID for control equipment: _____ Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
Type: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other: _____ Number of operating fields: _____ Secondary voltage (V) range (minimum – maximum): _____ Secondary current (milliamps) range (minimum – maximum): _____ Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

<input type="checkbox"/> Fabric Filter/Baghouse Manufacturer: _____	Year installed: _____
Your ID for control equipment: _____	
Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
Operating pressure drop range (inches of water): Minimum: _____ Maximum: _____ Pressure type: <input type="checkbox"/> Negative pressure <input type="checkbox"/> Positive pressure Fabric cleaning mechanism: <input type="checkbox"/> Reverse air <input type="checkbox"/> Pulse jet <input type="checkbox"/> Shaker <input type="checkbox"/> Other _____ Bag leak detection system: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ <input type="checkbox"/> 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): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Flare Manufacturer: _____	Year installed: _____
Your ID for control equipment: _____	
Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
Type: <input type="checkbox"/> Enclosed <input type="checkbox"/> Elevated (open) If Elevated (open): <input type="checkbox"/> Air-assisted <input type="checkbox"/> Steam-assisted <input type="checkbox"/> Non-assisted <input type="checkbox"/> Ignition device: <input type="checkbox"/> Electric arc <input type="checkbox"/> Pilot flame Flame presence sensor: <input type="checkbox"/> Yes <input type="checkbox"/> No Inlet gas flow rate (acfm): _____ Outlet gas flow rate (acfm): _____ Inlet gas temperature (°F): _____ Outlet gas temperature (°F): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Fugitive Dust Suppression Suppressant Type: <input type="checkbox"/> Water <input type="checkbox"/> Chemical <input type="checkbox"/> Calcium chloride <input type="checkbox"/> Asphaltic cement <input type="checkbox"/> Other _____ Method of application: _____ Application rate (specify units): _____ Application frequency: _____ List all egress point IDs (from Table 7-B) associated with this control strategy: _____	

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

<input type="checkbox"/> NOx Reduction Technology Manufacturer: _____	Year installed: _____
Your ID for control equipment: _____	
Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
NOx Reduction Type: <input type="checkbox"/> Selective Catalytic <input type="checkbox"/> Non-Selective Catalytic <input type="checkbox"/> Selective Non-Catalytic Inlet temp.: _____ Outlet temp.: _____ <i>Inlet gas flow rate (acfm):</i> _____	
For Selective types only: Reagent type: _____ Reagent injection rate (specify units): _____ Reagent slip (acfm): _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Passive Filter Type: <input type="checkbox"/> Bin vent <input type="checkbox"/> Paint booth filter <input type="checkbox"/> Filter sock <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Settling Chamber Manufacturer: _____	Year installed: _____
Your ID for control equipment: _____	
Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
Length x Width x Height: _____ x _____ x _____ <input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Thermal Incinerator/Thermal Oxidizer Manufacturer: _____	Year installed: _____
Your ID for control equipment: _____	
Describe this control equipment: _____	

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for 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): _____	
<input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Wet Scrubber Manufacturer: _____ Year installed: _____	
Your ID for control equipment: _____ Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
Operating pressure drop range (inches of water): Minimum: _____ Maximum: _____ Type: <input type="checkbox"/> Impingement <input type="checkbox"/> Packed bed <input type="checkbox"/> Spray chamber <input type="checkbox"/> Venturi <input type="checkbox"/> Other: _____ pH range for scrubbing liquid: Minimum: _____ Maximum: _____ Is scrubber liquid recirculated? <input type="checkbox"/> Yes <input type="checkbox"/> 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): _____	
<input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	
<input type="checkbox"/> Other Type: describe: _____ Manufacturer: _____ Year installed: _____	
Your ID for control equipment: _____ Describe this control equipment: _____	
Pollutant(s) controlled: <input type="checkbox"/> PE/PM <input type="checkbox"/> PE/PM ₁₀ <input type="checkbox"/> PE/PM _{2.5} <input type="checkbox"/> OC <input type="checkbox"/> VOC <input type="checkbox"/> SO ₂ <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> Pb <input type="checkbox"/> Other _____	
Estimated capture efficiency (%): _____ Design control efficiency (%): _____ Operating control efficiency (%): _____	Basis for efficiency: _____ Basis for efficiency: _____ Basis for efficiency: _____
<input type="checkbox"/> This is the only control equipment on this air contaminant source If not, this control equipment is: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 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: _____	

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

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): 15 tons per year
- Sulfur Dioxide (SO₂): 40 tons per year
- Nitrogen Oxides (NO_x): 40 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)

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

Table 7-A, Stack Egress Point Information (continued)

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)

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)

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)

*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.

Facility ID: _____ Emissions Unit ID: _____ Company Equipment ID: _____

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)
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)
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)

*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

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.