



**SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH
AIR POLLUTION CONTROL PROGRAM**
6121 N Hanley Rd., Berkeley MO 63134

APPLICATION FOR AUTHORITY TO CONSTRUCT/OPERATE

APCP USE ONLY	
CHECK NO.:	CHECK RECD:
CHECK AMOUNT: \$	CHECK DATE:
PERMIT #	APPROVED BY:

All applications for construction permit must be accompanied by an application filing fee which is determined according to St. Louis County Revised Ordinances Chapter 612.260 (1) and (4), made payable to the Saint Louis County Department of Health. An additional permit processing fee as described in 612.260 (1) and (4) is required when net emissions increase on the facility from the proposed construction or modification are greater than de minimis levels. Please contact the Air Pollution Control Program for current calendar year fee schedule. Applicable sections/forms must be filled out entirely. Incomplete applications will result in a written request for additional information (Deficiency Letter) and increased time for permit issuance.

1.) INSTALLATION NAME		
2.) INSTALLATION STREET ADDRESS		
3.) INSTALLATION MAILING ADDRESS		
4.) FINAL PRODUCT / PRINCIPLE ACTIVITY	5.) NAICS CODE	6.) SIC CODE
7.) PARENT COMPANY		
8.) PARENT COMPANY MAILING ADDRESS		
9.) PARENT COMPANY CITY	STATE	ZIP CODE
10.) CONTACT PERSON	CONTACT PERSON'S TITLE	
11.) CONTACT PERSON'S MAILING ADDRESS		
12.) CONTACT PERSON'S CITY	STATE	ZIP CODE
13.) CONTACT PERSON'S TELEPHONE NUMBER	14.) CONTACT PERSON'S FAX NUMBER	
15.) CONTACT PERSON'S EMAIL ADDRESS		
16.) THIS APPLICATION IS FOR		
Modification or Addition to an Existing Installation or New Installation <input type="checkbox"/>		New Installation <input type="checkbox"/>
Amendment to Existing Permit: Permit No. _____		Temporary / Pilot Plant <input type="checkbox"/>
17.) Plant ID Number		
18.) PROJECTED DATE TO COMMENCE CONSTRUCTION	19.) PROJECTED DATE OF OPERATION STARTUP	
<p>APPLICANT'S CERTIFICATION STATEMENT: I certify that I have personally examined and am familiar with the information in this application and believe that the information submitted is accurate and complete. I am aware that making a false statement or misrepresentation in this application is grounds for denying or revoking the construction permit. I may also be guilty of a misdemeanor and upon conviction, may be punished by fine or imprisonment.</p>		
20.) SIGNATURE OF RESPONSIBLE OFFICIAL		21.) DATE
22.) PRINT NAME OF RESPONSIBLE OFFICIAL		23.) RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER
24.) OFFICIAL TITLE OF RESPONSIBLE OFFICIAL		



Emission Information for Air Construction Permit Application
Form 1.1 Process Flow Diagram for Facility According to Proposed Application

(a.) INSTALLATION NAME:	(b.) PLANT #
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For a new installation, show the entire installation. For an addition to an existing installation, show only the new processes/equipment/emission points and begin the ID numbering where the existing EIQ emission point numbers leave off. If the application is for a modification or an addition to an existing emission point or unit, show the upstream and downstream point(s) or the equipment that this modification will affect.

(a) INSTALLATION NAME	(b) PLANT NO.
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Please use this page or a separate sheet to provide a Plant Layout Diagram.

Your property lines must be clearly identified. The length of property lines must be indicated. Indicate distance from buildings to each property line. All buildings must be correctly located on the diagram with length, width and height shown for each building. If there are stacks or vents with pollutant emissions, the locations and heights above the ground must be on the diagram. If you have any haul roads, paved and/or unpaved, draw them in. The length to show on the diagram is the length inside your property. Public roads on your property, even if unpaved, must be shown. Open storage piles must be shown. If a fence or fence-line is located on your property, show the fence on the diagram.



INSTALLATION NAME (a.)	PLANT NO. (b.)
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COMBUSTION EQUIPMENT INFORMATION

POINT NO. (c.)	SCC (d.)	
(e.) EQUIPMENT DESCRIPTION (MAKE/MODEL)	(f.) YEAR PUT IN SERVICE	(g.) MAXIMUM DESIGN RATE (MILLION BTU/HR)
Sum of Total Maximum Hourly Design Rates		

FUEL INFORMATION

(h.) FUEL TYPE

<p>Oil</p> <p><input type="checkbox"/> Distillate (Fuel Oil 1-4)</p> <p><input type="checkbox"/> Residual Fuel Oil (5-6)</p> <p><input type="checkbox"/> Waste Oil</p>	<p>Gas</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> LPG/Propane</p>	<p>Coal</p> <p><input type="checkbox"/> Anthracite</p> <p><input type="checkbox"/> Bituminous</p> <p><input type="checkbox"/> Lignite</p>	<p>Other</p> <p><input type="checkbox"/> Refuse</p> <p><input type="checkbox"/> Trade Wastes</p> <p><input type="checkbox"/> Other (specify)</p>
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FUEL (i.)	ANNUAL THROUGHPUT (j.)	UNITS (k.)	% SULFUR BY WEIGHT (L.)	% ASH BY WEIGHT (m.)
FUEL TOTALS AND WEIGHTED AVERAGES				

Comments:



Emission Information for Air Construction Permit Application

Form 2.3 Uncontrolled VOC Emission Information (duplicate this form as needed)

INSTALLATION NAME (a.)				PLANT NO. (b.)	
POINT NO. (c.)	SCC CODE (d.)				
APPLICATION RATE					
APPLICATION METHOD (e.)	MATERIAL TYPE (f.)	APPLICATION RATE (GALLONS/HOUR) (g.)	% BY WEIGHT OF VOC IN MATERIAL (h.)	DENSITY (LBS/GAL) (i.)	LBS OF VOC PER UNIT (j.)
TOTAL (SCC UNITS) (k.)					

NOTE: Attach Material Safety Data Sheets (MSDS) for Verification

Enter Total amount calculated above in "Expected Annual Throughput" under Operating rate/Schedule on Form 2.0, Emission Point Information.

Comments:



Emission Information for Air Construction Permit Application

Form 2.4 Petroleum Liquid Loading Information (duplicate this form as needed)

INSTALLATION NAME (a.)	PLANT NO. (b.)
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NOTE: This form should be filled out to provide information to calculate the emissions from loading organic liquids into tank trucks, rail tank cars and barges. Form 2.5 should be filled out to calculate the Load In - Load Out emissions from storage tanks.

LOADING INFORMATION

POINT NO. (c.)	SCC CODE (d.)	ANNUAL THROUGHPUT OF LIQUID (1,000 GALLONS) (e.)
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CONTROL DEVICE TYPE (f.)	CONTROL EFFICIENCY (%) (g.)
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(h.) TYPE OF LOADING

Splash Loading <input type="checkbox"/>	Submerged Loading <input type="checkbox"/>
Bottom Loading <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

CHEMICAL INFORMATION

BULK LIQUID TYPE (i.)	TRUE VAPOR PRESSURE OF BULK LIQUID (PSIA) (j.)
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MOLECULAR WEIGHT OF MATERIAL LOADED (LB/LB-MOLE) (k.)	SATURATION FACTOR (L.)
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TEMPERATURE OF LIQUID (DEG F) (m.)

Comments:

Form 2.5 Organic Liquid Storage

A. Fixed Roof Tank Information (duplicate this form as needed.)

INSTALLATION NAME (a.)				PLANT NO. (b.)		
For use with 500 gallons or greater capacity liquid storage tanks. Please include all organic liquids, petroleum products or fuels.						
TANK INFORMATION						
POINT (TANK IDENTIFICATION) NO. (c.)		CAPACITY (IN THOUSANDS OF GALLONS) (d.)		DIAMETER (FT) (e.)	HEIGHT (FT) (f.)	LENGTH (FT) (g.)
COLOR (SHELL) (h.)		COLOR (ROOF) (i.)	TYPE OF ROOF: (j.)			
			<input type="checkbox"/> Cone	<input type="checkbox"/> Dome	<input type="checkbox"/> Other (specify)	
YEAR PLACED IN SERVICE (k.)		AVERAGE LIQUID HEIGHT (FT) (L.)		ROOF HEIGHT (FT) (m.)		
VENT PRESSURE SETTING (n.)		VENT VACUUM SETTING (o.)		THROUGHPUT (IN THOUSAND OF GALLONS PER YEAR) (p.)		
CHEMICAL INFORMATION						
CHEMICAL* (q.)		CAS NUMBER (r.)		VAPOR MOLECULAR WEIGHT (s.)		
AVERAGE LIQUID SURFACE TEMPERATURE (F) (t.)			VAPOR PRESSURE AT AVERAGE LIQUID SURFACE TEMPERATURE (PSIA) (u.)			
*MIXTURE - PROVIDE DOCUMENTATION FOR MULTIPLE COMPONENT MIXTURE						

B. Floating Roof Tank Information (duplicate this form as needed.)

Please provide all the following information for liquid storage tanks with capacities greater than 500 gallons. Please include all organic liquids and petroleum products or fuels.

TANK INFORMATION					
POINT (TANK IDENTIFICATION) NO. (D.)		YEAR PLACED IN SERVICE (E.)		CAPACITY (IN THOUSANDS OF GALLONS) (F.)	
DIAMETER (FT) (G.)		LENGTH OF SEAM (FT) (H.)		NUMBER OF COLUMNS (I.)	EFFECTIVE COLUMN DIAMETER (FT) (J.)
TYPE OF CONSTRUCTION (K.)			TYPE OF ROOF (L.)		
<input type="checkbox"/> Riveted <input type="checkbox"/> Welded			<input type="checkbox"/> Internal <input type="checkbox"/> External		
PRIMARY SEAL (M.)			SECONDARY SEAL (N.)		
<input type="checkbox"/> Metallic Shoe <input type="checkbox"/> Vapor Mounted <input type="checkbox"/> Liquid Mounted			<input type="checkbox"/> None <input type="checkbox"/> Rim Mounted <input type="checkbox"/> Shoe Mounted		
			<input type="checkbox"/> Weather Shield		
AREA OF DECK (SQ FT) (O.)		DECK (P.)		SHELL CONDITON (Q.)	
		<input type="checkbox"/> Bolted <input type="checkbox"/> Welded		<input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Gunitite Lined	
THROUGHPUT (IN THOUSANDS OF GALLONS PER YEAR) (R.)					
CHEMICAL INFORMATION					
CHEMICAL (S.)			CAS NUMBER (T.)		
VAPOR MOLECULAR WEIGHT (U.)			LIQUID DENSITY (LB/GAL) (V.)		
VAPOR PRESSURE AT STORAGE TEMPERATURE (PSIA) (W.)					



Emission Information for Air Construction Permit Application

Form 2.7 Haul Road Fugitive Emission Information (duplicate this form as needed)

INSTALLATION NAME (a.)			PLANT NO. (b.)	
HAUL ROAD INFORMATION				
POINT NO. (c.)	SCC (d.)	SURFACE MATERIAL OF ROAD (e.)	LENGTH OF ROAD (MILES) (f.)	SILT CONTENT (%) (g.)
TYPE OF DUST CONTROL (CHOOSE ONE)(h.)				
<input type="checkbox"/> Surfactant Spray		<input type="checkbox"/> Water Spray		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Water Spray Documented		<input type="checkbox"/> No Controls		
HAUL TRUCK INFORMATION				
UNLOADED TRUCK WEIGHT (TONS) (i.)		AVERAGE WEIGHT OF MATERIAL PER LOAD (TONS) (j.)		AVERAGE LOADED TRUCK WEIGHT (TONS) (k.)
NUMBER OF WHEELS (L.)		AVERAGE TRUCK SPEED (MPH) (m.)		
MATERIAL HAULED INFORMATION				
TYPE OF MATERIAL(S) HAULED (n.)		ANNUAL AMOUNT HAULED (TONS) (o.)		MAXIMUM HOURLY AMOUNT HAULED (TONS) (p.)
Comments:				

Form 2.8 Storage Pile Information (duplicate this form as needed.)

STORAGE PILE INFORMATION				
POINT NO. (d.)	SCC (e.)	TYPE OF MATERIAL STORED (f.)	MOISTURE CONTENT (%) (g.)	
AREA OF STORAGE PILE (ACRES) (h.)		STORAGE DURATION (DAYS) (i.)	SILT CONTENT (%) (j.)	
ANNUAL AMOUNT STORED (TONS) (k.)			MAXIMUM HOURLY AMOUNT STORED (L.)	
RAW MATERIAL LOADING METHOD (CHOOSE ONE) (m.)				
<input type="checkbox"/> BARGE		<input type="checkbox"/> RAIL		<input type="checkbox"/> TRUCK
		<input type="checkbox"/> CONVEYOR		<input type="checkbox"/> OTHER (SPECIFY)
RAW MATERIAL UNLOADING METHOD (CHECK ONE) (n.)				
<input type="checkbox"/> BARGE		<input type="checkbox"/> RAIL		<input type="checkbox"/> TRUCK
		<input type="checkbox"/> CONVEYOR		<input type="checkbox"/> OTHER (SPECIFY)
Comments:				

Form 3.0 Comment Sheet (duplicate this form as needed.)

INSTALLATION NAME (a.)	PLANT NO. (b.)
EMISSION POINT NO. (c.)	
COMMENTS:	



**SAINT LOUIS COUNTY DEPARTMENT OF HEALTH
AIR POLLUTION CONTROL PROGRAM
PORTABLE SOURCE RELOCATION REQUEST**

APCP USE ONLY	
DATE RECEIVED	APPROVED BY:
FEE PAID:	DATE APPROVED:
CHECK NO.:	

NAME OF INSTALLATION/COMPANY			
INSTALLATION/COMPANY STREET ADDRESS			
INSTALLATION/COMPANY MAILING ADDRESS			
FROM CURRENT LOCATION			
TO PROPOSED LOCATION			
ESTIMATED LENGTH OF TIME AT NEW LOCATION [NOT TO EXCEED TWO YEARS] Years Months			
PROJECTED DATE TO COMMENCE RELOCATION: Month Date Year		PROJECTED DATE TO COMMENCE OPERATION: Month Date Year	
NAME OF PROPERTY OWNER OF NEW LOCATION			
ADDRESS		CITY	STATE ZIP
NAME OF INDIVIDUAL RESPONSIBLE FOR OPERATION OF PORTABLE EQUIPMENT AT NEW LOCATION:		PHONE NUMBER/CONTACT INFORMATION:	
ENGINE SPECIFICATIONS HORSEPOWER _____ TYPE OF FUEL BURNED : DIESEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> OTHER _____			
MAXIMUM PRODUCTION VOLUME (CUBIC YDS/HOUR)		TOTAL AREA OF SITE (ACRES)	
DISTANCE FROM PORTABLE EQUIPMENT TO NEAREST OFF-SITE BUILDING (FEET)		ST LOUIS COUNTY PERMIT # FOR EQUIPMENT TO BE RELOCATED:	
CONTROL EQUIPMENT: DUST CONTROL IS REQUIRED AT ALL TIMES, SPECIFY TYPE OF DUST CONTROL:		EQUIPMENT MANUFACTURER:	EQUIPMENT MODEL NO.:
<p>Is this a new site for this equipment? YES NO If yes, submit a \$218 review fee. (Check one only)</p> <p>Will other air contaminant sources not listed in this request be operating concurrently at this same location? YES NO (Check one only)</p> <p>Please attach a map of the area showing property boundary, distance and direction to the nearest off-property area. Show locations and orientation of all portable equipment. Show haul roads and storage piles.</p>			
<p>APPLICANT'S CERTIFICATION STATEMENT: I certify that I have personally examined and am familiar with the information in this application and believe that the information submitted is accurate and complete. I have read and understand the following statement:</p> <p>It is a violation of <i>10 CSR 10-6.170 Restriction of Particulate Matter to the Ambient Air Beyond the Premises of Origin</i> to operate a commercial or industrial installation without applying reasonable measures as may be required to prevent, or in a manner which allows or may allow, fugitive particulate matter emissions to go beyond the premises of origin in quantities that the particulate matter may be found on surfaces beyond the property line of origin. It is a violation to cause or allow to occur any fugitive particulate matter emissions to remain visible in the ambient air beyond the property line of origin. Non-compliance may result in monetary penalties.</p>			
SIGNATURE OF RESPONSIBLE MEMBER OF THE COMPANY		DATE	
TYPE OR PRINT NAME OF PERSON SIGNING			
TITLE OF PERSON SIGNING		TELEPHONE NUMBER	

RELOCATION APPLICATION INSTRUCTIONS/PROCEDURES

1. Please provide all of the information requested in the application.
2. Each application must be signed by a responsible member of the organization that will operate the installation, or by a responsible member of the organization that owns the installation.
3. The owner must hold a valid, original air construction permit for the portable installation. Even equipment, for which a permit originally was not required, must be permitted to move.
4. Portable equipment approval may continue for a maximum operational time of 24 consecutive months without an intervening relocation.
5. If the portable equipment is to be moved to a site not listed on the original permit, the owner or operator must submit a "Permit Amendment Application." The amendment will be approved under the following conditions:
 - a. The facility is in compliance with the original permit conditions and all applicable regulations;
 - b. The plant is not expected to cause air quality problems at the new location;
 - c. The request is received at least 21 days prior to the proposed move; and
 - d. The equipment will be at the new location no longer than 24 consecutive months.
6. Complete Form 2.7, Haul Road Fugitive Emission Worksheet, and Form 2.8, Storage Pile Worksheet, as applicable to this installation. These forms are included with the application package.
7. Return completed application to:

Saint Louis County Department of Health
Air Pollution Control Program
6121 N Hanley Rd.
Berkeley MO 63134

