

Lane Regional Air Pollution Authority

1010 Main Street
 Springfield, Oregon 97477
 (541) 736-1056



Application for Air Contaminant Discharge Permit

FORM 1.0 GENERAL PLANT INFORMATION

Facility Name and Division *	LRAPA Permit No.	Year of Data	
Facility Street Address	City and ZIP Code		
Facility Mailing Address	City and ZIP Code		
Facility Contact Person	Title	Phone Number	
Person Authorized to Receive Permits and Invoices	Title	Phone Number	
Mailing Address for Permits and Invoices	City and Zip Code		
Parent Company Name	Contact Person	Phone Number	
Parent Company Mailing Address	City	State	ZIP Code
Product or Principal Activity	Total Annual Production of Finished Product(s)		
<p>The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe the information and statements to be true, accurate and complete. The undersigned also acknowledges that the submission of this document in no way modifies the facility's existing ACDP, and certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.</p>			
Name and Title of Person Completing Form	Signature and Date (Please use blue ink)		
Name and Title of Authorized Company Representative	Signature and Date (Please use blue ink)		

* The legal name as it is registered with the Oregon Corporations Division.

FORM 1.1 PROCESS FLOW DIAGRAM AND PLOT PLAN

Facility Name	LRAPA Permit No.	Year of Data
<p>Please use this page or a separate sheet to provide a Process Flow Diagram of your facility that includes all production processes and the equipment associated with them. Be sure to label each process and each piece of equipment used in your facility, and any air pollution control equipment, with an identification number. A detailed plot plan must also be submitted that shows the location of all buildings in the facility, the production processes within each building, and identifies each emission point. The plot plan should also clearly identify what equipment the air pollution devices currently control. If you believe that this data has been submitted in the past year, please indicate the date submitted and sign to verify that no changes have occurred.</p> <p>BE SURE TO USE THE SAME IDENTIFICATION NUMBERS THROUGHOUT THE ENTIRE APPLICATION FORM.</p>		

FORM 1.2 GENERAL EQUIPMENT INFORMATION

Facility Name		LRAPA Permit No.	Year of Data
<p>Please provide the following information for each piece of equipment identified in the Flow Diagram in Form 1.1, using a separate page for each piece of equipment. EXCEPTION: If the equipment is a veneer dryer or boiler, skip this form and use Forms 2.0 and 2.1 (Combustion Equipment and Veneer Dryer Information).</p>			
EQUIPMENT DESCRIPTION			
SIC Code	Equipment ID No.	Equipment Description	Emission Point No.
Annual Throughput (Pre-processed)		Units	Max. Hourly Design Rate
FOR WOOD PROCESSING UNITS ONLY: Annual Throughput Wood Waste Materials (BDT)			Waste Material(s) Handled
OPERATING SCHEDULE			
Operating Hours/Day		Operating Days/Week	Operating Weeks/Year
<p style="text-align: center;">OPERATING CAPACITY</p> <p>Jan-Mar (%) _____ Apr-June (%) _____ July-Sep (%) _____ Oct-Dec (%) _____</p>			

Duplicate this form as needed.

FORM 1.4 EMISSION POINT INFORMATION

Facility Name		LRAPA Permit No.	Year of Data		
EMISSION POINT/STACK PARAMETERS					
Emission Point No.	STACK CONFIGURATION (Please check one)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>G A stack discharging downward, or nearly downward.</p> <p>G A stack with an unobstructed opening discharging vertically, or nearly vertically.</p> <p>G A building roof vent.</p> <p>G An equivalent stack representing a combination of multiple actual stacks.</p> </td> <td style="width: 50%; vertical-align: top;"> <p>G A stack discharging horizontally, or nearly horizontally.</p> <p>G A vertical stack with a weather cap or similar obstruction in the exhaust stream.</p> <p>G A process vent, not otherwise classified.</p> <p>G Fugitive emissions, no stack exists.</p> </td> </tr> </table>				<p>G A stack discharging downward, or nearly downward.</p> <p>G A stack with an unobstructed opening discharging vertically, or nearly vertically.</p> <p>G A building roof vent.</p> <p>G An equivalent stack representing a combination of multiple actual stacks.</p>	<p>G A stack discharging horizontally, or nearly horizontally.</p> <p>G A vertical stack with a weather cap or similar obstruction in the exhaust stream.</p> <p>G A process vent, not otherwise classified.</p> <p>G Fugitive emissions, no stack exists.</p>
<p>G A stack discharging downward, or nearly downward.</p> <p>G A stack with an unobstructed opening discharging vertically, or nearly vertically.</p> <p>G A building roof vent.</p> <p>G An equivalent stack representing a combination of multiple actual stacks.</p>	<p>G A stack discharging horizontally, or nearly horizontally.</p> <p>G A vertical stack with a weather cap or similar obstruction in the exhaust stream.</p> <p>G A process vent, not otherwise classified.</p> <p>G Fugitive emissions, no stack exists.</p>				
Stack Opening Height (Ft Above Ground)	Diameter at Opening (Ft)	Temperature (If airflow is not heated, check Ambient)			
		_____ °F G AMBIENT			
Velocity (Ft/min)		Flow Rate (Actual Cu Ft/Min)			
AIR POLLUTION CONTROL EQUIPMENT					
Control Device No.	Description of Control Device	Pollutant(s) Controlled	Efficiency (%)		

Duplicate this form as needed.

FORM 2.0 COMBUSTION EQUIPMENT INFORMATION

Facility Name		LRAPA Permit No.	Year of Data	
COMBUSTION EQUIPMENT INFORMATION				
Equipment ID No.	Emission Point ID No.	Equipment Description (Make, Model and Serial Number)		
Control Device ID No(s).		Control Device Description(s)		
OPERATING SCHEDULE				
Hours per Day:		Days per Week:	Weeks per Year:	
FIRING METHOD			Please Check One:	
Liquid/Gaseous Fuels: <input type="checkbox"/> Tangential <input type="checkbox"/> Vertical <input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Water Tube <input type="checkbox"/> Fire Tube	
Solid Fuels: <input type="checkbox"/> Traveling Grate Stoker <input type="checkbox"/> Spreader Stoker <input type="checkbox"/> Other (Specify)				
COMBUSTION EQUIPMENT CATEGORY (Check One)				
<input type="checkbox"/> Dutch Oven <input type="checkbox"/> Spreader Stoker <input type="checkbox"/> Fuel Cell <input type="checkbox"/> Fluidized Bed <input type="checkbox"/> Hand-Fired <input type="checkbox"/> Other (Specify)				
AVERAGE COMBUSTION RATE (Check One)			Maximum Design Rate (# Steam or BTU/Hour)	
<input type="checkbox"/> > 100 x 10 ⁶ BTU/HR <input type="checkbox"/> 10 x 10 ⁶ - 100 x 10 ⁶ BTU/HR				
<input type="checkbox"/> < 10 x 10 ⁶ BTU/HR <input type="checkbox"/> < 5 x 10 ⁶ BTU/HR			Year Put in Service	
FUEL INFORMATION				
Fuel Type				
OIL (Gallons)	WOOD (BDT)	GAS (Therms)	OTHER	
<input type="checkbox"/> Distillate (Fuel Oil 1 - 4)	<input type="checkbox"/> Hogged Fuel	<input type="checkbox"/> LPG/Propane	<input type="checkbox"/> Refuse	
<input type="checkbox"/> Residual (Fuel Oil 5 - 6)	<input type="checkbox"/> Sanderdust	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Trade Wastes	
<input type="checkbox"/> Waste Oil	<input type="checkbox"/> Shavings		<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Other (Specify)				
Fuel Type	Annual Throughput	Units	% Sulphur	% Ash
STEAM PRODUCTION				
Total Annual Steam Production		Daily Average Steam Production		

Duplicate this form as needed.

FORM 2.1 VENEER DRYER INFORMATION

Facility Name		LRAPA Permit No.	Year of Data
DRYER INFORMATION			
Equipment ID No.	Emission Point ID No.	Control Device ID No(s).	
HEAT SOURCE (Check One) <input type="checkbox"/> Wood <input type="checkbox"/> Steam <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other (Specify)			
Maximum Hourly Production (Thousands ft ² /hr, 3/8" basis)			
OPERATING PARAMETERS			
OPERATING SCHEDULE			
Hours per Day:		Days per Week:	Weeks per Year:
Wood Species Dried	Average Moisture Content (%)	Annual Production (3/8" basis)	% Redry/Year

Duplicate this form as needed.

FORM 2.2 OUTDOOR STORAGE PILES

Facility Name		LRAPA Permit No.	Year of Data
STORAGE PILE INFORMATION			
Emission Point No.	Type of Material Stored		Dust Control Method
Moisture Content (%)		Area of Storage Pile (Acres)	
Storage Duration (Days)		Annual Amount Stored (Tons)	
Raw Material Loading Method (Check One) <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Conveyor <input type="checkbox"/> Other (Specify)		Raw Material Unloading Method (Check One) <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Conveyor <input type="checkbox"/> Other (Specify)	

Duplicate this form as needed.

FORM 2.3 HAUL ROAD FUGITIVE EMISSIONS

<p>*** PLEASE NOTE *** Haul roads will be defined as any road or area at the facility where industrial vehicles regularly travel to load, unload or transfer materials.</p>		
HAUL ROAD INFORMATION		
Emission Point No.	Length of Road (Miles)	SURFACE MATERIAL OF ROAD <input type="checkbox"/> Paved <input type="checkbox"/> Unpaved <input type="checkbox"/> Paved with Unpaved Shoulders
TYPE OF DUST CONTROL EFFICIENCY <input type="checkbox"/> Surfactant Spray 90 % <input type="checkbox"/> Water Spray 50 % <input type="checkbox"/> No Controls 0 % <input type="checkbox"/> Other (Specify)	FOR LRAPA USE ONLY	
	Silt Content (%)	No. Days with Precipitation
HAUL TRUCK INFORMATION		
Number of Wheels	Average Truck Speed (Mph)	Average Weight of Material per Load (Tons)
Unloaded Truck Weight (Tons)		Average Loaded Truck Weight (Tons)
Type of Material(s) Hauled		Annual Amount Hauled (Tons)
CALCULATION OF ANNUAL VEHICLE MILES TRAVELED (VMT)		
$Annual\ VMT = 2 \times (Length\ of\ Haul\ Road) \times \left[\frac{Annual\ Amount\ Hauled}{Average\ Weight\ of\ Material\ per\ Load} \right] =$		

Duplicate this form as needed.

FORM 2.4 VOC EMISSIONS SUMMARY

Facility Name			LRAPA Permit No.		Year of Data		
PLEASE COMPLETE THIS FORM FOR ALL GLUES, PAINTS, ADHESIVES, INKS AND CLEANING SOLVENTS USED IN THE FACILITY.							
Equipment ID Number	Material Type	Annual Throughput	% by Wt of VOC in Material	Material Density (Lbs/Gal)	Lbs of VOC per Gal minus water	Annual VOC Emitted (Tons/Yr)	Emission Point ID Number
FOR EACH MATERIAL LISTED ABOVE, PLEASE SPECIFY HOW THE ANNUAL VOC EMISSIONS WERE CALCULATED. INDICATE, BY LETTER, THE METHODOLOGY USED FOR EACH PIECE OF EQUIPMENT.							
Equipment ID Number	Material Type	Methodology	VOC EMISSIONS CALCULATION METHODOLOGIES A. Stack Test B. Emission Factor C. Paint or Coating Composition D. Mass Balance E. SARA F. Other (Specify)				

Duplicate this form as needed.

FORM 2.5 HAZARDOUS AIR POLLUTANT EMISSIONS SUMMARY

Facility Name		LRAPA Permit No.		Year of Data			
PLEASE COMPLETE THIS FORM FOR ALL HAZARDOUS AIR POLLUTANTS THAT ARE PRESENT IN ANY GLUES, PAINTS, ADHESIVES, INKS, CLEANING SOLVENTS OR METALLIC COMPOUNDS USED IN THE FACILITY.							
Equipment ID Number	Hazardous Air Pollutant Name and CAS Number	Material Annual Throughput	% by Wt of HAP in Material	Material Density (Lbs/Gal)	Lbs of HAP per Gal minus water	Annual HAP Emitted (Tons/Yr)	Emission Point ID Number
FOR EACH HAZARDOUS AIR POLLUTANT LISTED ABOVE, PLEASE SPECIFY HOW THE ANNUAL AMOUNT EMITTED WAS CALCULATED. INDICATE, BY LETTER, THE METHODOLOGY USED FOR EACH PIECE OF EQUIPMENT.							
Equipment ID Number	Material Type	Methodology	HAP EMISSIONS CALCULATION METHODOLOGIES				
			A. Stack Test				
			B. Emission Factor				
			C. Paint or Coating Composition				
			D. Mass Balance				
			E. SARA				
			F. Other (Specify)				

Duplicate this form as needed.

FORM 2.6 ORGANIC LIQUID STORAGE TANKS

Facility Name		LRAPA Permit No.	Year of Data
PLEASE COMPLETE THIS FORM FOR ALL LIQUID STORAGE TANKS AT THE FACILITY WITH STORAGE CAPACITIES GREATER THAN 500 GALLONS.			
Emission Point or Tank Number	Type of Material Stored	Storage Temperature	Annual Throughput (Gallons)

Duplicate this form as needed.