



**Utah Division of Air Quality  
New Source Review Section**

Date \_\_\_\_\_

**Form 1  
General Information**

Application for:  Initial Approval Order  Approval Order Modification

AN APPROVAL ORDER MUST BE ISSUED BEFORE ANY CONSTRUCTION OR INSTALLATION CAN BEGIN. This is not a stand alone document. Please refer to the Permit Application Instructions for specific details required to complete the application. Please print or type all information requested. All information requested must be completed and submitted before an engineering review can be initiated. If you have any questions, contact the Division of Air Quality at (801) 536-4000 and ask to speak with a New Source Review Engineer. Written inquiries may be addressed to: Division of Air Quality, New Source Review Section, P.O. Box 144820, Salt Lake City, Utah 84114-4820.

Applicable base fee for engineering review and filing fee must be submitted with the application. For the fee schedules, please go to [http://www.airquality.utah.gov/Permits/Permit\\_Fees.htm](http://www.airquality.utah.gov/Permits/Permit_Fees.htm) for more information.

<b>General Owner and Facility Information</b>	
1. Company name and address:  Phone no.: (    ) Fax no.:    (    )	2. Company contact for environmental matters:  Phone no.: (    ) Fax no.:    (    ) E-mail address
3. Facility name and address (if different from above):  Phone no.: (    ) Fax no.: (    )	4. Owners name and address:  Phone no.: (    ) Fax no.:    (    ) E-mail address
5. County where the facility is located in:  Within any Indian Country? <input type="checkbox"/> Yes <input type="checkbox"/> No Within 50 miles of State border? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Latitude & longitude, and UTM coordinates of plant:  Zone: __    NAD: __    Data source:
7. Directions to plant or Installation (street address and/or directions to site) (include U.S. Coast and Geodetic Survey map if necessary):	
8. Identify any current Approval Order(s): AO# _____ Date _____      AO# _____ Date _____ AO# _____ Date _____      AO# _____ Date _____ AO# _____ Date _____      AO# _____ Date _____	
9. If request for modification, permit # to be modified: DAQE-AN _____ DATED: ____/____/____	
10. Type of business at this facility:	
11. Total company employees greater than 100?  <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Standard Industrial Classification Code  _____

Approval Order Application  
Form 1 (Continued)

<p>13. Application for:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> New construction</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Modification</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Existing equipment operating without permit</td> <td style="border: none;"><input type="checkbox"/> Permanent site for Portable Approval Order</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Change of permit condition</td> <td style="border: none;"><input type="checkbox"/> Change of location</td> </tr> </table>			<input type="checkbox"/> New construction	<input type="checkbox"/> Modification	<input type="checkbox"/> Existing equipment operating without permit	<input type="checkbox"/> Permanent site for Portable Approval Order	<input type="checkbox"/> Change of permit condition	<input type="checkbox"/> Change of location						
<input type="checkbox"/> New construction	<input type="checkbox"/> Modification													
<input type="checkbox"/> Existing equipment operating without permit	<input type="checkbox"/> Permanent site for Portable Approval Order													
<input type="checkbox"/> Change of permit condition	<input type="checkbox"/> Change of location													
<p>14. For new construction or modification, enter estimated start date: _____</p>		<p>Estimated completion date: _____</p>												
<p>15. For change of permittee, location or condition, enter date of occurrence: _____</p>	<p>16. For existing equipment in operation without prior permit, enter initial operation date: _____</p>													
<p>17. Has facility been modified or the capacity increased since November 29, 1969:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<b>Process Information</b>														
<p>18. Site plan of facility (Attach as Appendix A):</p>														
<p>19. Flow diagram of entire process to include flow rates and other applicable information (Attach as Appendix B):</p>														
<p>20. Detailed written process and equipment description. (Attach as Appendix C) Description must include:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Process/Equipment specific form(s) identified in the instructions</td> <td style="width: 33%;">Equipment used in process</td> <td style="width: 33%;">Description of product(s)</td> </tr> <tr> <td>Fuels and their use</td> <td>Operation schedules</td> <td>Description of changes to process (if applicable)</td> </tr> <tr> <td>Raw materials used</td> <td>(including daily/seasonal variances)</td> <td></td> </tr> <tr> <td>Production rates</td> <td></td> <td></td> </tr> </table>			Process/Equipment specific form(s) identified in the instructions	Equipment used in process	Description of product(s)	Fuels and their use	Operation schedules	Description of changes to process (if applicable)	Raw materials used	(including daily/seasonal variances)		Production rates		
Process/Equipment specific form(s) identified in the instructions	Equipment used in process	Description of product(s)												
Fuels and their use	Operation schedules	Description of changes to process (if applicable)												
Raw materials used	(including daily/seasonal variances)													
Production rates														
<p>21. Does this application contain justifiable confidential data?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<b>Emissions Information</b>														
<p>22. Complete and attach Form 1d, Emissions Information Include Material Safety Data Sheets for all chemicals or compounds that may be emitted to the atmosphere.</p>														
<p>23. Identify on the site plan (see #18 above) all emissions points, building dimensions, stack parameters, etc.</p>														
<b>Air Pollution Control Equipment Information</b>														
<p>24. List all air pollution control equipment and include equipment specific forms identified in the instructions. Attach as Appendix D.</p>														
<p>25. List and describe all compliance monitoring devices and/or activities (such as CEM, pressure gages). Attach as Appendix E.</p>														
<p>26. Submit modeling for the project if required. See attached instructions.</p>														
<p>27. Attach as Appendix F your proposal of what air pollution control devices, if any, or operating practices represents Best Available Control Technology (BACT). Discuss and evaluate all air pollution control technologies relevant to your situation or process.</p>														
<p>28. I hereby certify that the information and data submitted in and with this application is completely true, accurate and complete, based on reasonable inquiry made by me and to the best of my knowledge and belief.</p> <p>Signature: _____ Title: _____</p>														
<p>29. _____ Name (Type or print)</p>	<p>30. Telephone Number: (    )    -</p>	<p>30. Date:</p>												

Approval Order Application  
Form 1 Instruction

1. Identify the name, address, phone number, and fax number of the legal entity that operates the equipment.
2. Identify the person who is to be contacted regarding this application; also include the phone number, fax number and E-mail address of this person.
3. Identify the address where the equipment will be located.
4. If you are not the owner of the equipment under this application, enter the name, address, phone number, fax number and E-mail address of the owner.
5. Identify in what county the facility is located. If this is portable equipment, state in what county the first location is. Please also indicate if the site location is within an Indian Country or 50 miles of the State border.
6. Indicate the technical location of the facility so that it can be located on a map for modeling and inventory purposes. The location can be read from a 7.5" map. Please also list the zone, NAD and where the data are obtained.
7. Indicate the geographical location or address of facility and directions to site if needed for remote locations. For example, Go five miles south on highway 1, turn left at farmhouse, go 1.5 miles.
8. List all valid Approval Orders (AO) which are for equipment at this site.
9. Indicate previous AO number (if any) and date for AO modification.
10. State the type of business you conduct at this facility.
11. Indicate if the total number of people employed by your company is over 100 people.
12. Using the provided list of business codes (page 8), enter the code which best describes your business activity at this facility.
13. Check all applicable boxes
  - New Construction: new equipment which has not yet been constructed and requires a permit to construct.
  - Existing Equipment Operating Without Permit: equipment which has been in operation without a prior permit issued by the State.
  - Change of permit condition: permitted equipment which will be operated contrary to permit conditions.
  - Modification: existing equipment which is physically altered by the removal, addition, or non-identical replacement of parts.
  - Permanent site: equipment will be located continuously at one site for more than 180 days.
  - Change of location: permitted equipment which will be transferred from one property to another.
14. Enter the start date and the completion date of any new installation, construction, or modification.
15. For cases in this category, enter the future date when the change is anticipated.
16. For this category of equipment, enter the date when this equipment was first operated.
17. This is for equipment that was operated before November 29, 1969. Indicate whether the facility has been modified or increased capacity since that date.
18. Attach as Appendix A to the application a site plan in sufficient detail to identify: general location of site, buildings, roads, process equipment, emission points, and site characteristics that may effect plume dispersion.
19. Attach as Appendix B to the application a flow diagram which illustrates the entire process from introduction of raw materials to the emission of exhaust to the atmosphere and includes at least the following: generating equipment, process equipment, control equipment, monitoring devices, duct work, hoods, fans, stacks, flow rates/direction, gauges, etc.
20. Attach as Appendix C to the application a narrative description of the process and equipment to be permitted. Essentially include a narrative of the flow chart above. The description must include equipment or process specific forms as appropriate. The attached general supplemental process form (Form 2) must be filled out by all sources. Please mark which forms below apply to this project. Forms available upon request are as follows:
  - Form 11 Internal Combustion Engines
  - Form 12 Incinerators
  - Form 13 Spray Booths
  - Form 14 Concrete Batch Plants
  - Form 15 Rock Crushing and Screening
  - Form 16 Soil/groundwater Remediation
  - Form 17 Diesel Powered Standby Generator
  - Form 18 Portable Hot Mix Drum Asphalt Plants
  - Form 19 Fuel Burning Equipment (Boilers, Heaters, Steam Generators)
  - Form 20 Organic Liquid Storage Tank
  - Form 21 Solvent Metal Cleaning (degreasers)
  - Form 22 Combustion Turbines
21. To claim confidentiality on information submitted with this application, check "yes". Be sure that all submitted information which you wish kept confidential is clearly marked as such. Also state the reason(s) for claiming confidentiality per 40CFR2.208. Examples of acceptable reasons are trade secrets and production data. Note that information on emissions and permits cannot be confidential.

New Source Review Application  
Form 1 Instructions (Continued)

22. Attach a completed Form 1d, Emissions Information. Provide all MSD Sheets for all chemicals used.
23. List emission points and parameters on the site plan (#14 above).
24. Attach as Appendix D to the application a list of all air pollution control equipment. Must include form(s) as appropriate. Please mark which forms apply to this project. Forms available upon request are as follows:

___	Form 3	Afterburners
___	Form 4	Flares
___	Form 5	Adsorption Units
___	Form 6	Cyclones
___	Form 7	Condensers
___	Form 8	Electrical Precipitators
___	Form 9	Scrubbers
___	Form 10	Baghouses

25. Attach as Appendix E to the application a list with description of all compliance monitoring devices and/or activities. Include such things as make, model, type, size, capability, accuracy, calibration frequency, etc. for the devices and monitoring frequency, outline of training program, level of certification required of inspectors, etc. for monitoring activities.
26. Dispersion modeling will be required under two circumstances:
  1. if the Executive Secretary determines that modeling is to be performed.
  2. if the proposed emissions are in the range of values given in Table 1.

This requirement holds for new as well as modified sources. For modified sources, the values in Table 1. denote emission increases. If the emission values are greater than values in Table 1, higher level modeling will be required. Call (801) 536-4000 to speak to one of our modeling staff for additional information. The meteorological data to be used in the modeling must be submitted to the Executive Secretary for review and approval before they are used in the dispersion modeling exercise.

Table 1. Criteria for Screen Modeling (tons/year)

SO <sub>2</sub>	40
NO <sub>x</sub>	40
PM <sub>10</sub> fugitive	5
PM <sub>10</sub> non-fugitive	15
CO	100
HAP	varies
Lead	0.6

27. For a description of a proper BACT analysis, see Form 1b.
28. Signature of an authorized company agent.
29. Name of signing party.
30. Telephone number of signing party.
31. Date of application.

ADDITIONAL INFORMATION MAY BE REQUIRED FOR SOME APPLICATIONS. If so, the reviewing engineer will contact the individual listed in # 2.

U:\aq\ENGINEER\GENERIC\Forms 2010\Form01.doc

Revised 12/20/10