

**MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
APPLICATION FOR AUTHORITY TO CONSTRUCT**

APCP USE ONLY	
CHECK NO.:	CHECK RECD:
CHECK AMOUNT: \$	CHECK DATE:
PROJECT NUMBER:	

Submit applications with the filing fee that is appropriate for the project: no filing fee for an amendment; **\$250** for Sections (3), (5), and (6); **\$5,000** for Sections (7), (8) and (9); and **\$2,500** for PAL renewal. The department will assess a **\$75**-per-hour processing fee at the end of the review, unless no permit is required.

1.) INSTALLATION NAME					
2) INSTALLATION STREET ADDRESS					
3.) INSTALLATION MAILING ADDRESS					
4.) INSTALLATION CITY				STATE:	ZIP CODE
5.) COUNTY	6.) 1/4, OF	1/4, OF	SECTION	TOWNSHIP	RANGE
7.) FINAL PRODUCT / PRINCIPAL ACTIVITY				8.) SIC CODE	
9.) PARENT COMPANY					
10.) PARENT COMPANY MAILING ADDRESS					
11.) PARENT COMPANY CITY				STATE	ZIP CODE
12.) CONTACT PERSON			CONTACT PERSON'S TITLE		
13.) CONTACT PERSON'S MAILING ADDRESS					
14.) CONTACT PERSON'S CITY				STATE	ZIP CODE
15.) CONTACT PERSON'S TELEPHONE NUMBER WITH AREA CODE			16.) CONTACT PERSON'S FAX NUMBER		
17.) CONTACT PERSON'S EMAIL ADDRESS					
18.) UNIFIED REVIEW Yes <input type="checkbox"/> No <input type="checkbox"/>					
19.) THIS APPLICATION IS FOR Modification or Addition to an Existing Installation <input type="checkbox"/> New Installation <input type="checkbox"/> Amendment to Existing Permit: Permit No. _____ Temporary / Pilot Plant <input type="checkbox"/>					
20.) FIPS COUNTY ID NUMBER			21.) PLANT ID NUMBER		
22.) PROJECTED DATE TO COMMENCE CONSTRUCTION			23.) PROJECTED DATE OF OPERATION STARTUP		
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.					
SIGNATURE OF RESPONSIBLE OFFICIAL				DATE	
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL				RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER WITH AREA CODE	
OFFICIAL TITLE OF RESPONSIBLE OFFICIAL					

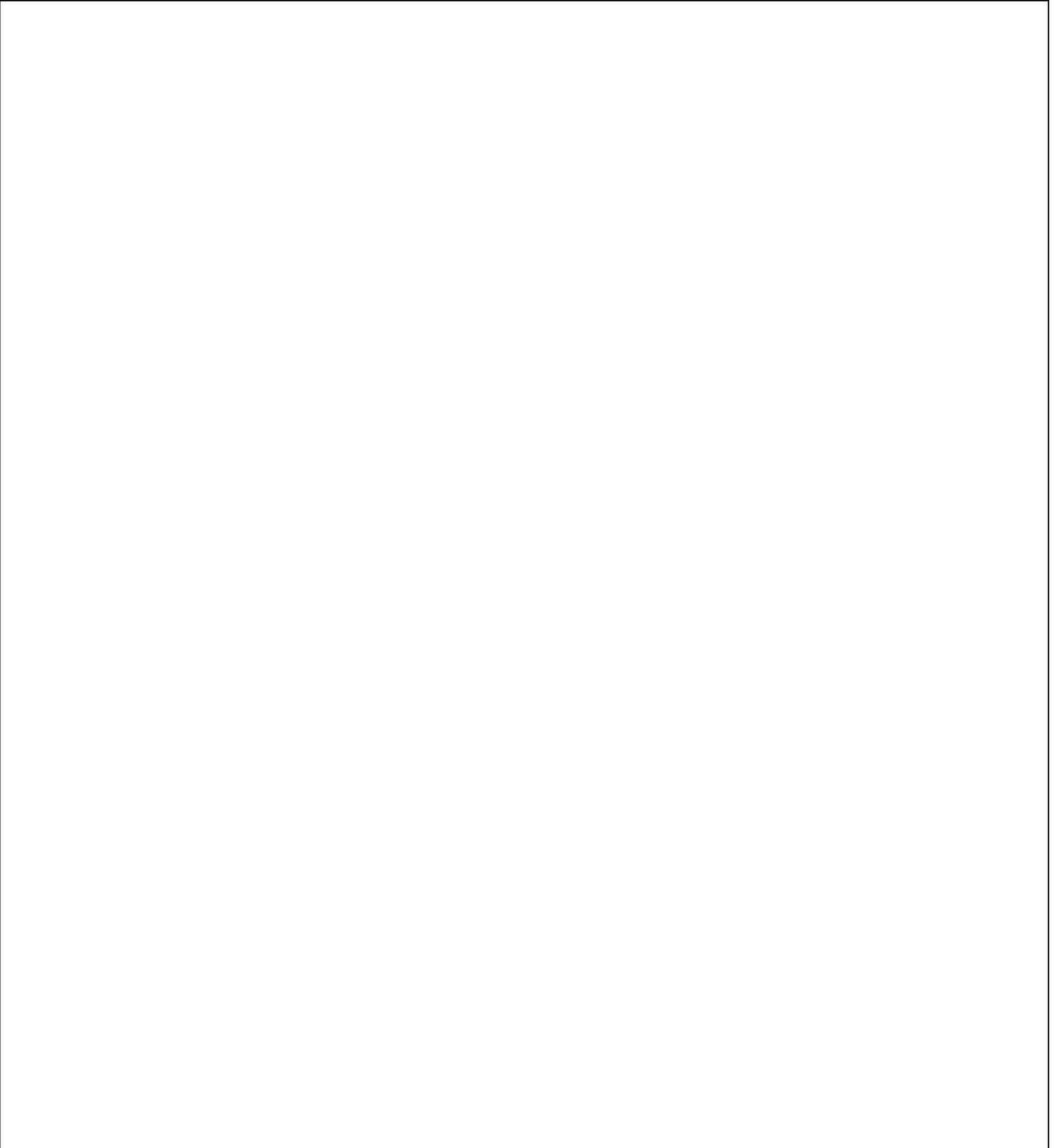
24.) PROJECT DESCRIPTION AND NARRATIVE

Emission Information for Air Construction Permit Application

Form 1.1 Process Flow Diagram for Facility According to Proposed Application

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
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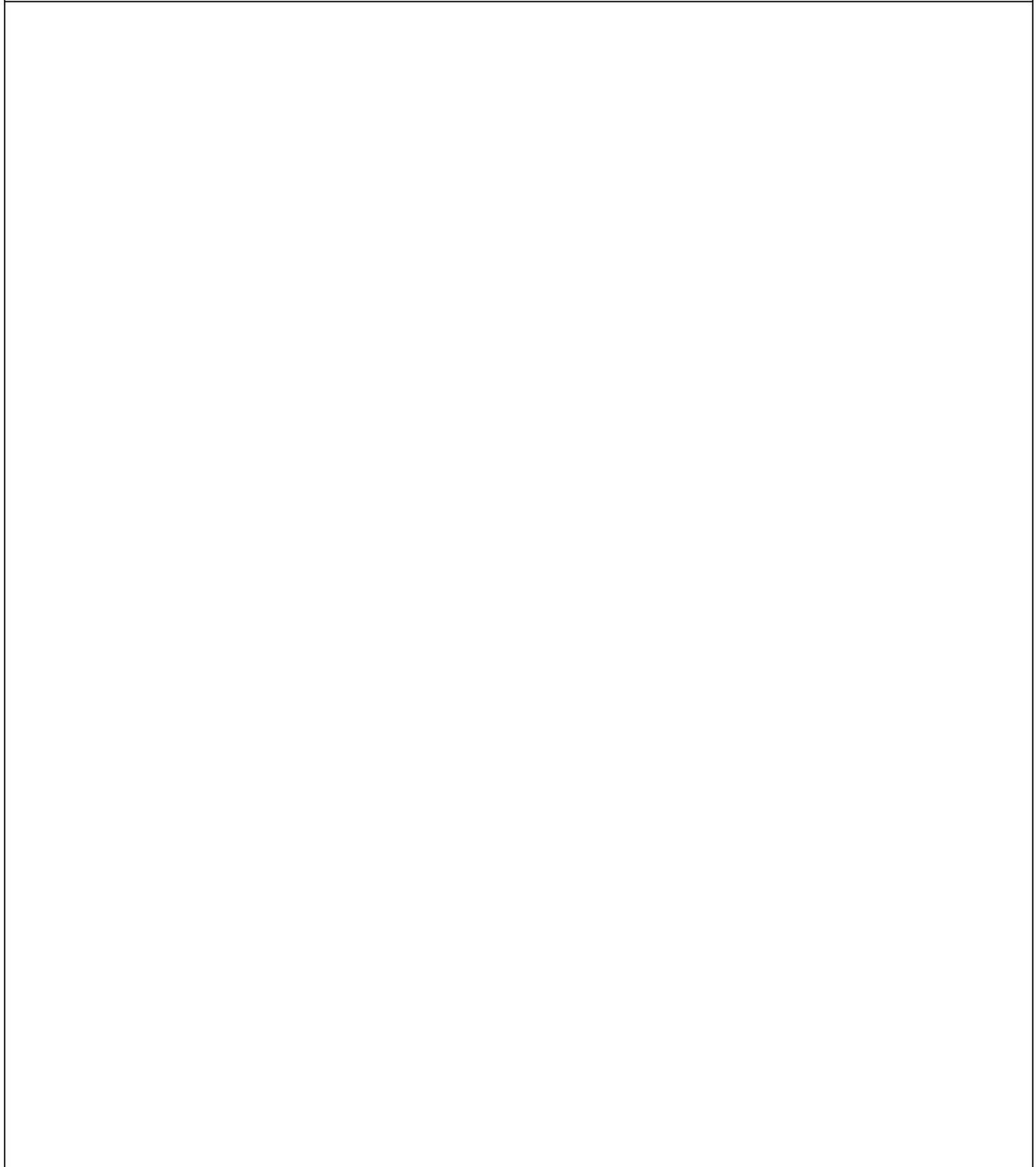
For a new installation, show the entire installation. For an addition to an existing installation, show only the new processes/equipment/emission points and begin the ID numbering where the existing EIQ emission point numbers leave off. If the application is for a modification or an addition to an existing emission point or unit, show the upstream and downstream point(s) or the equipment that this modification will affect.



Emission Information for Air Construction Permit Application
Form 1.3 Plant Layout Diagram

INSTALLATION NAME (A.)	FIPS COUNTY NO.(B.)	PLANT NO. (C.)
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Use this page or a separate sheet to provide a Plant Layout Diagram.
Refer to the Permits Instruction Packet for details.



Emission Information for Air Construction Permit Application
Form 2.0 Emission Point Information (duplicate this form as needed.)

INSTALLATION NAME (A.)		FIPS COUNTY NO. (B.)		PLANT NO. (C.)		
POINT IDENTIFICATION						
POINT NO. (D.)		POINT DESCRIPTION (E.)				
SOURCE CLASSIFICATION CODE (SCC) (F.)		MAKE (G.)	MODEL (H.)	YEAR (I.)		
STACK/VENT PARAMETERS						
STACK NO. (J.)		HEIGHT (FT) (K.)	DIAMETER (FT) (L.)			
TEMPERATURE (F) (M.)		VELOCITY (FT/MIN) (N.)	FLOW RATE (STANDARD CUBIC FT/MIN) (O.)			
OPERATING RATE/SCHEDULE						
EXPECTED ANNUAL THROUGHPUT (P.)		UNITS (Q.)	MAXIMUM HOURLY DESIGN RATE (R.)		UNITS/HR (S.)	
HOURS/DAY (T.)		DAYS/WEEK	WEEKS/YEAR			
AIR POLLUTION CONTROLS						
DEVICE NO. (U.)	CONTROL DEVICE DESCRIPTION (V.)	Control Device Destruction/Removal Efficiency % (w.)				
		PM ₁₀	SO _x	NO _x	VOC	CO
DEVICE NO.	DESCRIPTION OF COLLECTION/SUPPRESSION SYSTEM (X.)					
CALCULATION SECTION (Y.)						
POLLUTANT	EMISSION FACTOR	EMISSION FACTOR UNITS	OVERALL CONTROL EFFICIENCY	EMISSION RATE (LB/HR)	POTENTIAL EMISSIONS (TONS/YR)	

Emission Information for Air Construction Permit Application
Form 2.1 Fuel Combustion Information (duplicate this form as needed.)

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
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COMBUSTION EQUIPMENT INFORMATION

POINT NO. (D.)	SCC (E.)	
(F.) EQUIPMENT DESCRIPTION (MAKE/MODEL)	(G.) YEAR PUT IN SERVICE	(H.) MAXIMUM DESIGN RATE (MILLION BTU/HR)
Sum of Total Maximum Hourly Design Rates		

FUEL INFORMATION

(I.) FUEL TYPE

Oil <input type="checkbox"/> Distillate (Fuel Oil 1-4) <input type="checkbox"/> Residual Fuel Oil (5-6) <input type="checkbox"/> Waste Oil	Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane	Coal <input type="checkbox"/> Anthracite <input type="checkbox"/> Bituminous <input type="checkbox"/> Lignite	Other <input type="checkbox"/> Refuse <input type="checkbox"/> Trade Wastes <input type="checkbox"/> Other (specify)
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FUEL (J.)	ANNUAL THROUGHPUT (K.)	UNITS (L.)	% SULFUR BY WEIGHT (M.)	% ASH BY WEIGHT (N.)
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.)		FIPS COUNTY NO. (B.)		PLANT NO. (C.)	
POINT NO. (D.)	SCC CODE (E.)				
APPLICATION RATE					
APPLICATION METHOD (F.)	MATERIAL TYPE (G.)	APPLICATION RATE (GALLONS/HOUR) (H.)	% BY WEIGHT OF VOC IN MATERIAL (I.)	DENSITY (LBS/GAL) (J.)	LBS OF VOC PER UNIT (K.)
TOTAL (SCC UNITS) (L.)					

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

Enter Total amount calculated above in Estimated 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.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
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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. (D.)	SCC CODE (E.)	ANNUAL THROUGHPUT OF LIQUID (1,000 GALLONS) (F.)
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CONTROL DEVICE TYPE (G.)	CONTROL EFFICIENCY (%) (H.)
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(I.) TYPE OF LOADING

Splash Loading Submerged Loading
 Bottom Loading Other (specify)

CHEMICAL INFORMATION

BULK LIQUID TYPE (J.)	TRUE VAPOR PRESSURE OF BULK LIQUID (PSIA) (K.)
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MOLECULAR WEIGHT OF MATERIAL LOADED (LB/LB-MOLE) (L.)	SATURATION FACTOR (M.)
---	------------------------

TEMPERATURE OF LIQUID (DEG F) (N.)

Comments:

Emission Information for Air Construction Permit Application**Form 2.5 Organic Liquid Storage****A. Fixed Roof Tank Information (duplicate this form as needed.)**

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
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For use with 500 gallons or greater capacity liquid storage tanks. Include all organic liquids, petroleum products or fuels.

TANK INFORMATION

POINT (TANK IDENTIFICATION) NO. (D.)	CAPACITY (IN THOUSANDS OF GALLONS) (E.)	DIAMETER (FT) (F.)	HEIGHT (FT) (G.)	LENGTH (FT) (H.)
COLOR (SHELL) (I.)	COLOR (ROOF) (J.)	TYPE OF ROOF: (K.) <input type="checkbox"/> Cone <input type="checkbox"/> Dome <input type="checkbox"/> Other (specify)		
YEAR PLACED IN SERVICE (L.)	AVERAGE LIQUID HEIGHT (FT) (M.)	ROOF HEIGHT (FT) (N.)		
VENT PRESSURE SETTING (O.)	VENT VACUUM SETTING (P.)	THROUGHPUT (IN THOUSAND OF GALLONS PER YEAR) (Q.)		

CHEMICAL INFORMATION

CHEMICAL* (R.)	CAS NUMBER (S.)	VAPOR MOLECULAR WEIGHT (T.)
AVERAGE LIQUID SURFACE TEMPERATURE (F) (U.)		VAPOR PRESSURE AT AVERAGE LIQUID SURFACE TEMPERATURE (PSIA) (V.)

*MIXTURE - PROVIDE DOCUMENTATION FOR MULTIPLE COMPONENT MIXTURE

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

Provide all the following information for liquid storage tanks with capacities greater than 500 gallons. 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.) <input type="checkbox"/> Riveted <input type="checkbox"/> Welded		TYPE OF ROOF (L.) <input type="checkbox"/> Internal <input type="checkbox"/> External	
PRIMARY SEAL (M.) <input type="checkbox"/> Metallic Shoe <input type="checkbox"/> Vapor Mounted <input type="checkbox"/> Liquid Mounted		SECONDARY SEAL (N.) <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.) <input type="checkbox"/> Bolted <input type="checkbox"/> Welded	SHELL CONDITION (Q.) <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Gunite 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.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
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HAUL ROAD INFORMATION

POINT NO. (D.)	SCC (E.)	SURFACE MATERIAL OF ROAD (F.)	LENGTH OF ROAD (MILES) (G.)	SILT CONTENT (%) (H.)
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TYPE OF DUST CONTROL (CHOOSE ONE)

- Surfactant Spray
 Water Spray
 Other (specify)
- Water Spray Documented
 No Controls

HAUL TRUCK INFORMATION

UNLOADED TRUCK WEIGHT (TONS) (J.)	AVERAGE WEIGHT OF MATERIAL PER LOAD (TONS) (K.)	AVERAGE LOADED TRUCK WEIGHT (TONS) (L.)
NUMBER OF WHEELS (M.)	AVERAGE TRUCK SPEED (MPH) (N.)	

MATERIAL HAULED INFORMATION

TYPE OF MATERIAL(S) HAULED (O.)	ANNUAL AMOUNT HAULED (TONS) (P.)	MAXIMUM HOURLY AMOUNT HAULED (TONS) (Q.)
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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.)

- Barge
 Rail
 Truck
 Conveyor
 Other (specify)

RAW MATERIAL UNLOADING METHOD (CHECK ONE) (N.)

- Barge
 Rail
 Truck
 Conveyor
 Other (specify)

Comments:

Emission Information for Air Construction Permit Application
Form 3.0 Comment Sheet (duplicate this form as needed.)

INSTALLATION NAME (A.)	FIPS COUNTY NO. (B.)	PLANT NO. (C.)
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EMISSION POINT NO. (D.)

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