FORM A

GENERAL FACILITY INFORMATION

REVISED 03/03/23 NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate

| NOT | 'E - APPLICATION WILL <u>NOT</u> BE PR | OCE | SSED WITHOUT TH | HE FOLLOWING | i: | | | | |
|---|--|---------------------------|--------------------------------------|--------------------------------------|---|----------------|--|--|--|
| Local Zoning Consistency Determination Appropriate Number of Consumption (new or modification only) | | | s of Application | Application | Application Fee (please check one option below) | | | | |
| Responsible Official/Authorized Contact | t Signature P.E. Seal (if required) | | | Not Require | ed ePayment | Check Enclosed | | | |
| | GENERAL IN | FOR | MATION | | • | | | | |
| Legal Corporate/Owner Name: | | | - | | | | | | |
| Site Name: | | | | | | | | | |
| Site Address (911 Address) Line 1: | | | | | | | | | |
| Site Address Line 2: | | | | | | | | | |
| City: | | | State: | | | | | | |
| Zip Code: | | | County: | | | | | | |
| · | CONTACT IN | FOR | MATION | | | | | | |
| Responsible Official/Authorized Contact | | Invo | ice Contact | | | | | | |
| Name & Title: | | Nam | e & Title: | | | | | | |
| Mailing Address Line 1: | | | | Mailing Address Line 1: | | | | | |
| Mailing Address Line 2: | | Mailir | ng Address Line 2: | | | | | | |
| City: State: | Zip Code: | City: | | State: | Zip Cod | le: | | | |
| Primary Phone No.: | Fax No.: | Prima | ary Phone No.: | | Fax No.: | | | | |
| Secondary Phone No.: | | Seco | ndary Phone No.: | | | | | | |
| Email Address: | | Emai | il Address: | | | | | | |
| Facility/Inspection Contact | | Peri | mit/Technical Contact | | | | | | |
| Name & Title: | | Nam | e & Title: | | | | | | |
| Mailing Address Line 1: | | Mailir | ng Address Line 1: | | | | | | |
| Mailing Address Line 2: | | Mailir | ng Address Line 2: | | | | | | |
| City: State: | Zip Code: | City: | | State: | Zip Cod | le: | | | |
| Primary Phone No.: | Fax No.: | Prima | ary Phone No.: | | Fax No.: | | | | |
| Secondary Phone No.: | | Seco | ndary Phone No.: | | | | | | |
| Email Address: | | Emai | il Address: | | | | | | |
| | APPLICATION IS E | BEIN | G MADE FOR: | | | | | | |
| New Non-permitted Facility/Greenfield | Modification of Facility (permitted) | | Renewal Title V | Re | newal Non-Title V | | | | |
| Name Change Only Ownership Change | Administrative Amendment | Renewal with Modification | | | | | | | |
| FACILITY CLASSIFICATION AFTER APPLICATION (Check Only One) | | | | | | | | | |
| General | Small | Prohi | bitory Small | Synthetic Mino | r | Title V | | | |
| | FACILITY INI | FOR | MATION | | | | | | |
| Describe nature of (plant site) operation(s): | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Facility ID No. | | | | | | |
| Primary SIC/NAICS Code: | | | Current/Previous Air Perr | nit No. | Expiration Da | te: | | | |
| FACILITY LOC | CATION: Latitude: | | Longitude: | | | | | | |
| Does this application contain confidential d | ata? YES NO ***If yes, ple | ease (| contact the DAQ Regiona (See Inst | al Office prior to sul tructions) | bmitting this applic | eation.*** | | | |
| | PERSON OR FIRM THAT F | PREF | PARED APPLICATION | ON | | | | | |
| Person Name: | | | Firm Name: | | | | | | |
| Mailing Address Line 1: | | | Mailing Address Line 2: | | | | | | |
| City: | State: | | Zip Code: | | County: | | | | |
| Phone No.: | Fax No.: | | Email Address: | | | | | | |
| SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT | | | | | | | | | |
| Name (typed): | | | Title: | | | | | | |
| X Signature (Blue Ink): | | | Date: | | | | | | |
| | | | | | | | | | |

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FORM A (continued, page 2 of 2) GENERAL FACILITY INFORMATION

| REVISED 02/22/23 NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate | | | | | | | | | |
|--|---|--------------------|---|-------------------|--|--|--|--|--|
| SECT | SECTION AA1 - APPLICATION FOR NON-TITLE V PERMIT RENEWAL | | | | | | | | |
| | (Company Name) hereby formal | | | | | | | | |
| There have been no modifications to the originally permitted far | | | | | | | | | |
| Is your facility subject to 40 CFR Part 68 "Prevention of Accide If yes, have you already submitted a Risk Manage Plan (RMP) | ,,, | nct? YE | ES NO Date Submitted: | | | | | | |
| Did you attach a current emissions inventory? | | 0 | Date Submitted. | | | | | | |
| If no, did you submit the inventory via AERO or by mail? | | ailed | Date Mailed: | | | | | | |
| SE | CTION AA2 - APPLICATION FOR T | ITLE V PERM | IT RENEWAL | | | | | | |
| In accordance with the provisions of Title 15A 2Q .05 | _ | | (Company | Name) | | | | | |
| hereby formally requests renewal of Air Permit No | (Air Permit No.) and further | er certifies that: | | | | | | | |
| (1) The current air quality permit identifies and describes all emissions units at the above subject facility, except where such units are exempted under the North (2) Carolina Title V regulations at 15A NCAC 2Q .0500; (3) The current air quality permit cites all applicable requirements and provides the method or methods for determining compliance with the applicable requirements; (4) The facility is currently in compliance, and shall continue to comply, with all applicable requirements. (Note: As provided under 15A NCAC 2Q .0512, compliance with the conditions of the permit shall be deemed compliance with the applicable requirements specifically identified in the permit); (5) For applicable requirements that become effective during the term of the renewed permit that the facility shall comply on a timely basis; The facility shall fulfill applicable enhanced monitoring requirements and submit a compliance certification as required by 40 CFR Part 64. | | | | | | | | | |
| The responsible official (signature on page 1) certifies reasonable inquiry, are true, accurate, and complete. | under the penalty of law that all information | on and statement | ts provided above, based on information and be | lief formed after | | | | | |
| reasonable inquiry, are true, accurate, and complete. | SECTION AA3 - APPLICATION F | OR NAME CH | IANGE | | | | | | |
| Navy Equility Names | | | IANOL . | | | | | | |
| New Facility Name: | | | | | | | | | |
| Former Facility Name: | | | | | | | | | |
| An official facility name change is requested as described above for the air permit mentioned on page 1 of this form. Complete the other sections if there have been modifications to the originally permitted facility that would require an air quality permit since the last permit was issued and if there has been an ownership change associated with this name change. | | | | | | | | | |
| S | ECTION AA4 - APPLICATION FOR A | N OWNERSH | IP CHANGE | | | | | | |
| By this application we hereby request transfer of Air C The transfer of permit responsibility, coverage and lia facility described on page 1 of this form has been, or permitted facility that would require a permit since the Signature of New (Buyer) Responsible Official/Auth | bility shall be effectivewill be, transferred one last permit was issued. | immediately | rmer owner to the new owner as described below (or insert date). The legal ownership of the re have been no modifications to the originally | v. | | | | | |
| X Signature (Blue Ink): | | Date: | | | | | | | |
| A Signature (Blue link). | | Date. | | | | | | | |
| New Facility Name: | | | | | | | | | |
| Former Facility Name: | | | | | | | | | |
| S: (CF (CH) P (H OCC : VA | 4 . 10 | | | | | | | | |
| Signature of Former (Seller) Responsible Official/A | uthorized Contact: | | | | | | | | |
| Name (typed or print): | | | | | | | | | |
| Title: | | | | | | | | | |
| X Signature (Blue Ink): | | Date: | | | | | | | |
| Former Legal Corporate/Owner Name: | | | | | | | | | |
| In lieu of the seller's signature on this f | orm, a letter may be submitted with the | seller's signat | ure indicating the ownership change | | | | | | |
| SECTION AA5 - APPLICATION FOR ADMINISTRATIVE AMENDMENT | | | | | | | | | |
| Describe the requested administrative amendment here (attach additional documents as necessary): | | | | | | | | | |
| | | | | | | | | | |