



Use of this form is required by the Department for any air pollution control permit application filed pursuant to ss. 285.61, 285.62 or 285.66, Wis Stats. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

In order for a comprehensive air quality analysis to be accomplished, a facility plot plan **MUST** be included with the permit application. If the application is for an initial operation permit, submit the elements under #2 below. If the application is for a renewal, answer #1 below first.

1. Have there been changes to the facility plot plan since the previous operation permit application was submitted?
- No. The plot plan submitted with the original application can be used for the renewal.
  - Yes. An up-to-date plot plan is attached.

2. If there have been changes to the facility plot plan since the last operation permit application submittal, **RESUBMIT** an up-to-date plot plan which must include the following or the permit application will be deemed incomplete:

**FOR DEPARTMENT USE ONLY**

COMPLETE    INCOMPLETE    NOT APPLICABLE

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

1. A building layout (blueprint, plan view) including all buildings occupied by or located on the site of the facility.
2. The maximum height of each building (excluding stack height).
3. The location and numerical designation of each stack. Please ensure these designations correspond to the appropriate stacks listed on the other permit forms in this application.
4. The location of fenced property lines (if any).
5. Identify direction "North" on all submittals.
6. All drawings shall be to scale and shall have the scale graphically depicted.
7. An additional regional map depicting the facility location in relation to the surrounding vicinity (roads or other features) shall be included.

Are there any outdoor storage piles on the facility site?  Yes     No

If so, what material does the pile(s) consist of?

Are there any dirt roads or unpaved parking lots on the facility site?  Yes     No

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1. Briefly describe the proposed project or existing Unit(s) to be permitted. Attached supplemental forms as needed.

For Renewal Applications:

1. Were any new or modified emissions units installed/modified at the facility since the last operation permit issuance date?  
 No. Proceed to form 4530-102A.  
 Yes. Answer the following questions:
2. Briefly describe any new/modified emissions units installed at the facility since the last operation permit issuance date and include the following information. Attach supplemental forms as needed.
  - a. List the Department issued construction and/or operation permit number as applicable (identifying which units were covered by which permit if multiple permits issued).
    - i. If operation permit application forms were submitted for the new emission unit(s) covered by the construction permit mentioned above, reference the date of that application.
    - ii. For Part 70 Sources Only: If no operation permit application forms were submitted for the new emissions unit(s) covered by the construction permit mentioned above, complete the appropriate forms 4530-118 through 4530-125.
  - b. Include the Department issued construction permit exemption number, if one was assigned, or reference the date of the letter of the exemption.

2. Site Description

Use of this form is required by the Department for any air pollution control permit application filed pursuant to ss. 285.61, 285.62 or 285.66, Wis Stats. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

1. List all significant existing or proposed air pollution units, operations, and activities at the facility. A short narrative of the inventory of air pollution emissions unit (e.g., boiler, printing line, etc.) followed by equipment specifications will suffice. If the facility consists of several individual emission units, present this information in an outline format. (See instruction booklet for an example Unit description.)

For Renewal Applications:

1. If there were any new or modified emissions units installed/modified at the facility since the last operation permit issuance date:
  - a. If any of these new/modified units were exempt from construction permit requirements, but are significant emissions units and operation permit application(s) for the new unit(s) were submitted to the Department reference the date of those submittals.
  - b. If any of the new/modified units are insignificant emissions units list them on form 4530-102B.
  - c. If any of the new/modified emissions units do not fit any of the above categories, fill out the appropriate forms for each emissions unit as follows:
    - i. For Part 70 Sources: Fill out the appropriate forms 4530-103 through 4530-133; OR
    - ii. For Synthetic Minor Non Part-70 Sources and Non-Part 70 Sources: Fill out the appropriate forms 4530-103 through 4530-117 and 4530-126 through 4530-129.



SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name: _____	2. Facility identification number: _____	3. Stack identification number: _____
4. Exhausting Unit(s), use Unit identification number from appropriate Form(s) 4530-104, 106, 107, 108 and/or 109 4530-104 _____ 4530-106 _____ 4530-107 _____ 4530-108 _____ 4530-109 _____		
5. Identify this stack on the plot plan required on Form 4530-101		
6. Indicate by checking: <input type="checkbox"/> This stack has an actual exhaust point. <input type="checkbox"/> This stack serves to identify fugitive emissions. <b>If this stack has an actual exhaust point, then provide the following stack parameters</b>		
7. Discharge height above ground level: _____ (feet)		
8. Inside dimensions at outlet (check one and complete): <input type="checkbox"/> Circular _____ (feet) <input type="checkbox"/> rectangular _____ length (feet) _____ width (feet)		
9. Exhaust flow rate: Normal _____ (ACFM)      Maximum _____ (ACFM)		
10. Exhaust gas temperature (normal): _____ (°F)		
11. Exhaust gas moisture content:      Normal _____ volume percent      Maximum _____ volume percent		
12. Exhaust gas discharge direction: <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Horizontal		
13. Is this stack equipped with a rainhat or any obstruction to the free flow of the exhaust gases from the stack? <input type="checkbox"/> Yes <input type="checkbox"/> No		

\*\*\*\*\* Complete the appropriate Air Permit Application Forms(s) 4530-104, 106, 107, 108 or 109 for each Unit \*\*\*\*\*  
exhausting through this stack.

BOILER OR FURNACE OPERATION  
 AIR POLLUTION CONTROL PERMIT APPLICATION  
 Form 4530-104 11-93

Information attached? \_\_ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
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3. Stack identification number:	4. Boiler/furnace number:
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4a. Unit description:

5. Indicate the boiler/furnace control technology status.     Uncontrolled     Controlled

If the boiler/furnace is controlled, enter the control device number(s) from the appropriate forms:

4530-110 \_\_\_\_    4530-111 \_\_\_\_    4530-112 \_\_\_\_    4530-113 \_\_\_\_  
 4530-114 \_\_\_\_    4530-115 \_\_\_\_    4530-116 \_\_\_\_    4530-117 \_\_\_\_

6. Furnace type:	7. Maximum continuous rating:    mmBTU/hr
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8. Manufacturer:	9. Model number:
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10. Date of construction or last modification:

11. Fuels and firing conditions:

	Primary fuel	Backup fuel #1	Backup fuel #2	Backup fuel #3
Fuel name				
Higher heating value				
Maximum sulfur content (Wt.%)				
Maximum ash content (Wt.%)				
Excess Combustion Air (%O <sub>2</sub> )				
Moisture content (as fired) (%)				
Maximum hourly consumption				
Actual yearly consumption				

\*\*\*\*\* For this emissions unit, identify the method of compliance demonstration by completing Form 4530-118, \*\*\*\*\*  
 DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118  
 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

\*\*\*\*\* Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. \*\*\*\*\*

SEE ATTACHED SHEET FOR INSTRUCTIONS

1. Facility Name		2. Facility Identification Number		3. Storage Tank Number	
4. Control Device Number (use number from appropriate Form(s) 4530-110, 111, 112, 113, 114, 115, 116, or 117)		5. Storage Tank Capacity gallons		6. Date of Installation or Last Modification	
7. Tank Height feet		8. Tank Diameter feet		9. Color of Tank (check one) __ White __ Other _____ __ Underground	
10. Is this tank equipped with a submerged fill pipe? __ Yes __ No			11. Is this tank equipped with a pressure/vacuum conservation vent? __ Yes __ No If yes; at what pressure is it set? _____ (psia) at what vacuum is it set? _____ (psia)		
12. Type of Storage Tank (check one)					
__ Open Top Tank		__ Fixed Roof		__ Fixed Roof w/Internal Floating Roof	
__ Pressurized Tank		__ External Floating Roof		__ Variable Vapor Space	
13. For all Fixed Roof Tanks:					
a. Tank Configuration (check one):					
__ Vertical (upright cylinder)		__ Horizontal			
b. Tank Roof Type (check one):					
(required if vertical was selected)		__ Cone Roof - Indicate tank roof height _____ (feet)		__ Dome Roof - Indicate tank roof height _____ (feet) - Indicate tank shell radius _____ (feet)	
14. For all Floating Roof Tanks (both internal and external) - Shell Condition (check one):					
__ Light Rust		__ Dense Rust		__ Gunitite Lined	
15. For External Floating Roof Tanks:					
a. Tank Construction (check one):					
__ Welded Tank		__ Riveted Tank			
b. Average Wind Speed at Tank Site: _____ (mph)					
c. Rim Seal System Description (check one):					
__ Shoe Mounted Primary		__ Vapor Mounted Primary		__ Liquid Mounted Primary	
__ Shoe Primary, Rim Secondary		__ Vapor Primary, Rim Secondary		__ Liquid Primary, Rim Secondary	
__ Shoe Primary, Shoe Secondary		__ Vapor Primary w/Weather Shield		__ Liquid Primary w/Weather Shield	
d. Roof Type (check one):					
__ Pontoon Roof		__ Double Deck Roof			
e. Roof Fitting Types (indicate the number of each type):					
Access Hatch (24" diameter well)		Unslotted guide-pole well		Gauge-float well (20" diameter)	
___ Bolted cover, gasketed		(8" diameter unslotted pole, 21" diameter well)		___ Unbolted cover, ungasketed	
___ Unbolted cover, ungasketed		___ Ungasketed sliding cover		___ Unbolted cover, gasketed	
___ Unbolted cover, gasketed		___ Gasketed sliding cover		___ Bolted cover, gasketed	
Gauge-Hatch/sample well (8" diameter)		Vacuum Breaker (10" diameter well)		Roof Drain (3-inch diameter)	
___ Weighted mechanical actuation, gasketed		___ Weighted mechanical actuation, gasketed		___ Open	
___ Weighted mechanical actuation, ungasketed		___ Weighted mechanical actuation, ungasketed		___ 90% closed	
Slotted guide-pole/sample well (8" diameter diameter slotted pole, 21" diameter well)		Roof leg (3" diameter)		Roof leg (2-1/2" diameter)	
___ Ungasketed sliding cover, without float		___ Adjustable, pontoon area		___ Adjustable, pontoon area	
___ Ungasketed sliding cover, with float		___ Adjustable, center area		___ Adjustable, center area	
___ Gasketed sliding cover, without float		___ Adjustable, double-deck roofs		___ Adjustable, double deck roofs	
___ Gasketed sliding cover, with float		___ Fixed		___ Fixed	

16. For Internal Floating Roof Tanks:

a. Rim Seal System Description (check one):  
 Vapor Mounted Primary  
 Liquid Mounted Primary  
 Vapor Mounted Primary plus Secondary Seal  
 Liquid Mounted Primary plus Secondary Seal

b. Number of Columns: \_\_\_\_\_

c. Effective Column Diameter: \_\_\_\_\_ (feet)

d. Deck Type (check one):  
 Welded  Bolted

e. Total Deck Seam Length: \_\_\_\_\_ (feet)

f. Deck Area: \_\_\_\_\_ (square feet)

g. Deck Fitting Types (indicate the number of each type):

Access Hatch (24" diameter)	Automatic gauge float well	Ladder Well (36" diameter)
<input type="checkbox"/> Bolted cover, gasketed	<input type="checkbox"/> Bolted cover, gasketed	<input type="checkbox"/> Sliding cover, gasketed
<input type="checkbox"/> Unbolted cover, gasketed	<input type="checkbox"/> Unbolted cover, gasketed	<input type="checkbox"/> Sliding cover, ungasketed
<input type="checkbox"/> Unbolted cover, ungasketed	<input type="checkbox"/> Unbolted cover, ungasketed	

Column Well (24" diameter)	Sample pipe or well (24" diameter)	Roof leg or hanger well
<input type="checkbox"/> Builtup column-sliding cover, gasketed	<input type="checkbox"/> Slotted pipe-sliding cover, gasketed	<input type="checkbox"/> Adjustable
<input type="checkbox"/> Builtup column-sliding cover, ungasketed	<input type="checkbox"/> Slotted pipe-sliding cover, ungasketed	<input type="checkbox"/> Fixed
<input type="checkbox"/> Pipe column-flexible fabric sleeve seal	<input type="checkbox"/> Sample well-slit fabric seal 10% open area	
<input type="checkbox"/> Pipe column-sliding cover, gasketed	<input type="checkbox"/> Stub drain (1" diameter)	
<input type="checkbox"/> Pipe column-sliding cover, ungasketed		

Vacuum breaker (10" diameter)  
 Weighted mechanical actuation, gasketed  
 Weighted mechanical actuation, ungasketed

17. For Variable Vapor Space Tanks:

Volume Expansion Capacity \_\_\_\_\_ (gallons)

18. Complete the following table for materials to be stored in this tank:

Material Stored	Annual Throughput (gal/yr)	Daily Average Amount Stored (gallons)	Material Molecular Weight (lb/lb-mole)	Material Vapor Pressure (psia)	Storage Pressure (psia)	Average Storage Temperature (°F)	Material Liquid Density (lb/gal)

19. Maximum Liquid Loading Rate of Tank:

\_\_\_\_\_ (gallons)

20. Can this tank be loaded at the same time other tanks are loaded?  Yes  No

If yes, indicate which other tanks can be loaded at the same time: \_\_\_\_\_

21. Describe the operations this tank will serve:

\_\_\_\_\_

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SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Incinerator number:

4a. Unit description:

5. Indicate the incinerator control technology status.     Uncontrolled     Controlled

If the incinerator is controlled, enter the control device number(s) from the appropriate form(s):

4530-110 \_\_\_\_\_    4530-111 \_\_\_\_\_    4530-112 \_\_\_\_\_    4530-113 \_\_\_\_\_  
4530-114 \_\_\_\_\_    4530-115 \_\_\_\_\_    4530-116 \_\_\_\_\_    4530-117 \_\_\_\_\_

6. Incinerator type

- Single chamber     Multiple chamber     Controlled air     Fixed hearth     Stepped hearth     Rotary kiln  
 Other (specify) \_\_\_\_\_

7. Date of construction or last modification: \_\_\_\_\_

8. Normal operating schedule \_\_\_\_\_ hrs./day    \_\_\_\_\_ days/wk.    \_\_\_\_\_ days/yr.

9. Maximum operating schedule \_\_\_\_\_ hrs./day    \_\_\_\_\_ days/wk.    \_\_\_\_\_ days/yr.

10. Describe all materials to be burned in this unit.

Material to be burned	Origin	Weight percentage	Heating value

11. Type of incinerator charging     Batch feed     Continuous feed

Waste charging method \_\_\_\_\_    Maximum Charging rate \_\_\_\_\_ lbs./hr

12. Combustion information	Design Temperature (°F)	Size (million BTU/hour)	Burner fuels
Primary chamber			
Secondary chamber			

13. Residence time of gas in the secondary chamber \_\_\_\_\_

14. Is this incinerator equipped with a heat recovery system?     Yes     No

If yes, what is the projected energy production rate? (e.g., lbs steam/hr) \_\_\_\_\_

15. Is this incinerator equipped with an emergency dump stack?     Yes     No

16. Include as attachments to this form the following information:    Attached?

- a. Calculations that show how the residence time of the exhaust gas in the secondary chamber was derived.    \_\_\_\_\_
- b. The energy and mass balance calculations for each waste.    \_\_\_\_\_
- c. A malfunction prevention and abatement plan.    \_\_\_\_\_
- d. Describe the start-up and shut down procedures, including their frequency.    \_\_\_\_\_

\*\*\*\*\* For this emissions unit, identify the method of compliance demonstration by completing Form 4530-118, \*\*\*\*\*  
DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

\*\*\*\*\* Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. \*\*\*\*\*





SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Process number:
4a. Unit description:	
5. Indicate the control technology status. <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Controlled	

If the process is controlled, enter the control device number(s) from the appropriate form(s):

4530-110 \_\_\_\_      4530-111 \_\_\_\_      4530-112 \_\_\_\_      4530-113 \_\_\_\_  
 4530-114 \_\_\_\_      4530-115 \_\_\_\_      4530-116 \_\_\_\_      4530-117 \_\_\_\_

6. Source Classification Code (SCC):	
7. Date of construction or last modification:	
8. Normal operating schedule: ____ hrs./day ____ days/wk. ____ days/yr.	
9. Describe this process (please attach a flow diagram of the process).	Attached?

10. List the types and amounts of raw materials used in this process:

Material	Storage/material handling process	Average usage	Units	Maximum usage	Units
Clean-up solvents					
Other (specify)					

11. List the types and amounts of finished products:

Material	Storage/material handling process	Average amount produced	Units	Maximum amount produced	Units

12. Process fuel usage:

Type of fuel	Maximum heat input to process million BTU/hr.	Average usage	Units	Maximum usage	Units

13. Describe any fugitive emissions associated with this process, such as outdoor storage piles, unpaved roads, open conveyors, etc.:	Attached?
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\*\*\*\*\* For this emissions unit, identify the method(s) of compliance demonstration by completing Form 4530-118, \*\*\*\*\*  
 DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

\*\*\*\*\* Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. \*\*\*\*\*

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	
6. Manufacturer and model number:	
7. Date of installation:	
8. Describe in detail the device in use. Attach a diagram of the system. Attached? _____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached?

Pollutant	Inlet pollutant concentration		Hood capture efficiency (%)	Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv		gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

\_\_\_\_\_

\_\_\_\_\_

11. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:

- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
- b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
- c. What type of monitoring equipment will be provided (temperature sensors, pressure sensors, CEMs).
- d. An inspection schedule and items or conditions that will be inspected.
- e. A listing of materials and spare parts that will be maintained in inventory.
- f. Is this plan available for review? \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	
6. Manufacturer and model number:	
7. Date of installation:	
8. Describe in detail the condenser to be used. Attach a diagram of the system. Attached? _____	
_____	
_____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached

Pollutant	Inlet pollutant concentration		Hood capture efficiency (%)	Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv		gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

\_\_\_\_\_

\_\_\_\_\_

11. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:

- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
- b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
- c. What type of monitoring equipment will be provided (temperature sensors, pressure sensors, CEMs).
- d. An inspection schedule and items or conditions that will be inspected.
- e. A listing of materials and spare parts that will be maintained in inventory.
- f. Is this plan available for review? \_\_\_\_\_

Section B

The following questions must be answered by sources installing new equipment or existing Units that cannot document control efficiency of this device by other means.

12. Average specific heat of the condensing medium (BTU/lb/°F):	13. Pressure drop range across the coolant (psia):
14. Mass flow rate of condensing medium (lb/hr):	15. Temperatures of the condensing medium (°F): T(inlet) _____ T(outlet) _____
16. Composition of the condensing medium:	17. Mass flow rate of the vapor stream (lb/hr):
18. Average specific heat of the vapor stream (BTU/lb/°F)	19. Inlet and outlet temperature of the vapor stream (°F)
20. Heat transfer area of the device (ft <sup>2</sup> ):	21. Heat transfer coefficient (BTU/ft <sup>2</sup> /hr/°F)

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	
6. Manufacturer and model number:	
7. Date of installation:	
8. Describe the adsorber to be used. Attach a diagram of the system. Attached? _____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached

Pollutant	Inlet pollutant concentration		Hood capture efficiency (%)	Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv		gr/acf	ppmv	

10. Gas flow rate (ACFM):	11. Gas temperature at the inlet (°F):
12. Bed operating temperature (°F):	
13. Discuss how the collected material will be handled for reuse or disposal.	

14. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
  - b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
  - c. What type of monitoring equipment will be provided (temperature sensors, pressure sensors, CEMs).
  - d. An inspection schedule and items or conditions that will be inspected.
  - e. A listing of materials and spare parts that will be maintained in inventory.
  - f. Is this plan available for review? \_\_\_\_\_

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

15. Describe gas pretreatment methods:	
16. Breakthrough capacity in lb. vapor/lb. adsorbent:	17. Partial pressure(s) of all pollutants in the inlet gas:
18. Describe the adsorption medium:	
19. Bed void space (ft <sup>3</sup> ):	20. Dimensions of the adsorption bed (ft.):
21. Porosity (%):	22. Maximum gas velocity through the device (ft./min):
23. Indicate if the bed material is disposable. Discuss method of disposal or regeneration method. Provide a schedule of bed replacement or regeneration.	

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	
6. Manufacturer and model number:	
7. Date of installation:	
8. Describe in detail the oxidation system. Attach a blueprint or diagram of the system. Attached? _____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)	
	gr/acf	ppmv	gr/acf	ppmv	hood capture	pollutant destruction

10. Check one:  Catalytic  Thermal oxidizer

11. Discuss how the spent catalyst will be handled for reuse or disposal.

\_\_\_\_\_

\_\_\_\_\_

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:

- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
- b. Operation variables such as temperature that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
- c. An inspection schedule and items or conditions that will be inspected. For catalytic oxidizers, discuss the replacement and/or regeneration schedule for the bed and steps you have taken to ensure the bed's proper functioning throughout its expected lifetime.
- d. A listing of materials and spare parts that will be maintained in inventory.
- e. Is this plan available for review? \_\_\_\_\_

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means. (Catalytic/Thermal dependent on item 10)

Catalytic oxidation	Thermal oxidation
13a. Operating temperature (°F): Max _____ Min _____	b. Operating temperature (°F): Max _____ Min _____
14a. Catalyst bed volume (ft <sup>3</sup> ):	b. Combustion chamber volume (ft <sup>3</sup> ):
15a. Gas volumetric flow rate at combustion conditions (ACFM):	b. Maximum gas velocity through the device (ft./min):
16a. Type of fuel used:	b. Type of fuel used:
17a. Maximum fuel use:	b. Maximum fuel used:
18a. Type of catalyst used and volume of catalyst used (ft <sup>3</sup> ):	
19a. Residence time (seconds):	b. Residence time (seconds):

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number	4. Unit identification number:
5. Control device number:	
6. Manufacturer and model number:	
7. Date of installation:	
8. Describe in detail the cyclone, multicyclone or gravity settling chamber. Attach a blueprint or diagram of the system. Attached? _____	
_____	
_____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Pressure drop across the device (inches of H<sub>2</sub>O):

11. Discuss how the collected material will be handled for reuse or disposal.

\_\_\_\_\_

\_\_\_\_\_

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:
- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
  - b. Operation variables such as pressure drop that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
  - c. An inspection schedule and items or conditions that will be inspected.
  - d. A listing of materials and spare parts that will be maintained in inventory.
  - e. Is this plan available for review? \_\_\_\_\_

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

13. Device dimensions:	14. Gas flow rate (ACFM):
15. Inlet gas velocity (ft/sec):	16. Inlet gas temperature (°F):
17. Mean particle diameter (ft):	18. Particle density (lb/ft <sup>3</sup> ):
19. Number of turns (for cyclones) or number of parallel chambers (for gravity settling chamber):	

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	
6. Manufacturer and model number:	
7. Date of installation:	
8. Describe in detail the control system. Attach a blueprint or diagram of the system. Attached? _____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

\_\_\_\_\_

\_\_\_\_\_

11. List the important design parameters of this device and their normal operating range (e.g., primary/secondary voltage and current, spark rate of each field).

\_\_\_\_\_

\_\_\_\_\_

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:

- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
- b. Operation variables that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
- c. Cleaning method (mechanical rapping, magnetic impulse rappers, water sprays, etc.).
- d. An inspection schedule and items or conditions that will be inspected.
- e. A listing of materials and spare parts that will be maintained in inventory.
- f. Is this plan available for review? \_\_\_\_\_

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

13. Length, width and height of fields or tube diameter and length (ft):	14. Design particle migration velocity (ft/sec):
15. Collection area (ft <sup>2</sup> ):	16. Number of fields:
17. Inlet gas pretreatment if applicable:	18. Number and rating of transformer/rectifier sets (kilovolts and milliamperes):
19. Liquid flow rate for wet precipitators (gal/min):	20. Exhaust gas flow rate (acf/sec):

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number
3. Stack identification number	4. Unit identification number
5. Control device number	
6. Manufacturer and model number	
7. Date of installation	
8. Describe in detail the control system. Attach a blueprint or diagram of the system. Attached? _____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:

- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
- b. Operation variables that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
- c. An inspection schedule and items or conditions that will be inspected.
- d. A listing of materials and spare parts that will be maintained in inventory.
- e. Is this plan available for review? \_\_\_\_\_

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

12. Liquid flow rate (gal/min):	13. Pressure drop across the scrubber and demister (inches of H <sub>2</sub> O):
14. Inlet gas flow rate (ACFM):	15. Inlet gas temperature (°F):
16. Scrubbing medium (water, sodium hydroxide slurry, etc.):	17. Liquid inlet pressure (psi):

SEE INSTRUCTIONS ON REVERSE SIDE

Section A

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Control device number:	
6. Manufacturer and model number:	
7. Date of installation:	
8. Describe in detail the control system. Attach a blueprint or diagram of the system. Attached? _____	

9. List the pollutants to be controlled by this equipment and the expected control efficiency for each pollutant on the table below.  Documentation is attached

Pollutant	Inlet pollutant concentration		Outlet pollutant concentration		Efficiency (%)
	gr/acf	ppmv	gr/acf	ppmv	

10. Discuss how the collected material will be handled for reuse or disposal.

\_\_\_\_\_

\_\_\_\_\_

11. Pressure drop across the filter (inches of H<sub>2</sub>O):

12. Prepare a malfunction prevention and abatement plan (if required under s. NR 439.11) for this pollution control system. Please include the following:

- a. Identification of the individuals(s), by title, responsible for inspecting, maintaining and repairing this device.
- b. Bag cleaning techniques and frequency of cleaning or replacement schedule for filters.
- c. Operation variables that will be monitored in order to detect a malfunction or breakthrough, the correct operating range of these variables, and a detailed description of monitoring or surveillance procedures that will be used to show compliance.
- d. An inspection schedule and items or conditions that will be inspected.
- e. A listing of materials and spare parts that will be maintained in inventory.
- f. Is this plan available for review? \_\_\_\_\_

Section B

The following questions must be answered by sources installing new equipment or existing Units which cannot document control efficiency of this device by other means.

13. Filter medium or type of fabric material (if fabric, indicate whether felt or woven):

14. Maximum inlet gas flow rate (ACFM):	15. Maximum inlet gas temperature (°F):
16. Number of bags if applicable:	17. Dimensions of bags/filters:
18. Air to cloth ratio (acfm/ft <sup>2</sup> ):	

All applicants except non-Part 70 sources are required to certify compliance with all applicable air pollution permit requirements by including a statement within the permit application of the methods used for determining compliance (please see sec. NR 407.05(4)(i), Wis. Adm. Code.) This statement must include a description of the monitoring, recordkeeping, and reporting requirements and test methods. In addition, the application must include a schedule for compliance certification submittals during the permit term. These submittals must be no less frequent than annually, and may need to be more frequent if specified by the underlying applicable requirement or by the Department.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. This Unit will use the following method(s) for determining compliance with the requirements of the permit (check all that apply and attach the appropriate form(s) to this form).

Continuous Emission Monitoring (CEM) - Form 4530-119  
Pollutant(s): \_\_\_\_\_

Periodic Emission Monitoring Using Portable Monitors - Form 4530-120  
Pollutant(s): \_\_\_\_\_

Monitoring Control System Parameters or Operating Parameters of a Process - Form 4530-121  
Pollutant(s): \_\_\_\_\_

Monitoring Maintenance Procedures - Form 4530-122  
Pollutant(s): \_\_\_\_\_

Stack Testing - Form 4530-123  
Pollutant(s): \_\_\_\_\_

Fuel Sampling and Analysis (FSA) - Form 4530-124  
Pollutant(s): \_\_\_\_\_

Recordkeeping - Form 4530-125  
Pollutant(s): \_\_\_\_\_

Other (please describe) - Form 4530-135  
Pollutant(s): \_\_\_\_\_

6. Compliance certification reports will be submitted to the Department according to the following schedule:

Start date: \_\_\_\_\_  
and every \_\_\_\_\_ months thereafter.

Compliance monitoring reports will be submitted to the Department according to the following schedule:

Start date: \_\_\_\_\_  
and every \_\_\_\_\_ months thereafter.

An installation plan for each new (i.e., proposed) Continuous Emission Monitoring (CEM) system shall be submitted with the permit application for Department approval. Installation plans for existing CEMs are not required to be submitted with the permit application. The installation plan shall contain the following information: the name and address of the source; the source facility identification number; a general description of the process and the control equipment; the pollutant or diluent being monitored; the manufacturer, model number, and serial number of each analyzer; the operating principles of each analyzer; a schematic of the CEM system showing the sample acquisition point and the location of the monitors; and an explanation of any deviations from the siting criteria in Performance Specifications 1,2,3,4,5,6 and 7 in 40 CFR part 60, Appendix B, incorporated by reference in ch. NR 484, Wis. Adm. Code.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant being monitored: (If other than opacity then item 6 or 7 will be required)	
a. Name of manufacturer:	b. Model number:
c. Is this an existing system <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Installation date:
e. Type <input type="checkbox"/> In situ <input type="checkbox"/> Extractive <input type="checkbox"/> Dilution <input type="checkbox"/> Other (specify) _____	
f. Describe how the monitor works:	
g. Backup system:	
h. <input type="checkbox"/> The CEM system certification is attached for Department approval. <input type="checkbox"/> If it is not attached, please submit it within 60 days of the startup of the CEM system. <input type="checkbox"/> The certification was submitted to the Department on _____.	
i. <input type="checkbox"/> A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. <input type="checkbox"/> If the plan is not attached, please submit it within 60 days of the CEM system startup. <input type="checkbox"/> The plan was submitted to the Department on _____.	
6. Diluent being monitored:	
a. Name of manufacturer:	b. Model number:
c. Is this an existing system <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Installation date:
e. Type <input type="checkbox"/> In situ <input type="checkbox"/> Extractive <input type="checkbox"/> O2 <input type="checkbox"/> CO2 <input type="checkbox"/> Other (specify) _____	
f. Describe how the monitor works:	
g. Backup system:	
h. <input type="checkbox"/> The CEM system certification is attached for Department approval. <input type="checkbox"/> If it is not attached, please submit it within 60 days of the startup of the CEM system. <input type="checkbox"/> The certification was submitted to the Department on _____.	
i. <input type="checkbox"/> A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. <input type="checkbox"/> If the plan is not attached, please submit it within 60 days of the CEM system startup. <input type="checkbox"/> The plan was submitted to the Department on _____.	
7. Flow	
a. Name of manufacturer:	b. Model number:
c. Is this an existing system <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Installation date:
e. Type <input type="checkbox"/> Differential pressure <input type="checkbox"/> Thermal <input type="checkbox"/> Other (specify) _____	
f. Describe how the monitor works:	
g. Backup system:	
h. <input type="checkbox"/> The CEM system certification is attached for Department approval. <input type="checkbox"/> If it is not attached, please submit it within 60 days of the startup of the CEM system. <input type="checkbox"/> The certification was submitted to the Department on _____.	
i. <input type="checkbox"/> A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. <input type="checkbox"/> If the plan is not attached, please submit it within 60 days of the CEM system startup. <input type="checkbox"/> The plan was submitted to the Department on _____.	

COMPLIANCE DEMONSTRATION BY PERIODIC EMISSION MONITORING  
USING PORTABLE MONITORS  
AIR POLLUTION CONTROL PERMIT APPLICATION  
Form 4530-120 11-93

Information attached? \_\_ (y/n)

The use of a portable continuous emission monitor (CEM) may be acceptable as a compliance demonstration method. A monitoring plan shall contain the following information: the name and address of the source; the source facility identification number; a general description of the process and the control equipment; the pollutant or diluent being monitored; the manufacturer, model number, and serial number of each portable monitor; the operating principles of each portable monitor; and a schematic of the CEM system showing the sample acquisition point and the location of the monitors while sampling.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) or diluent(s) being monitored:	
6. Name of manufacturer:	7. Model number:
8. Is this an existing system? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Installation date:
10. Type: <input type="checkbox"/> In situ <input type="checkbox"/> Extractive <input type="checkbox"/> Dilution <input type="checkbox"/> Other (specify) _____	
11. Describe how the monitor works: _____ _____ _____	
12. Backup system:	
13. Compliance shall be demonstrated: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
14. Indicate by checking: <input type="checkbox"/> The portable monitor certification is attached for Department approval. <input type="checkbox"/> If it is not attached, please submit it within 60 days of the startup of the sampling program. <input type="checkbox"/> The certification was submitted to the Department on _____. <input type="checkbox"/> A quality assurance/quality control plan for the portable monitor is attached for Department approval. <input type="checkbox"/> If the plan is not attached, please submit it within 60 days of the startup of the sampling program. <input type="checkbox"/> The plan was submitted to the Department on _____.	

\*\*\*\*\* Any test value over the emission limit shall be reported as an excess emission. \*\*\*\*\*

COMPLIANCE DEMONSTRATION BY MONITORING CONTROL SYSTEM  
 PARAMETERS OR OPERATING PARAMETERS OF A PROCESS  
 AIR POLLUTION CONTROL PERMIT APPLICATION

Form 4530-121 11-93

Information attached? \_\_ (y/n)

The monitoring of a control system parameter or a process may be acceptable as a compliance demonstration method provided that a correlation between the parameter value and the emission rate of a particular pollutant is established in the form of a curve of emission rate versus parameter values. Ideally three sets of stack test data, that bracket the emission limit if possible, could be used to define the emission curve. This correlation shall constitute the certification of the system. It should be attached for Department approval. If it is not attached, please submit it within 60 days of the startup of the system.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) being monitored:	
6. Name of manufacturer:	7. Model number:
8. Is this an existing system? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Installation date:
10. Method of monitoring description:	
_____ _____ _____	

11. Backup system: \_\_\_\_\_

12. Indicate by checking:

The monitoring system shall be subject to appropriate performance specifications, calibration requirements and quality assurance procedures.  A quality assurance/quality control plan for the monitoring system is attached for Department approval.  If the plan is not attached, please submit it within 60 days of the start-up of the monitoring program.  The plan was submitted to the Department on \_\_\_\_\_.

13. The applicant shall propose an appropriate averaging period, (i.e., a particular number of continuous hours) for the purpose of defining excess emissions. The Department may approve the proposed averaging period, or other period which the Department determines to be appropriate. Provide the proposed averaging period(s) below.

Parameter	Averaging Period

COMPLIANCE DEMONSTRATION BY MONITORING MAINTENANCE  
PROCEDURES  
AIR POLLUTION CONTROL PERMIT APPLICATION  
Form 4530-122 11-93

Information attached? \_\_ (y/n)

The monitoring of a maintenance procedure may be acceptable as a compliance demonstration method provided that a correlation between the procedure and the emission rate of a particular pollutant is established in the form of a curve of emission rate versus the frequency the procedure is performed. VOC leak detection programs or fugitive dust control programs are examples of procedures that could be monitored. The correlation shall be established using stack test data. This correlation shall constitute the certification of the monitoring system. It should be attached for Department approval. If it is not attached, please submit it within 60 days of the startup of the monitoring program.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) being monitored:	
6. Procedure being monitored:	
7. Is this an existing maintenance procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Installation date:
9. Method of monitoring: _____ _____ _____	
10. Compliance shall be demonstrated: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
11. Indicate by checking:  The monitoring program shall be subject to appropriate performance specifications, calibration requirements, and quality assurance procedures. <input type="checkbox"/> A quality assurance/quality control plan for the monitoring program is attached for Department approval. <input type="checkbox"/> If the plan is not attached, please submit it within 60 days of the startup of the monitoring program. <input type="checkbox"/> The plan was submitted to the Department on _____.	

\*\*\*\*\* Any failure to fulfill a maintenance requirement shall be reported as an excess emission. \*\*\*\*\*

COMPLIANCE DEMONSTRATION BY STACK TESTING  
AIR POLLUTION CONTROL PERMIT APPLICATION  
Form 4530-123 11-93

Information attached? \_\_ (y/n)

The performance of an EPA stack test method for demonstrating compliance with an emission limitation has always been acceptable. EPA test methods contain quality assurance procedures that shall be strictly adhered to by the source. The applicant shall propose an appropriate program of stack testing for compliance demonstration. The stack testing program shall correlate with the corresponding emission limitation in terms of the frequency and duration of the stack tests. The Department may approve the proposed stack testing program, or other program which the Department determines to be appropriate. The procedures outlined in chapter NR 439 for stack test plans and procedures shall apply to stack test performed for ongoing compliance demonstration.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant being monitored:	
6. Procedure being monitored:	
7. Is this an existing method of demonstrating compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Installation date:
9. EPA or Department approved test method: _____ _____	
10. Backup system	
11. Compliance shall be demonstrated: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

\*\*\*\*\* Any measured emission rate that exceeds an emission limitation established by the permit shall be \*\*\*\*\*  
reported as an excess emission.

COMPLIANCE DEMONSTRATION BY FUEL SAMPLING AND ANALYSIS  
AIR POLLUTION CONTROL PERMIT APPLICATION

Form 4530-124 11-93

Information attached? \_\_ (y/n)

An installation plan for each fuel sampling and analysis system (FSA) may be submitted with the permit application for Department approval. The installation plan shall contain the following information: the name and address of the source; the source facility identification number; a general description of the process and the control equipment; the type of fuel being sampled; the manufacturer, model number, and serial number of each sampler; and a schematic of the FSA system showing the sample acquisition point and the location of the machine that produces the daily, weekly, or monthly composite fuel sample. A completed form 4530-124, supplemented to satisfy the requirements of this paragraph, may constitute an installation plan for a FSA system.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant being monitored:	6. Fuel being sampled:
7. List the ASTM fuel sample collecting and analyzing methods used: _____ _____ _____	
8. Is this an existing FSA system? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Installation date:
10. <input type="checkbox"/> Automated sampling <input type="checkbox"/> Manual sampling	
11. Backup system?	
12. Compliance shall be demonstrated: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
13. Indicate by checking: <input type="checkbox"/> The FSA system certification is attached for Department approval. <input type="checkbox"/> If the certification is not attached, please submit it within 60 days of the FSA system startup. <input type="checkbox"/> The certification was submitted to the Department on _____. <input type="checkbox"/> A FSA quality assurance/quality control plan for fuel sampling program is attached for Department approval. <input type="checkbox"/> If the plan is not attached, please submit it within 60 days of the CEM startup system. <input type="checkbox"/> The plan was submitted to the Department on _____.	

\*\*\*\*\* Any composite sample over the emission limit shall be reported as an excess emission. \*\*\*\*\*

COMPLIANCE DEMONSTRATION BY RECORDKEEPING  
AIR POLLUTION CONTROL PERMIT APPLICATION  
Form 4530-125 11-93

Information attached? \_\_ (y/n)

Recordkeeping may be acceptable as a compliance demonstration method provided that a correlation between the parameter value recorded and the emission rate of a particular pollutant is established in the form of a curve or chart of emission rate versus parameter values. This correlation may constitute the certification of the system. It should be attached for Department approval. If it is not attached, please submit it within 60 days of the startup of the system.

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:
5. Pollutant(s) being monitored:	6. Material or parameter being monitored and recorded:
7. Method of monitoring and recording: _____ _____	
8. List any EPA methods used: _____	
9. Is this an existing method of demonstrating compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Installation date:
11. Backup system:	
12. Compliance shall be demonstrated: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Batch (not to exceed monthly)	
13. Indicate by checking:  The monitoring system shall be subject to appropriate performance specifications, calibration requirements, and quality assurance procedures. <input type="checkbox"/> A quality assurance/quality control plan for the recordkeeping system is attached for Department approval. <input type="checkbox"/> If the plan is not attached, please submit it within 60 days of the startup of the recordkeeping program. <input type="checkbox"/> The plan was submitted to the Department on _____.	

\*\*\*\*\* The compliance records shall be available for Department inspection. The format for the compliance certification report and the excess emission report shall be approved by the Department. A proposed format for the compliance certification report and excess emission report shall be submitted at the same time as the application. \*\*\*\*\*

\*\*\*\*\* The source shall record any malfunction that causes or may cause an emission limit to be exceeded. \*\*\*\*\* Malfunctions shall be reported to the Department the next business day. Hazardous air spills shall be reported to the Department immediately.





SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. Complete the following emissions summary for the following pollutants. Attach sample calculations and emission factor references. Attached? \_\_\_\_\_

Air pollutant	Actual			Maximum theoretical emissions			Potential to emit	Maximum allowable		
		U	TPY		U	TPY			U	TPY
Particulates							TPY			
Sulfur dioxide							TPY			
Organic compounds							TPY			
Carbon monoxide							TPY			
Lead							TPY			
Nitrogen oxides							TPY			
Total reduced sulfur							TPY			
Mercury							TPY			
Asbestos							TPY			
Beryllium							TPY			
Vinyl chloride							TPY			
							TPY			
							TPY			
							TPY			
							TPY			

Units (U) should be entered as follows:

- 1 = lb/hr
- 2 = lb/mmBTU
- 3 = grains/dscf
- 4 = lb/ gallon
- 5 = ppmdv
- 6 = other (specify) \_\_\_\_\_
- 7 = other (specify) \_\_\_\_\_
- 8 = other (specify) \_\_\_\_\_





SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Unit identification number:

5. For Units that are presently in compliance with all applicable requirements, including any enhanced monitoring and compliance certification requirements under section 114(a)(3) of the Clean Air Act that apply, complete the following. These commitments are part of the application for Part 70 permits.

- We will continue to operate and maintain this Unit in compliance with all applicable requirements.
- Form 4530-130 includes new requirements that apply or will apply to this Unit during the term of the permit. We will meet such requirements on a timely basis.

6. For Units not presently fully in compliance, complete the following.

- This Unit is in compliance with all applicable requirements except for those indicated below. We will achieve compliance according to the following schedule:

Applicable Requirement	Corrective Actions	Deadline
1.		
2.		
3.		

Progress reports will be submitted:

Start date: \_\_\_\_\_ and every six (6) months thereafter



SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
-------------------	------------------------------------

3. For facilities that are presently in compliance with all applicable requirements, including any enhanced monitoring and compliance certification requirements under section 114(a)(3) of the Clean Air Act that apply, complete the following. These commitments are part of the application for Part 70 permits.

- We will continue to operate and maintain this facility in compliance with all applicable requirements.
- Form 4530-132 includes new requirements that apply or will apply to this facility during the term of the permit. We will meet such requirements on a timely basis.

4. For facilities not presently fully in compliance, complete the following.

- This facility is in compliance with all applicable requirements except for those indicated below. We will achieve compliance according to the following schedule:

Applicable Requirement	Corrective Actions	Deadline
1.		
2.		
3.		

Progress reports will be submitted:

Start date: \_\_\_\_\_ and every six (6) months thereafter

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. This form supplements Form 4530 - _____ for Emission Unit (e.g. B01, P01, etc.)_____	

Additional Information	Item Number

Additional Information (Diagrams)	Item Number

I. ADMINISTRATION	
This application contains the following forms:	<input type="checkbox"/> Form 4530-100, Facility Identification
	<input type="checkbox"/> Form 4530-101, Facility Plot Plan
	<input type="checkbox"/> Forms 4530-102, -102A, and -102B, Source and Site Descriptions

  

II. EMISSIONS SOURCE DESCRIPTION	Total Number of This Form
This application contains the following forms (one form for each facility boiler, printing operation, etc.):	<input type="checkbox"/> Form 4530-103, Stack Identification
	<input type="checkbox"/> Form 4530-104, Boiler or Furnace Operation
	<input type="checkbox"/> Form 4530-105, Storage Tanks
	<input type="checkbox"/> Form 4530-106, Incineration
	<input type="checkbox"/> Form 4530-107, Printing Operations
	<input type="checkbox"/> Form 4530-108, Painting and Coating Operations
	<input type="checkbox"/> Form 4530-109, Miscellaneous Processes

  

III. AIR POLLUTION CONTROL SYSTEM	Total Number of This Form
This application contains the following forms:	<input type="checkbox"/> Form 4530-110, Miscellaneous
	<input type="checkbox"/> Form 4530-111, Condensers
	<input type="checkbox"/> Form 4530-112, Adsorbers
	<input type="checkbox"/> Form 4530-113, Catalytic or Thermal Oxidation
	<input type="checkbox"/> Form 4530-114, Cyclones/Settling Chambers
	<input type="checkbox"/> Form 4530-115, Electrostatic Precipitators
	<input type="checkbox"/> Form 4530-116, Wet Collection Systems
	<input type="checkbox"/> Form 4530-117, Baghouses/Fabric Filters

  

IV. COMPLIANCE DEMONSTRATION	Total Number of This Form
This application contains the following forms (one for each facility boiler, printing operation, etc.):	<input type="checkbox"/> Form 4530-118, Compliance Certification - Monitoring and Reporting
	<input type="checkbox"/> Form 4530-119, Continuous Emission Monitoring
	<input type="checkbox"/> Form 4530-120, Periodic Emission Monitoring Using Portable Monitors
	<input type="checkbox"/> Form 4530-121, Control System Parameters or Operation Parameters of a Process
	<input type="checkbox"/> Form 4530-122, Monitoring Maintenance Procedures
	<input type="checkbox"/> Form 4530-123, Stack Testing
	<input type="checkbox"/> Form 4530-124, Fuel Sampling and Analysis
	<input type="checkbox"/> Form 4530-125, Recordkeeping

V. EMISSION SUMMARY AND COMPLIANCE CERTIFICATION		Total Number of This Form
This application contains the following forms quantifying emissions, certifying compliance with applicable requirements, and developing a compliance plan	<input type="checkbox"/> Form 4530-126, Emission Unit Hazardous Air Pollutant Summary	
	<input type="checkbox"/> Form 4530-127, Facility Hazardous Air Pollutant Summary	
	<input type="checkbox"/> Form 4530-128, Emission Unit Summary	
	<input type="checkbox"/> Form 4530-129, Facility Emissions Summary	
	<input type="checkbox"/> Form 4530-130, Current Emissions Requirements and Status of Unit	
	<input type="checkbox"/> Form 4530-131, Emission Unit Compliance Plan - Commitments and Schedule	
	<input type="checkbox"/> Form 4530-132, Current Emissions Requirements and Status of Facility	
	<input type="checkbox"/> Form 4530-133, Facility Requirement Compliance Plan Commitments and Schedule	

<b>VI. SIGNATURE OF RESPONSIBLE OFFICIAL</b>	
<p data-bbox="77 726 597 756"><b>A. STATEMENT OF COMPLETENESS</b></p> <p data-bbox="172 789 1565 852">I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete.</p> <p data-bbox="77 886 464 915"><b>B. FOR RENEWALS ONLY</b></p> <p data-bbox="172 949 1403 1041">I have reviewed this application, the original operation permit application dated _____, and operation permit number _____ in their entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this renewal application are true, accurate and complete.</p> <p data-bbox="77 1096 1081 1159"><b>C. CERTIFICATION OF FACILITY COMPLIANCE STATUS</b> (check one box only) THIS IS NOT A REQUIREMENT OF NON-PART 70 SOURCES.</p> <p data-bbox="172 1188 1490 1251"><input type="checkbox"/> I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements.</p> <p data-bbox="172 1281 1490 1344"><input type="checkbox"/> I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements, except for the following emissions unit(s):</p> <p data-bbox="269 1398 805 1440">_____</p> <p data-bbox="409 1411 724 1440">(list all non-complying units)</p>	
<b>Printed or Typed Name</b>	<b>Title</b>
<b>Signature</b>	<b>Date Signed</b>

SEND ALL MATERIALS TO:

WISCONSIN DEPARTMENT OF NATURAL RESOURCES  
BUREAU OF AIR MANAGEMENT  
OPERATION PERMIT TEAM LEADER  
P.O. BOX 7921  
MADISON, WI 53707-7921

SEE INSTRUCTIONS ON REVERSE SIDE

1.	<b>Facility name and</b>	<b>Name</b>	<hr/>
	<b>mailing address</b>	<b>Street or Route</b>	<hr/>
		<b>City, State, Zip Code</b>	<hr/>

2.	New Parent corporation	Name	<hr/>
	or Facility name	Street or Route	<hr/>
	(if name change being	City, State, Zip Code	<hr/>
	requested)	Country (if not U.S.)	<hr/>

3.	Type of Permit Revision:	<input type="checkbox"/> Administrative	<input type="checkbox"/> Minor	<input type="checkbox"/> Significant
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4. <b>Facility identification number:</b>	5. <b>Permit #(s) to be revised:</b> <hr/>
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6. Describe the proposed revision below (attach additional sheets if necessary). For a Renewal Request for Proposed Condition Changes, list the affected permit conditions here and attach additional sheets with the proposed changes identified.

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7. SIGNATURE OF RESPONSIBLE OFFICIAL	
A. STATEMENT OF COMPLETENESS I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete.	
B. <b>CERTIFICATION OF FACILITY COMPLIANCE STATUS</b> (check one box only) THIS IS ONLY A REQUIREMENT FOR PART 70 SOURCES REQUESTING SIGNIFICANT REVISIONS OR RENEWAL CHANGES.	
<input type="checkbox"/> I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements.	
<input type="checkbox"/> I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements, except for the following emissions unit(s):	
<hr style="width: 80%; margin-left: 0;"/> (list all non-complying units)	
<b>Printed or Typed Name</b>	<b>Title</b>
<b>Signature</b>	<b>Date Signed</b>

If this revision is a **minor revision**, please also complete form 4530-137.

If this revision is a **significant revision**, please certify the compliance status of your facility above and complete all application forms (4530-100 through 4530-133) which are applicable to this revision.

If this is for a **Renewal Request for Proposed Condition Changes**, please attach additional sheets as necessary to identify the requested changes.