



**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:	

All Applications Must be Accompanied by a **\$100** Filing Fee, Except for Those Applying for Permit Amendments. Processing Fees at the Rate currently charged by the APCP will be Assessed 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 / PRINCIPLE 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			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.

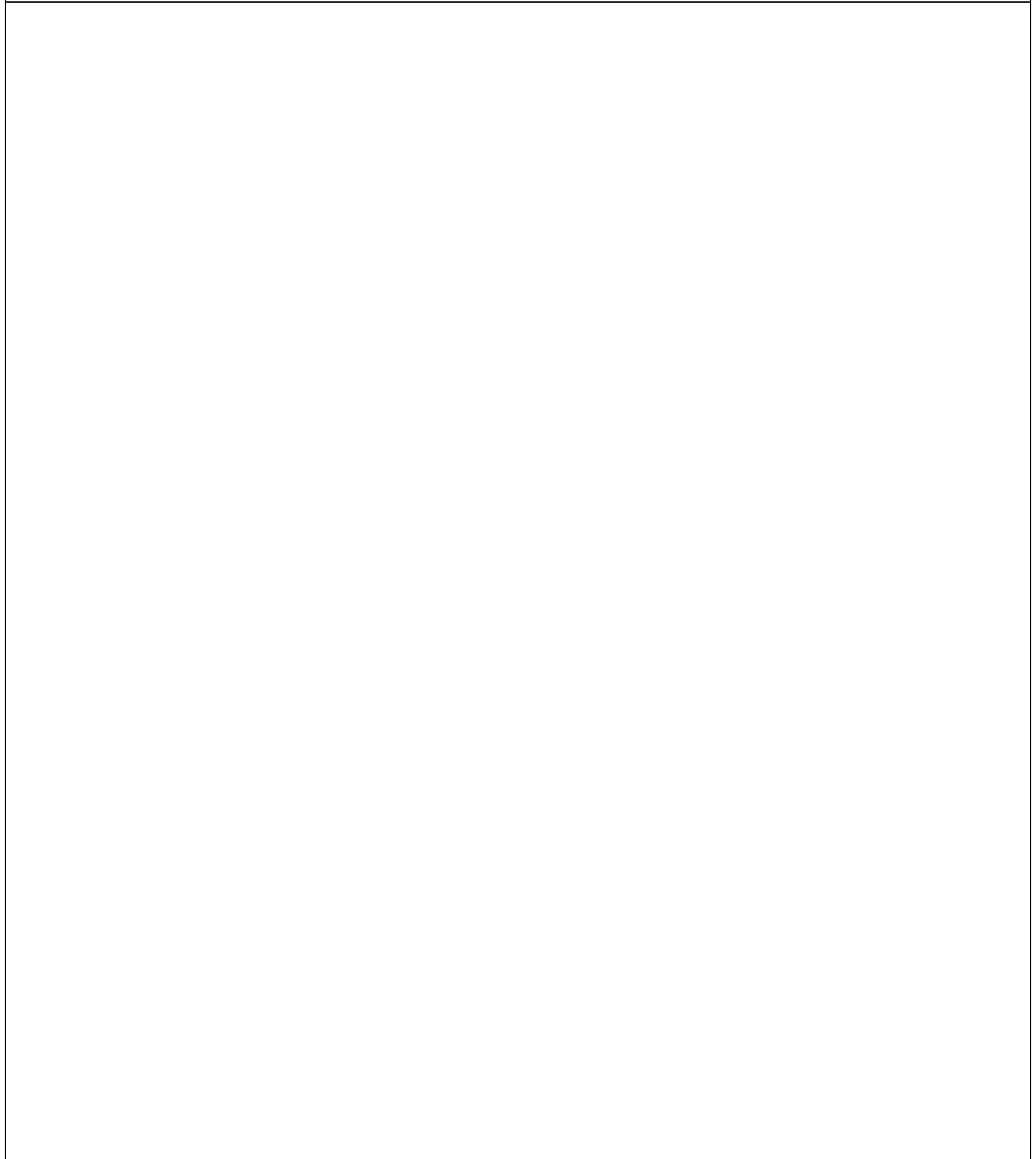
SIGNATURE OF RESPONSIBLE OFFICIAL		DATE
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL		RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER
OFFICIAL TITLE OF RESPONSIBLE OFFICIAL		

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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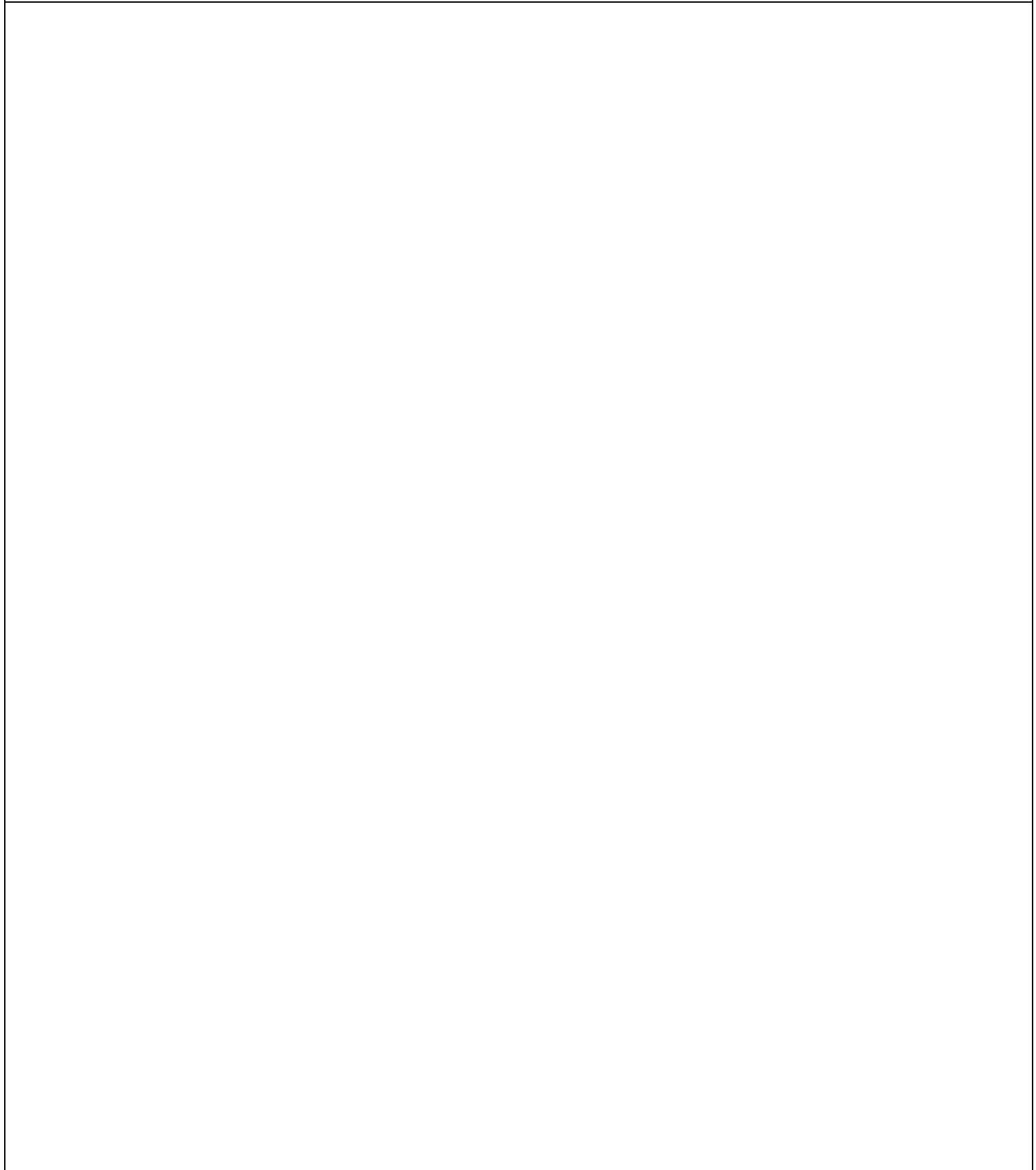
For a new installation, show the entire installation. For an addition to an existing installation, show only the new processes/equipment/emission points and begin the ID numbering where the existing EIQ emission point numbers leave off. If the application is for a modification or an addition to an existing emission point or unit, show the upstream and downstream point(s) or the equipment that this modification will affect.



Form 1.3 Plant Layout Diagram

INSTALLATION NAME (A.)	FIPS COUNTY NO.(B.)	PLANT NO. (C.)
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Please 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.)
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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	HAPs

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.)																	
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																				
<table style="width:100%; border: none;"> <tr> <td style="width:25%;">Oil</td> <td style="width:25%;">Gas</td> <td style="width:25%;">Coal</td> <td style="width:25%;">Other</td> </tr> <tr> <td><input type="checkbox"/> Distillate (Fuel Oil 1-4)</td> <td><input type="checkbox"/> Natural Gas</td> <td><input type="checkbox"/> Anthracite</td> <td><input type="checkbox"/> Refuse</td> </tr> <tr> <td><input type="checkbox"/> Residual Fuel Oil (5-6)</td> <td><input type="checkbox"/> LPG/Propane</td> <td><input type="checkbox"/> Bituminous</td> <td><input type="checkbox"/> Trade Wastes</td> </tr> <tr> <td><input type="checkbox"/> Waste Oil</td> <td></td> <td><input type="checkbox"/> Lignite</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table>					Oil	Gas	Coal	Other	<input type="checkbox"/> Distillate (Fuel Oil 1-4)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Anthracite	<input type="checkbox"/> Refuse	<input type="checkbox"/> Residual Fuel Oil (5-6)	<input type="checkbox"/> LPG/Propane	<input type="checkbox"/> Bituminous	<input type="checkbox"/> Trade Wastes	<input type="checkbox"/> Waste Oil		<input type="checkbox"/> Lignite	<input type="checkbox"/> Other (specify)
Oil	Gas	Coal	Other																	
<input type="checkbox"/> Distillate (Fuel Oil 1-4)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Anthracite	<input type="checkbox"/> Refuse																	
<input type="checkbox"/> Residual Fuel Oil (5-6)	<input type="checkbox"/> LPG/Propane	<input type="checkbox"/> Bituminous	<input type="checkbox"/> Trade Wastes																	
<input type="checkbox"/> Waste Oil		<input type="checkbox"/> Lignite	<input type="checkbox"/> Other (specify)																	
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.)
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POINT NO. (D.)	SCC CODE (E.)	
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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. Please 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.)

Please provide all the following information for liquid storage tanks with capacities greater than 500 gallons. Please 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.)
HAUL ROAD INFORMATION				
POINT NO. (D.)	SCC (E.)	SURFACE MATERIAL OF ROAD (F.)	LENGTH OF ROAD (MILES) (G.)	SILT CONTENT (%) (H.)
TYPE OF DUST CONTROL (CHOOSE ONE)				
<input type="checkbox"/> Surfactant Spray <input type="checkbox"/> Water Spray <input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Water Spray Documented <input type="checkbox"/> 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.)
Comments:				

Form 2.8 Storage Pile Information (duplicate this form as needed.)

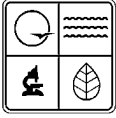
STORAGE PILE INFORMATION				
POINT NO. (D.)	SCC (E.)	TYPE OF MATERIAL STORED (F.)		MOISTURE CONTENT (%) (G.)
AREA OF STORAGE PILE (ACRES) (H.)		STORAGE DURATION (DAYS) (I.)		SILT CONTENT (%) (J.)
ANNUAL AMOUNT STORED (TONS) (K.)			MAXIMUM HOURLY AMOUNT STORED (L.)	
RAW MATERIAL LOADING METHOD (CHOOSE ONE) (M.)				
<input type="checkbox"/> Barge <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Conveyor <input type="checkbox"/> Other (specify)				
RAW MATERIAL UNLOADING METHOD (CHECK ONE) (N.)				
<input type="checkbox"/> Barge <input type="checkbox"/> Rail <input type="checkbox"/> Truck <input type="checkbox"/> Conveyor <input type="checkbox"/> 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.)



**MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM
PORTABLE SOURCE RELOCATION REQUEST**

APCP USE ONLY	
FACILITY ID NO.	
CURRENT SITE NO.	
PROPOSED SITE NO.	

NAME OF INSTALLATION/COMPANY					
INSTALLATION/COMPANY STREET ADDRESS					
INSTALLATION/COMPANY MAILING ADDRESS					
INSTALLATION/COMPANY CITY				STATE	ZIP CODE
FROM CURRENT LOCATION COUNTY	1/4, OF	1/4, OF	SECTION	TOWNSHIP	RANGE
TO PROPOSED LOCATION COUNTY	1/4, OF	1/4, OF	SECTION	TOWNSHIP	RANGE
ESTIMATED LENGTH OF TIME AT NEW LOCATION [NOT TO EXCEED TWO YEARS]					
Years		Months			
PROJECTED DATE TO COMMENCE CONSTRUCTION			PROJECTED DATE TO COMMENCE OPERATION		
Month	Date	Year	Month	Date	Year
NAME OF PARENT COMPANY					
PARENT COMPANY MAILING ADDRESS					
PARENT COMPANY CITY				STATE	ZIP CODE
NAME OF PROPERTY OWNER OF NEW LOCATION					
ADDRESS					
CITY				STATE	ZIP CODE

Is this a new site for this equipment? **YES** **NO** If yes, submit a \$200 review fee. (Check one only)

Will other air contaminant sources not listed in this request be operating concurrently at this same location? **YES** **NO** (Check one only)

If you answered YES to either of the previous questions please attach a map of the area showing property boundary, distance and direction to the nearest off-property area. Show locations and orientation of all portable equipment. Show haul roads and storage piles.

SIGNATURE OF RESPONSIBLE MEMBER OF THE COMPANY		DATE
TYPE OR PRINT NAME OF PERSON SIGNING		
TITLE OF PERSON SIGNING		TELEPHONE NUMBER

RELOCATION APPLICATION INSTRUCTIONS/PROCEDURES

1. Please provide all of the information requested in the application.
2. Each application must be signed by a responsible member of the organization that will operate the installation, or by a responsible member of the organization that owns the installation.
3. The owner must hold a valid, original air construction permit for the portable installation. Even equipment, for which a permit originally was not required, must be permitted to move.
4. Portable equipment approval may continue for a maximum operational time of 24 consecutive months without an intervening relocation.
5. If the portable equipment is to be moved to a site not listed on the original permit, the owner or operator must submit a "Permit Amendment Application." The amendment will be approved under the following conditions:
 - a. The facility is in compliance with the original permit conditions and all applicable regulations;
 - b. The plant is not expected to cause air quality problems at the new location;
 - c. The request is received at least 21 days prior to the proposed move; and
 - d. The equipment will be at the new location no longer than 24 consecutive months.
6. Complete Form 2.7, Haul Road Fugitive Emission Worksheet, and Form 2.8, Storage Pile Worksheet, as applicable to this installation. These forms are included with the application package.
7. Return completed application to:

Missouri Department of Natural Resources
Air Pollution Control Program,
P.O. Box 176
Jefferson City, Missouri 65102-0176

