

## Instructions for Tehama County Air Pollution Control District Permit Application Form

**Please Note:** No person shall knowingly make any false statement in any application for a permit, or in any information, analysis, plans or specifications submitted in conjunction with the application or at the request of the Air Pollution Control Officer (APCO). Any applicant who fails to submit any relevant facts or who has submitted incorrect information in the Permit Application Form shall upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary factors or corrected information to the APCO. The APCO may request additional information, as needed, to supplement the Permit Application form. If sufficient space is not available in the form, please attach additional information.

- A. **Estimated Construction Schedule:** Please enter the start date and the approximate finish date.
- B. **Operation and Ownership:** The purpose of this section is to provide required information to identify the organization/facility name, address, and appropriate project contact to be used for Authority-to-Construct or Permit-to-Operate applications, Please note that this information provided in this section of the form will appear exactly as indicated in the permit issued. In addition, please note that all permits and billing information will be sent to the first address listed in this section.
1. Fill in the legal name of the Business, Company, Individual Owner, or Governmental Agency.  
Fill in the location of the partnership, company, corporation or agency to be named on the permit.  
Identify the name and address of the contractor, consultant, or contact person if different from the person identified above for the organization.
  2. Fill in the legal name of the Business, Company, Individual Owner, or Governmental Agency.  
Fill in the location of the facility where the equipment is or is proposed to be installed.  
Identify the name and address of the contractor, consultant, or contact person.
  3. Fill in the legal name of the Business, Company, Individual Owner, or Governmental Agency.  
Fill in the location for this project.  
Identify the name and address of the contractor, consultant, or contact person for this project.
- C. **Reason for Application Submittal:** Please check the one box that best describes the permit action pursued in this application form. If there is not an appropriate box, please check "Other" and fill in a brief description. As indicated on the application form, please provide any related permit number(s) and expiration dates for the project if known.
1. Is this facility subject to Title V Permitting Requirements. For additional information see 40 CFR Part 70.
  2. Please indicate whether the proposed permit unit will be located within 1,000 feet from the outer boundary of a school site. For additional information, see Health and Safety Code Sections 42301.6(f).
  3. Please indicate if you are submitting data or information that is confidential or proprietary in nature.
  4. Please indicate if all stationary sources with emissions greater than 25 tons per year owned or operated by applicant in California are in compliance with all rules and regulations.
- D. **General Nature of Business or Agency:** Please provide a brief description of the general nature of the business or agency activity (e.g. auto body painting, gasoline storing & dispensing, grain elevator, sand & gravel operations, asphalt/concrete plant, oil production, oil refinery, etc).
- E. **District Specific Questions:** This section is provided for explanations of district specific questions.
- F. **Name of Responsible Party:** Indicate the responsible party to be billed for additional Air Pollution Control District staff time expended beyond the minimum permit application fee.

# Tehama County Air Pollution Control District

P.O. Box 1169  
Red Bluff, CA 96080  
(530) 527-3717

Application Fee: \$174.00

Late Application Fee: \$258.25

## Permit Application Form

*(Application must be typewritten or printed in ink. Please provide all pertinent information requested. Incomplete applications are not acceptable. Include all supplemental forms and applicable fees when submitting application.)*

A. **Estimated Construction Schedule:** Start: \_\_\_\_\_ Finish: \_\_\_\_\_

B. **Operation and Ownership:** *Please specify the legal name and address of the partnership, company, corporation or agency to be named on the permit. All permits and billings will be sent to this address.*

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ FAX/E-Mail: \_\_\_\_\_

*Please specify the facility name, street address, and phone number where the equipment is or is proposed to be installed.*

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Latitude: N \_\_\_\_\_ Longitude: W \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ FAX/E-Mail: \_\_\_\_\_

*Please specify the name, address, and phone number of the contractor, consultant, or contact person for this project.*

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ FAX/E-Mail: \_\_\_\_\_

C. **Reason for Application Submittal:**

- |   |  |
|---|--|
| <input type="checkbox"/> Build/install new emissions unit/process | <input type="checkbox"/> Modify existing permitted unit/process              |
| <input type="checkbox"/> Change in existing permit conditions     | <input type="checkbox"/> Nature of Modification _____                        |
| <input type="checkbox"/> Permit to Operate for an existing unit   | <input type="checkbox"/> Relocation of Equipment-<br>Previous location _____ |
| <input type="checkbox"/> Transfer of ownership                    | <input type="checkbox"/> Other _____   |
- Previous business name \_\_\_\_\_

Please provide related permit number(s) and expiration date(s) for this project (if applicable). If you do not know the number, please leave blank. \_\_\_\_\_

4. Is this facility subject to 40 CFR Part 70 - Title V Permitting Requirements?  Yes  No

5. Will the proposed unit operate within 1,000 feet from the boundary of a K-12 school site?  Yes  No

6. Do you claim confidentiality of data with respect to information submitted?  Yes  No

7. Are all stationary sources with emissions greater than 25 tons per year owned or operated by applicant in California, in compliance with all air pollution rules and regulations?  Yes  No

**General Nature of Business or Agency:** (e.g., auto body painting, gasoline storage & dispensing, grain elevator, sand and gravel operations, asphalt concrete plant, gas production, etc).

\_\_\_\_\_

(\*Use additional sheets and/or supplemental forms if required)

E. **District Specific Questions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information provided on this application is true and correct. I agree to pay any and all fees required by District Rules for processing this application and for issuance of any Permit to Operate or Authority to Construct, including any costs associated with District Rule 2:19 District Indemnification. If I abandon this project and withdraw my application or should my application subsequently be disapproved, I agree that the obligation exists to compensate the District for time expended processing my application when required.

F. **Name of Responsible Party:** Individual responsible for certifying all information provided on this form is true, accurate, and complete pursuant to California Health and Safety Code Section 42303.5. Individual with the authority to certify that all applicable requirements are complied with.

Responsible Party (print): \_\_\_\_\_ Title: \_\_\_\_\_

Responsible Party (signature): \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of responsible official, partner, or sole proprietor. Original Signature Required No Photocopies)

\* All applications may require supplemental forms and additional data. In addition, plans or drawings may have to be submitted with the application(s). Please contact the district engineering staff for additional information. Failure to adhere to the instructions outlined by the district could result in the application(s) being returned as incomplete.

**FOR OFFICE USE ONLY:**

Date Application Submitted:	_____	Fees Paid:	_____
Date of Review:	_____	Date Complete:	_____
A/C Number:	_____	A/C Eng Summary:	_____
District Contact:	_____	Permit Number:	_____

**TEHAMA COUNTY AIR POLLUTION CONTROL DISTRICT**  
**1834 WALNUT STREET (P.O. BOX 1169)**  
**RED BLUFF, CA 96080**  
**(530) 527-3717**

**DEVICE INFORMATION SHEET**  
**(List all data\* applicable to your device)**

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Device description: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Make: \_\_\_\_\_

Physical location of device:

1. Operating schedule: \_\_\_\_\_ Hrs/Day \_\_\_\_\_ Days/Wk \_\_\_\_\_ Wks/Yr
2. Material processed data: Use appropriate units such as cubic feet, board feet, or other units of throughput.

Type of material Processed	Average Hr/Wk/Mo	Maximum Hr/Wk/Mo	Annual Throughput
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Storage capacity for each material listed in cubic feet (ft<sup>3</sup>):  
 \_\_\_\_\_  
 \_\_\_\_\_

Quarterly throughput:	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
	%	%	%	%
	_____	_____	_____	_____
	%	%	%	%
	_____	_____	_____	_____

3. Fuel specification data:  
 Type of fuel: \_\_\_\_\_ Sulfur content: \_\_\_\_\_%  
 Fuel heating value (circle unit): BTU/gal./lb./ft<sup>3</sup> \_\_\_\_\_  
 Fuel consumption: Average BTU/hr \_\_\_\_\_ Maximum BTU/hr \_\_\_\_\_

4. Electrical energy use: KWH \_\_\_\_\_ KVA \_\_\_\_\_ HP/hr \_\_\_\_\_
5. Exhaust stack data:  
 Height above ground \_\_\_\_\_ Circumference \_\_\_\_\_  
 Diameter \_\_\_\_\_ Other information \_\_\_\_\_
6. Exhaust air data: \_\_\_\_\_ ft<sup>3</sup>/minute of average airflow  
 \_\_\_\_\_ ft<sup>3</sup>/minute of maximum airflow  
 (circle unit used) \_\_\_\_\_ NF or NC Temperature/airflow  
 \_\_\_\_\_ % water by volume/airflow
7. Maximum pollution estimates are to be reported in parts per million volume (ppmv), parts per million weight (ppmw), or grains per dry standard cubic foot (gr/dscf) that may be emitted to ambient air. In addition, calculate and report emissions in pounds per hour (lbs/hr) and list the expected control device efficiency by percentage (%):

	Specify by ppmv, ppmw, or gr/dscf	Projected Emissions	Control Device Efficiency
Sulfur Oxides	ppm	lbs/hr	%
Nitrogen Oxides	ppm	lbs/hr	%
Carbon Monoxide	ppm	lbs/hr	%
Hydrocarbons	ppm	lbs/hr	%
Particulate Matter	gr/dscf	lbs/hr	%
Particulate Matter ≤ 10: (PM <sub>10</sub> )	gr/dscf	lbs/hr	%
Other:			

8. Use this space for additional information or for a description of all ducted and fugitive emission points and corresponding emissions relative to the above referenced device.

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\* Use appropriate unit(s), such as gallons per year (gal/yr), tons per year (tons/yr), pounds per day (lbs/day), pounds per hour (lbs/hr), cubic yards per shift (yds<sup>3</sup>/shift), horsepower hour (HP/hr), British thermal units (BTU), kilowatt hours (KWH), etc.