



Michigan Department Of Environmental Quality - Air Quality Division

**GENERAL PERMIT TO INSTALL APPLICATION
GENERAL INFORMATION**

FOR DEQ USE ONLY
PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and/or criminal penalties for providing false information.

Instructions: Use this form to request authority to install and operate a source, process or process equipment under the terms and conditions of a general permit to install pursuant to Rule 201a. Prepare this form, the appropriate Process Information form(s) and the Additional Information form (if needed). Submit all information, including forms, in duplicate. **NOTE:** A general permit cannot apply to a source, process, or process equipment that is covered by a Permit to Install pursuant to Rule 201 and is further referenced in an outstanding consent order or consent judgment.

1. FACILITY CODES		
State Registration Number (SRN):	<input type="text"/>	North American Industry Classification System (NAICS) <input type="text"/>
2. APPLICANT NAME <i>(Business license name of the corporation, partnership, individual or government agency that owns the facility)</i>		
3. APPLICANT MAILING ADDRESS <i>(Street Address or P.O. Box Number)</i>		
CITY	STATE	ZIP CODE
4. AUTHORIZED EMPLOYEE		TITLE
		PHONE NO. <i>(Include Area Code)</i>
5. CONTACT: <i>(If different than Authorized Employee - for questions regarding this application)</i>		PHONE NO. <i>(Include Area Code)</i>
6. EQUIPMENT OR PROCESS LOCATION <i>(Number and street, if different than mailing address)</i>		
CITY	ZIP CODE	COUNTY
7. THE EQUIPMENT IDENTIFIED IN THE APPLICATION IS <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING - DATE INSTALLED:		
8. IS THERE AN EXISTING PERMIT TO INSTALL FOR ANY EQUIPMENT IDENTIFIED IN THIS APPLICATION? IF YES, INCLUDE PERMIT TO INSTALL NUMBER(S) <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. DOES THIS SOURCE HAVE AN EXISTING RENEWABLE OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE IF YES, INCLUDE RENEWABLE OPERATING PERMIT NUMBER:		
10. IS ANY OF THE EQUIPMENT INCLUDED IN AN OUTSTANDING CONSENT ORDER OR CONSENT JUDGMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. THE FOLLOWING FORMS ARE ATTACHED AS PART OF THIS PERMIT APPLICATION <i>(check all that apply)</i>		
<input type="checkbox"/> PROCESS INFORMATION (EQP _____) <i>(Complete the appropriate form for the process or equipment to be installed and insert the form number in the space provided.)</i>		
<input type="checkbox"/> ADDITIONAL INFORMATION (EQP5729)		

Applicant Certification: I certify, under penalty of law, that this permit application and any attachments were prepared by me, or under my direction or supervision in accordance with a system to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. In addition, the equipment described in this application meets the necessary criteria for applicability for a General Permit to Install. Furthermore, I certify that I can and will comply with all conditions outlined in the General Permit to Install. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

SIGNATURE OF AUTHORIZED EMPLOYEE <i>(Person identified in item 4)</i>	DATE	E-MAIL ADDRESS
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Submit original completed application and all attachments to:

**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR QUALITY DIVISION - PERMIT SECTION
P.O. BOX 30260
LANSING, MI 48909-7760**

DEQ USE ONLY - DO NOT WRITE BELOW	
DATE APPLICATION COMPLETE	
DATE GENERAL PERMIT TO INSTALL GRANTED	SIGNATURE
DATE GENERAL PERMIT TO INSTALL VOIDED	SIGNATURE



Michigan Department Of Environmental Quality - Air Quality Division

**GENERAL PERMIT TO INSTALL APPLICATION
ADDITIONAL INFORMATION**

FOR DEQ USE ONLY

PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required if additional information is needed to make an application complete. Applicant may be subject to civil and/or criminal penalties for providing false information.

Instructions: Use this form to include additional information or attachments. Prepare and submit this form with General Information form (EQP5727).

1. FACILITY CODE

STATE REGISTRATION NUMBER (SRN)

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2. ID (Provide the identification number of the device, emission unit or stack/vent for which additional information is being submitted.)

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3. WHAT TYPE OF ADDITIONAL INFORMATION ARE YOU SUBMITTING WITH THIS APPLICATION? (check all that apply)

ATTACHMENT (if checked, describe and list what is attached. May include drawings, charts, calculations, assumptions, etc.)

TECHNICAL (Specialized information regarding the installation, construction, or use of a process or stack/vent)

GENERAL (Any supplemental information that is not technical information)

4. ADDITIONAL INFORMATION NARRATIVE (A brief description of the information or attachment. May include calculations, design parameters, small diagrams, etc.)



Michigan Department Of Environmental Quality - Air Quality Division
GENERAL PERMIT TO INSTALL APPLICATION
PROCESS INFORMATION - ETHYLENE OXIDE STERILIZER

FOR DEQ USE ONLY
PERMIT NUMBER

Authorized under 1994 PA 451, as amended. Completion of form is required. Applicant may be subject to civil and/or criminal penalties for providing false information.

Instructions: Use this form to request authority to install and operate an ethylene oxide (EtO) sterilizer under the terms and conditions of a general permit to install pursuant to Rule 201a. Complete a separate copy of this form for each sterilizer to be covered by the general permit. Prepare and submit this form with the General Information form (EQP5727). **For a Modification:** Complete and certify this form. Clearly describe and identify all existing and new or additional equipment in Item No. 3. Submit a copy to both the Permit Section and the District Supervisor.

1. FACILITY CODE	
STATE REGISTRATION NUMBER (SRN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. THIS APPLICATION IS FOR: <input type="checkbox"/> NEW GENERAL PERMIT <input type="checkbox"/> MODIFICATION TO EXISTING GENERAL PERMIT – PERMIT NO.	
3. DESCRIPTION (Brief description of the sterilizer and items being sterilized. Include manufacturer and model.)	

Instructions for completing Items 4 and 5: The sterilizer and associated stack/vent should be linked, by assigning each a unique identification number (ID). The ID may be any combination of up to 10 letters, numbers or keyboard characters with no spaces between characters. If this equipment has an ID assigned from a previous Permit to Install or Renewable Operating Permit, please use the existing ID. If Items 4 and 5 are left blank, IDs will be assigned. Check or complete all items that apply.

4. EMISSION UNIT ID (Assign an identification number for the sterilizer.)	EU
5. STACK/VENT ID (Assign an identification number for the stack/vent.)	SV
6. NUMBER OF STERILIZERS TO BE COVERED BY THIS GENERAL PERMIT (A form is required for each sterilizer.)	
7. STERILIZER CAPACITY IN CUBIC FEET (Capacity not to exceed 30 cubic feet to be eligible for this general permit.)	

8. COMPOSITION/AMOUNT OF EACH STERILANT GAS USED PER CYCLE				
STERILANT GAS	% WEIGHT	POUNDS / CYCLE	CYCLES / DAY	DAYS / MONTH
EtO				
HCFC-124				
CO ₂ or OTHER (Describe "other" using Form EQP5729)				

9. TYPE OF CONTROL DEVICE <input type="checkbox"/> ACID-WATER SCRUBBER <input type="checkbox"/> CATALYTIC OXIDIZER
10. CONTROL DEVICE EFFICIENCY (%)
11. CONTROL EFFICIENCY BASIS <input type="checkbox"/> MANUFACTURER'S GUARANTEE <input type="checkbox"/> PERFORMANCE TESTING
12. DOES THE STERILIZATION PROCESS USE A VACUUM AND EVACUATION METHOD THAT PREVENTS ANY DISCHARGE OF EtO TO A WASTEWATER STREAM? (If NO, this process is not eligible for a general permit.) <input type="checkbox"/> YES <input type="checkbox"/> NO
13. IF THE CONTROL DEVICE HAS A BYPASS MODE, DESCRIBE THE CIRCUMSTANCES AND DURATION FOR WHICH THE PROCESS WOULD OPERATE IN THE BYPASS MODE. (Attach Additional Information Form EQP5729 if necessary)
14. IS THE EXHAUST DISCHARGED UNOBSTRUCTED VERTICALLY UPWARDS AT LEAST 25 FEET ABOVE GROUND? <input type="checkbox"/> YES <input type="checkbox"/> NO
15. IS THE STACK DISCHARGE POINT LOCATED AT LEAST 25 FEET FROM ANY WINDOW, AIR INTAKE VENT, OR ANY LOCATION ACCESSIBLE BY THE GENERAL PUBLIC? (If NO, this process is not eligible for a general permit.) <input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant Certification: I certify, under penalty of law, that this permit application and any attachments were prepared by me, or under my direction or supervision in accordance with a system to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. In addition, the equipment described in this application meets the necessary criteria for applicability for a General Permit to Install. Furthermore, I certify that I can and will comply with all conditions outlined in the General Permit to Install. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

SIGNATURE OF AUTHORIZED EMPLOYEE	DATE
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