



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
AIR QUALITY DIVISION

For EGLE Use Only

Permit Number

GENERAL AIR PERMIT TO INSTALL APPLICATION

*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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	North American Industry Classification System (NAICS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INCLUDE PERMIT TO INSTALL NUMBER(S)										
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 the 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 ENVIRONMENT, GREAT LAKES, AND ENERGY
AIR QUALITY DIVISION - PERMIT SECTION
P.O. BOX 30260
LANSING, MI 48909-7760**

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



**GENERAL PERMIT TO INSTALL APPLICATION
ADDITIONAL INFORMATION**

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..

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Permit Number

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.)



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GENERAL AIR PERMIT TO INSTALL APPLICATION
PROCESS/CONTROL INFORMATION - REMEDIATION PROCESS

*Authorized under 1994 PA 451, as amended. Completion of form is required.
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Instructions: Use this form to request authority to install and operate a remediation process under the terms and conditions of a general permit to install pursuant to Rule 201a. Complete a separate copy of this form for each remediation process 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)	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> </table>						
2. THIS APPLICATION IS FOR: <input type="checkbox"/> NEW GENERAL PERMIT <input type="checkbox"/> MODIFICATION TO EXISTING GENERAL PERMIT - PERMIT NO.							
3. DESCRIPTION <i>(Brief description of this remediation process, and associated control system. Include equipment manufacturer, model numbers and estimated time frame to complete project.)</i>							

Instructions for completing Items 4 and 5: The remediation process 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 <i>(Assign an identification number for the remediation process)</i>	EU		
5. STACK/VENT ID <i>(Assign an identification number for the stack/vent)</i>	SV		
6. CONTAMINANT(S) TO BE REMOVED	Concentration	Units (ppm or mg/m³)	Annual Emission (TPY)
<input type="checkbox"/> Volatile Organic Compounds (VOCs)			
<input type="checkbox"/> Gasoline			
<input type="checkbox"/> Total Benzene, Toluene, Ethylbenzene and Xylene (BTEX)			
7. SOIL REMEDIATION	<input type="checkbox"/> Soil vapor extraction - Air Flow Rate <i>(acfm)</i> :	<input type="checkbox"/> Sparging - Air Flow Rate <i>(acfm)</i> :	
8. GROUNDWATER REMEDIATION	<input type="checkbox"/> Air stripping - Water flow rate <i>(gal/min)</i> :	<input type="checkbox"/> Sparging - Air Flow Rate <i>(acfm)</i> :	
9. CONTROL DEVICE: <i>(Check appropriate box and complete only those items which apply. Operation of a control device is required if total potential VOC or gasoline emissions, from all remediation processes combined are greater than 10 tons per year, and/or total potential BTEX emissions from all remediation processes combined are greater than 1 ton per year.)</i>			
<input type="checkbox"/> CARBON ADSORPTION	Canister(s) size <i>(pounds of Carbon)</i>	Canister replacement frequency	
<input type="checkbox"/> THERMAL OXIDATION	Operating Temperature <i>(°F)</i>	Residence time <i>(seconds)</i>	
<input type="checkbox"/> CATALYTIC OXIDATION	Influent temperature to catalyst <i>(°F)</i>	Space velocity <i>(hr⁻¹)</i>	
<input type="checkbox"/> INTERNAL COMBUSTION	Influent temperature to first catalytic converter <i>(°F)</i>		
<input type="checkbox"/> BIOFILTER	Used in combination with:		
10. CONTROL DEVICE EFFICIENCY (%)	BASIS: <input type="checkbox"/> MANUFACTURER'S GUARANTEE <input type="checkbox"/> PERFORMANCE TESTING		
11. IS THE EXHAUST DISCHARGED UNOBSTRUCTED VERTICALLY UPWARDS AT AN EXIT POINT AT LEAST 1.5 TIMES THE BUILDING HEIGHT <i>(from ground level to point of discharge)</i> , BUT NOT LESS THAN 20 FEET ABOVE GROUND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. IS THE EXHAUST FLOW VELOCITY AT LEAST 30 FEET PER SECOND?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. IS THIS PROCESS LOCATED AT A STATIONARY SOURCE WITH ANY OTHER GASOLINE OR BTEX EMISSIONS THAT WILL NOT BE COVERED BY THIS 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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