### Facility Identification

#### 1. Facility name and mailing address
- **Name**: 
- **Street or Route**: 
- **City, State, Zip Code**: 

#### 2. Facility location
- **Street Address**: 
- **City, County**: 

#### 3. Parent corporation
- **Name**: 
- **Street or Route**: 
- **City, State, Zip Code**: 
- **Country (if not U.S.)**: 

#### 4. Responsible official
- **Name**: 
- **Title**: 
- **Telephone**: 

#### 5. Permit contact person
- **Name**: 
- **Title**: 
- **Telephone**: 

#### 6. SIC code: 

#### 7. Facility identification number:

#### 8. Primary activity of the operating establishment:

#### 9. Type of permit
- ☐ Construction permit
- ☐ Operation Permit OR ☐ Operation Permit Renewal
- ☐ Part 70 Source Application
- ☐ Non - Part 70 Source Application
- ☐ Synthetic Minor, Non - Part 70 Source Application
- ☐ Elective operation permit

#### 10. If facility is located in an area designated as "nonattainment", indicate the pollutant for the nonattainment designation.

#### 11. List all air pollution permits and orders issued to this facility (if a renewal application, just list those issued since the issuance date of your existing operation permit).

#### 12. If Renewal Application: List all air pollution control permit applications you have submitted on which the Department has not yet taken action. (If no permit number has been assigned yet, indicate the date of the application)

#### 13. If Renewal Application: List all permit exemptions received from the Department since the issuance date of your existing operation permit. (Reference these by the date of the exemption letter or the exemption number if one was assigned.)
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**

<table>
<thead>
<tr>
<th>COMPLETE</th>
<th>INCOMPLETE</th>
<th>NOT APPLICABLE</th>
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<tbody>
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</table>

   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
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. 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.
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. Mark all insignificant existing or proposed air pollution units, operations, and activities at the facility listed below. If not listed, provide a short narrative of the inventory of air pollution emissions unit (e.g., boiler, printing line, etc.) followed by equipment specifications. If the facility consists of several individual emission units, present this information in an outline format. For Renewal Applications, identify those that are new since the last update to your application. (See instruction booklet for an example Unit description.)

- □ Maintenance of Grounds, Equipment, and Buildings (lawn care, painting, etc.)
- □ Boiler, Turbine, and HVAC System Maintenance
- □ Pollution Control Equipment Maintenance
- □ Internal Combustion Engines Used for Warehousing and Material Transport
- □ Fire Control Equipment
- □ Janitorial Activities
- □ Office Activities
- □ Convenience Water Heating
- □ Convenience Space Heating (< 5 million BTU/hr Burning Gas, Liquid, or Wood)
- □ Fuel Oil Storage Tanks (< 10,000 gal.)
- □ Stockpiled Contaminated Soils
- □ Demineralization and Oxygen Scavenging of Water for Boilers
- □ Purging of Natural Gas Lines
- □ Sanitary Sewer and Plumbing Venting

□ ________________
□ ________________
□ ________________
□ ________________
□ ________________
□ ________________
□ ________________
□ ________________
□ ________________
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:  
  □ This stack has an actual exhaust point.  
  □ This stack serves to identify fugitive emissions.  

If this stack has an actual exhaust point, then provide the following stack parameters  

7. Discharge height above ground level: ____ (feet)  

8. Inside dimensions at outlet (check one and complete):  
  □ Circular ____ (feet)  
  □ 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:  
    □ Up  
    □ Down  
    □ Horizontal  

13. Is this stack equipped with a rainhat or any obstruction to the free flow of the exhaust gases from the stack?  
    □ Yes  
    □ No  

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

1. Facility name:  
2. Facility identification number:  
3. Stack identification number:  
4. Boiler/furnace number:  
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  
8. Manufacturer:  
9. Model number:  
10. Date of construction or last modification:  

11. Fuels and firing conditions:

<table>
<thead>
<tr>
<th>Fuel name</th>
<th>Primary fuel</th>
<th>Backup fuel #1</th>
<th>Backup fuel #2</th>
<th>Backup fuel #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher heating value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum sulfur content (Wt.%)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Maximum ash content (Wt.%)</td>
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<td></td>
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<tr>
<td>Excess Combustion Air (%O₂)</td>
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<tr>
<td>Moisture content (as fired) (%)</td>
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</tr>
<tr>
<td>Maximum hourly consumption</td>
<td></td>
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<tr>
<td>Actual yearly consumption</td>
<td></td>
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</tbody>
</table>

***** 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.  *****
State of Wisconsin
Department of Natural Resources

STORAGE TANKS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-105  11-93   Information attached? (y/n)

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
6. Date of Installation or Last Modification
   gallons

7. Tank Height
8. Tank Diameter
9. Color of Tank (check one)
   __ White __ Other___________________ __ Underground
   feet feet

10. Is this tank equipped with a submerged fill pipe?
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)
   __ Yes __ No

12. Type of Storage Tank (check one)
   _ Open Top Tank _ Fixed Roof _ Fixed Roof w/Internal Floating Roof _ Other (specify)
   _ 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 __ Gunite 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)
      Bolted cover, gasketed
      Unslotted guide-pole well (8" diameter unslotted pole, 21" diameter well)
      Gauge-float well (20" diameter)
      Unbolted cover, gasketed
      Weighted mechanical actuation, gasketed
      Weighted mechanical actuation, ungasketed
      Gasketed sliding cover
      Unbolted cover, ungasketed
      Ungasketed sliding cover
      Bolted cover, gasketed
      Gauge-Hatch/sample well (8" diameter)
      Weighted mechanical actuation, gasketed
      Weighted mechanical actuation, ungasketed
      Slotted guide-pole/sample well (8" diameter)
      Adjustable, pontoon area
      Adjustable, double-deck roofs
      Adjustable, center area
      Adjustable, center area
      Ungasketed sliding cover, without float
      Adjustable, double-deck roofs
      Adjustable, double-deck roofs
      Adjustable, pontoon area
      Gasketed sliding cover, without float
      Gasketed sliding cover, with float
      Gasketed sliding cover, with float
      Fixed
      Fixed
      Roof leg (2-1/2" diameter)
      Adjustable, double-deck roofs
      Fixed

Continued on following page
16. For Internal Floating Roof Tanks:

   a. Rim Seal System Description (check one):
      __ Vapor Mounted Primary __ Vapor Mounted Primary plus Secondary Seal
      __ Liquid Mounted Primary __ 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)
      __ Bolted cover, gasketed __ Bolted cover, gasketed __ Sliding cover, gasketed
      __ Unbolted cover, gasketed __ Unbolted cover, gasketed __ Sliding cover, ungasketed
      __ Unbolted cover, ungasketed __ Unbolted cover, ungasketed

      Column Well (24" diameter)  Sample pipe or well (24" diameter)  Roof leg or hanger well
      __ Built-up column-sliding cover, gasketed __ Slotted pipe-sliding cover, gasketed __ Adjustable
      __ Built-up column-sliding cover, ungasketed __ Slotted pipe-sliding cover, ungasketed __ Fixed
      __ Pipe column-flexible fabric sleeve seal __ Sample well-slit fabric seal 10% open area
      __ Pipe column-sliding cover, gasketed __ Stub drain (1" diameter)
      __ 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:

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

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:
State of Wisconsin
Department of Natural Resources

INCINERATION
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-106 11-93  Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Facility name:</td>
<td>2. Facility identification number:</td>
</tr>
<tr>
<td>3. Stack identification number:</td>
<td>4. Incinerator number:</td>
</tr>
<tr>
<td>4a. Unit description:</td>
<td></td>
</tr>
</tbody>
</table>

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):

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<table>
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<tbody>
<tr>
<td>4530-110</td>
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<td>4530-111</td>
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<td>4530-113</td>
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<td>4530-114</td>
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<td>4530-115</td>
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<td>4530-116</td>
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<tr>
<td>4530-117</td>
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</tbody>
</table>

6. Incinerator type

□ Single chamber □ Multiple chamber □ Controlled air □ Fixed hearth □ Stepped hearth □ Rotory 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.

<table>
<thead>
<tr>
<th>Material to be burned</th>
<th>Origin</th>
<th>Weight percentage</th>
<th>Heating value</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

11. Type of incinerator charging

□ Batch feed □ Continuous feed

Waste charging method __ Maximum Charging rate __ lbs./hr

12. Combustion information

<table>
<thead>
<tr>
<th>Design Temperature (°F)</th>
<th>Size (million BTU/hour)</th>
<th>Burner fuels</th>
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</thead>
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</table>

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. *****
1. Facility name: 
2. Facility identification number: 
3. Stack identification number: 
4. Process number: 
4a. Unit description: 

5. Indicate the control technology status. ☐ Uncontrolled ☐ Controlled 

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

<table>
<thead>
<tr>
<th>4530-110</th>
<th>4530-111</th>
<th>4530-112</th>
<th>4530-113</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4530-114</td>
<td>4530-115</td>
<td>4530-116</td>
<td>4530-117</td>
</tr>
<tr>
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</tbody>
</table>

6. Operation type: ☐ Flexographic ☐ Web-offset ☐ Web-offset (non-heatset) ☐ Packaging Rotogravure 
☐ Publication Rotogravure ☐ Screen printing ☐ Other (specify) 

7. Date of construction or last modification: 

8. Normal operating schedule: _____ hrs./day _____ days/wk. _____ days/yr. 

9. Oven curing (complete if applicable): 
   Number of ovens __________ 
   Specify oven fuels __________ 
   Total maximum energy input to each oven: __________

10. Describe all of the inks' and solvents' composition (as applied) that are used by this unit.

<table>
<thead>
<tr>
<th>Name of ink</th>
<th>Maximum usage</th>
<th>Normal usage</th>
<th>Solids %</th>
<th>VOC %</th>
<th>Water %</th>
<th>Coating or VOC Density</th>
<th>Pounds VOC/gallon less H₂O</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
<td>e.</td>
<td>f.</td>
<td>g.</td>
<td>h.</td>
</tr>
<tr>
<td>gal/hr</td>
<td>gal/yr</td>
<td>gal/yr</td>
<td>W</td>
<td>V</td>
<td>W</td>
<td>V</td>
<td>lbs/gal</td>
</tr>
</tbody>
</table>

Total Inks

List the thinning solvents used with the inks identified above.

Clean-up solvents

Clean-up solvents

Other (specify)

***** 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. *****
**PAINTING AND COATING OPERATIONS**

**AIR POLLUTION CONTROL PERMIT APPLICATION**

**Form 4530-108  11-93**

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

---

**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.  
   - [ ] Uncontrolled  
   - [ ] 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. Application technique and transfer efficiency (%): 

7. Date of construction or last modification: 

8. Normal operating schedule:  
   - ____ hrs/day  
   - ____ days/wk  
   - ____ days/yr

9. Oven curing (complete if applicable): 
   - Number of ovens: 
   - Specify oven fuels: 
   - Total Maximum Energy input to each oven: 

10. Describe all of the coatings' and solvents' composition (as applied) that are used by this unit.

<table>
<thead>
<tr>
<th>Name of coating</th>
<th>ct</th>
<th>cg</th>
<th>T</th>
<th>Maximum usage</th>
<th>Normal usage</th>
<th>Solids</th>
<th>VOC</th>
<th>Water</th>
<th>Coating or VOC Density</th>
<th>Pounds VOC/gallon less H2O</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a.</td>
<td>b.</td>
<td>c.</td>
<td>d.</td>
<td>e.</td>
<td>f.</td>
<td>g.</td>
<td>h.</td>
<td>i.</td>
<td>j.</td>
</tr>
<tr>
<td></td>
<td>gal/hr</td>
<td>gal/yr</td>
<td>gal/yr</td>
<td>W</td>
<td>V</td>
<td>W</td>
<td>V</td>
<td>W</td>
<td>V</td>
<td>lbs/gal</td>
</tr>
</tbody>
</table>

Total coatings

List the thinning solvents used with the coatings identified above.

**Clean-up solvents**

**Clean-up solvents**

**Other (specify)**

---

***** 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. *****

Coating categories (ct. eg. - column b. above) should be entered as follows: 1 - for air dried coatings; 2 - for clear coatings; 3 - for cured coatings; 4 - for extreme performance coatings; 5 - for other (specify) __________
1. Facility name:  
2. Facility identification number:  
3. Stack identification number:  
4. Process number:  
4a. Unit description:  
5. Indicate the control technology status.  
   □ Uncontrolled  
   □ 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?  

***** 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. *****
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?  

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Hood capture efficiency (%)</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf</td>
<td>ppmv</td>
<td>gr/acf</td>
<td>ppmv</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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  

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Hood capture efficiency (%)</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf ppmv</td>
<td></td>
<td>gr/acf ppmv</td>
<td></td>
</tr>
</tbody>
</table>

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 (ft²):  
21. Heat transfer coefficient (BTU/ft²/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

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Hood capture efficiency (%)</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf ppmv</td>
<td></td>
<td>gr/acf ppmv</td>
<td></td>
</tr>
</tbody>
</table>

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 (ft³):  
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.

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf ppmv</td>
<td>gr/acf ppmv</td>
<td>hood capture</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>pollutant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>destruction</td>
</tr>
</tbody>
</table>

10. Check one: □ Catalytic □ Thermal oxidizer
11. Discuss how the spent catalyst will be handled for reuse or disposal.

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)

<table>
<thead>
<tr>
<th>Catalytic oxidation</th>
<th>Thermal oxidation</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a. Operating temperature (°F):</td>
<td>b. Operating temperature (°F):</td>
</tr>
<tr>
<td>Max</td>
<td>Max</td>
</tr>
<tr>
<td>Min</td>
<td>Min</td>
</tr>
<tr>
<td>14a. Catalyst bed volume (ft³):</td>
<td>b. Combustion chamber volume (ft³):</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>15a. Gas volumetric flow rate at combustion conditions (ACFM):</td>
<td>b. Maximum gas velocity through the device (ft./min):</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>16a. Type of fuel used:</td>
<td>b. Type of fuel used:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>17a. Maximum fuel use:</td>
<td>b. Maximum fuel used:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>18a. Type of catalyst used and volume of catalyst used (ft³):</td>
<td>b. Residence time (seconds):</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>19a. Residence time (seconds):</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf ppmv</td>
<td>gr/acf ppmv</td>
<td></td>
</tr>
</tbody>
</table>

10. Pressure drop across the device (inches of H₂O):
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/ft³):  
19. Number of turns (for cyclones) or number of parallel chambers (for gravity settling chamber):
State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-ELECTROSTATIC PRECIPITATOR
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-115 11-93

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

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf ppmv</td>
<td>gr/acf ppmv</td>
<td></td>
</tr>
</tbody>
</table>

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 (ft²): 16. Number of fields:
17. Inlet gas pretreatment if applicable: 18. Number and rating of transformer/rectifier sets (kilovolts and milliamperes):
State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-WET COLLECTION SYSTEMS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-116  11-93

Information attached?  (y/n)

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

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf ppmv</td>
<td>gr/acf ppmv</td>
<td></td>
</tr>
</tbody>
</table>

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 H₂O):

14. Inlet gas flow rate (ACFM):

15. Inlet gas temperature (°F):

16. Scrubbing medium (water, sodium hydroxide slurry, etc.):

17. Liquid inlet pressure (psi):
State of Wisconsin
Department of Natural Resources

CONTROL EQUIPMENT-BAGHOUSE/FABRIC FILTERS
AIR POLLUTION CONTROL PERMIT APPLICATION
Form 4530-117  11-93

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

<table>
<thead>
<tr>
<th>Pollutant</th>
<th>Inlet pollutant concentration</th>
<th>Outlet pollutant concentration</th>
<th>Efficiency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gr/acf</td>
<td>ppmv</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

11. Pressure drop across the filter (inches of H.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/ft²):
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.

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 □ Yes □ No  
   d. Installation date:  
   e. Type □ In situ □ Extractive □ Dilution □ Other (specify)  
   f. Describe how the monitor works:  

   g. Backup system:  
   h. □ The CEM system certification is attached for Department approval. □ If it is not attached, please submit it within 60 days of the startup of the CEM system. □ The certification was submitted to the Department on .  
 i. □ A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. □ If the plan is not attached, please submit it within 60 days of the CEM system startup. □ 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 □ Yes □ No  
   d. Installation date:  
   e. Type □ In situ □ Extractive □ O2 □ CO2 □ Other (specify)  
   f. Describe how the monitor works:  

   g. Backup system:  
   h. □ The CEM system certification is attached for Department approval. □ If it is not attached, please submit it within 60 days of the startup of the CEM system. □ The certification was submitted to the Department on .  
 i. □ A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. □ If the plan is not attached, please submit it within 60 days of the CEM system startup. □ The plan was submitted to the Department on .  

7. Flow  
   a. Name of manufacturer:  
   b. Model number:  
   c. Is this an existing system □ Yes □ No  
   d. Installation date:  
   e. Type □ Differential pressure □ Thermal □ Other (specify)  
   f. Describe how the monitor works:  

   g. Backup system:  
   h. □ The CEM system certification is attached for Department approval. □ If it is not attached, please submit it within 60 days of the startup of the CEM system. □ The certification was submitted to the Department on .  
 i. □ A CEM system Quality Assurance/Quality Control Plan is attached for Department approval. □ If the plan is not attached, please submit it within 60 days of the CEM system startup. □ The plan was submitted to the Department on .
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? □ Yes □ No  
9. Installation date:  
10. Type: □ In situ □ Extractive □ Dilution □ Other (specify)  
11. Describe how the monitor works:  
   ________________________________  
   ________________________________  
12. Backup system:  
13. Compliance shall be demonstrated: □ Daily □ Weekly □ Monthly  
14. Indicate by checking:  
   □ The portable monitor certification is attached for Department approval. □ If it is not attached, please submit it within 60 days of the startup of the sampling program. □ The certification was submitted to the Department on ______.  
   □ A quality assurance/quality control plan for the portable monitor is attached for Department approval. □ If the plan is not attached, please submit it within 60 days of the startup of the sampling program. □ The plan was submitted to the Department on ______.  

***** Any test value over the emission limit shall be reported as an excess emission. *****
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?  □ Yes  □ No  
9. Installation date:  
10. Method of monitoring description:  

11. Backup system:  

12. Indicate by checking:  

   □ 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.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Averaging Period</th>
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</table>

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?  
   □ Yes  □ No  
8. Installation date:  
9. Method of monitoring:  
10. Compliance shall be demonstrated:  □ Daily  □ Weekly  □ Monthly  
11. Indicate by checking:  
   The monitoring program shall be subject to appropriate performance specifications, calibration requirements, and quality assurance procedures. □ A quality assurance/quality control plan for the monitoring program is attached for Department approval. □ If the plan is not attached, please submit it within 60 days of the startup of the monitoring program. □ The plan was submitted to the Department on ______.  

***** Any failure to fulfill a maintenance requirement shall be reported as an excess emission. *****
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?  
   □ Yes   □ No

8. Installation date:

9. EPA or Department approved test method:

10. Backup system

11. Compliance shall be demonstrated:  □ Daily   □ Weekly   □ Monthly

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

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<tbody>
<tr>
<td>1. Facility name:</td>
<td>2. Facility identification number:</td>
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<tr>
<td>3. Stack identification number:</td>
<td>4. Unit identification number:</td>
</tr>
<tr>
<td>5. Pollutant being monitored:</td>
<td>6. Fuel being sampled:</td>
</tr>
</tbody>
</table>

7. List the ASTM fuel sample collecting and analyzing methods used:

8. Is this an existing FSA system? □ Yes □ No

9. Installation date:

10. □ Automated sampling □ Manual sampling

11. Backup system?

12. Compliance shall be demonstrated: □ Daily □ Weekly □ Monthly

13. Indicate by checking:

   □ The FSA system certification is attached for Department approval. □ If the certification is not attached, please submit it within 60 days of the FSA system startup. □ The certification was submitted to the Department on _____.

   □ A FSA quality assurance/quality control plan for fuel sampling program is attached for Department approval. □ If the plan is not attached, please submit it within 60 days of the CEM startup system. □ The plan was submitted to the Department on _____.

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

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<th>1. Facility name:</th>
<th>2. Facility identification number:</th>
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<th>3. Stack identification number:</th>
<th>4. Unit identification number:</th>
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<tr>
<th>5. Pollutant(s) being monitored:</th>
<th>6. Material or parameter being monitored and recorded:</th>
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<table>
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<tr>
<th>7. Method of monitoring and recording:</th>
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</table>

| 8. List any EPA methods used: |
|                              |
|                              |

<table>
<thead>
<tr>
<th>9. Is this an existing method of demonstrating compliance?</th>
<th>10. Installation date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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<tr>
<td>☐ No</td>
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<tr>
<th>11. Backup system:</th>
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<tr>
<th>12. Compliance shall be demonstrated:</th>
<th>☐ Daily ☐ Weekly ☐ Monthly ☐ Batch (not to exceed monthly)</th>
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</table>

<table>
<thead>
<tr>
<th>13. Indicate by checking:</th>
</tr>
</thead>
</table>

| The monitoring system shall be subject to appropriate performance specifications, calibration requirements, and quality assurance procedures. ☐ A quality assurance/quality control plan for the recordkeeping system is attached for Department approval. ☐ If the plan is not attached, please submit it within 60 days of the startup of the recordkeeping program. ☐ 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. |
1. Facility name:  
2. Facility identification number: 

3. Stack identification number:  
4. Unit identification number: 

5. Unit material description: 

6. Complete the following summary of hazardous air emissions from this unit. Attach sample calculations and emission factor references. Attached? 

<table>
<thead>
<tr>
<th>Pollutant CAS</th>
<th>Actual emissions</th>
<th>Maximum theoretical emissions</th>
<th>Potential to emit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Units</td>
<td>Units</td>
<td>TPY</td>
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Information attached? (y/n)
1. Facility name:  
2. Facility identification number:  
3. Complete the following emissions summary for all hazardous air emissions at this facility (as defined in ch. NR 445, Wis Adm. Code, and sec. 112, 1990 Clean Air Act Amendments):

<table>
<thead>
<tr>
<th>Pollutant CAS</th>
<th>Actual emissions</th>
<th>Maximum theoretical emissions</th>
<th>Potential to emit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Units</td>
<td>Units</td>
<td>TPY</td>
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</tbody>
</table>
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?  

<table>
<thead>
<tr>
<th>Air pollutant</th>
<th>Actual</th>
<th>Maximum theoretical emissions</th>
<th>Potential to emit</th>
<th>Maximum allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U</td>
<td>TPY</td>
<td>U</td>
<td>TPY</td>
</tr>
<tr>
<td>Particulates</td>
<td></td>
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<td>TPY</td>
</tr>
<tr>
<td>Sulfur dioxide</td>
<td></td>
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<td></td>
<td>TPY</td>
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<tr>
<td>Organic compounds</td>
<td></td>
<td></td>
<td></td>
<td>TPY</td>
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<tr>
<td>Carbon monoxide</td>
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<td>TPY</td>
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<tr>
<td>Lead</td>
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<td>TPY</td>
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<tr>
<td>Nitrogen oxides</td>
<td></td>
<td></td>
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<td>TPY</td>
</tr>
<tr>
<td>Total reduced sulfur</td>
<td></td>
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<td>TPY</td>
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<tr>
<td>Mercury</td>
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<td>TPY</td>
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<tr>
<td>Asbestos</td>
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<td>TPY</td>
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<tr>
<td>Beryllium</td>
<td></td>
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<td>TPY</td>
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<tr>
<td>Vinyl chloride</td>
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<td>TPY</td>
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</tbody>
</table>

Units (U) should be entered as follows:

1 = lb/hr  
2 = lb/mmBTU  
3 = grains/dscf  
4 = lb/gallon  
5 = ppmv  
6 = other (specify)  
7 = other (specify)  
8 = other (specify)
3. Complete the following emissions summary for the listed emissions at this facility.

<table>
<thead>
<tr>
<th>Air pollutant</th>
<th>Actual</th>
<th>Maximum theoretical emissions</th>
<th>Potential to emit</th>
<th>Maximum allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Particulates</td>
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<tr>
<td>Sulfur dioxide</td>
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<td>Organic compounds</td>
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<tr>
<td>Carbon monoxide</td>
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<td>Lead</td>
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<td>Nitrogen oxides</td>
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<td>Total reduced sulfur</td>
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<td>Vinyl chloride</td>
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</table>
**PART 70 SOURCES ONLY:**

1. Be sure to review the Compliance Assurance Monitoring (CAM) Rule, 40 CFR Part 64, for the Renewal Application. The CAM rule requires owners and operators of Part 70 sources to monitor the operation and maintenance of their control equipment so that they can evaluate the performance of their control devices and report whether or not their facilities meet established emission standards. All facilities that have a Title V, Part 70, Federal Operating Permit are required to meet the CAM rule and submit a CAM plan with this Title V renewal application. The rule requires that a CAM plan be submitted with the Title V renewal application for each pollutant at each emissions unit which has a potential to emit - prior to controls - of that pollutant greater than the major source threshold for the respective pollutant. Please refer to the CAM Technical Guidance web site at [http://www.epa.gov/ttn/emc/cam.html](http://www.epa.gov/ttn/emc/cam.html) for further documentation on the rule and how to prepare a CAM plan for submittal with the renewal application.

2. List all applicable Maximum Achievable Control Technology (MACT) rule(s) and the effective date(s) if they were promulgated during the last 3 years of your operation permit term. Identify the emissions units subject to each MACT rule listed.

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10. Other requirements (e.g., malfunction reporting, special operating conditions from an existing permit, etc.)

State Only | Compliance Status (in or out)
---|---
|                |                                |
|                |                                |
|                |                                |
|                |                                |
|                |                                |
|                |                                |
|                |                                |
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:

<table>
<thead>
<tr>
<th>Applicable Requirement</th>
<th>Corrective Actions</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>3.</td>
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</table>

Progress reports will be submitted:

Start date: _________ and every six (6) months thereafter
### CURRENT EMISSIONS REQUIREMENTS AND STATUS OF FACILITY

**AIR POLLUTION CONTROL PERMIT APPLICATION**

**Form 4530-132  11-93**

Information attached?  (y/n)

**SEE INSTRUCTIONS ON REVERSE SIDE**

<table>
<thead>
<tr>
<th>1. Facility name:</th>
<th>2. Facility identification number:</th>
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8. Is this facility subject to the provisions governing prevention of accidental releases of hazardous air contaminants contained in section 112(r)(7) of the Clean Air Act?  □ Yes  □ No

If you answered yes, please describe how you will achieve compliance with these provisions, including the requirement to formulate a plan for preventing accidental releases (sec. 112(r)(7)(B)(ii)):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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9. Other requirements (e.g., malfunction reporting, special operating conditions from an existing permit, etc.)

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<tr>
<th>State Only</th>
<th>Compliance Status (in or out)</th>
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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:

<table>
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<th>Applicable Requirement</th>
<th>Corrective Actions</th>
<th>Deadline</th>
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Progress reports will be submitted:

Start date: __________ and every six (6) months thereafter
1. Facility name:  
2. Facility identification number:  
3. This form supplements Form 4530 - _____ for Emission Unit (e.g. B01, P01, etc.)______________

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<th>Additional Information</th>
<th>Item Number</th>
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<th>Additional Information (Diagrams)</th>
<th>Item Number</th>
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</table>
# INDEX OF AIR POLLUTION PERMIT APPLICATION FORMS

**Department of Natural Resources**  
Form 4530-134  Rev. 12-99

## I. ADMINISTRATION

This application contains the following forms:

- Form 4530-100, Facility Identification
- Form 4530-101, Facility Plot Plan
- Forms 4530-102, -102A, and -102B, Source and Site Descriptions

## II. EMISSIONS SOURCE DESCRIPTION

This application contains the following forms (one form for each facility boiler, printing operation, etc.):

- Form 4530-103, Stack Identification
- Form 4530-104, Boiler or Furnace Operation
- Form 4530-105, Storage Tanks
- Form 4530-106, Incineration
- Form 4530-107, Printing Operations
- Form 4530-108, Painting and Coating Operations
- Form 4530-109, Miscellaneous Processes

## III. AIR POLLUTION CONTROL SYSTEM

This application contains the following forms:

- Form 4530-110, Miscellaneous
- Form 4530-111, Condensers
- Form 4530-112, Adsorbers
- Form 4530-113, Catalytic or Thermal Oxidation
- Form 4530-114, Cyclones/Settling Chambers
- Form 4530-115, Electrostatic Precipitators
- Form 4530-116, Wet Collection Systems
- Form 4530-117, Baghouses/Fabric Filters

## IV. COMPLIANCE DEMONSTRATION

This application contains the following forms (one for each facility boiler, printing operation, etc.):

- Form 4530-118, Compliance Certification - Monitoring and Reporting
- Form 4530-119, Continuous Emission Monitoring
- Form 4530-120, Periodic Emission Monitoring Using Portable Monitors
- Form 4530-121, Control System Parameters or Operation Parameters of a Process
- Form 4530-122, Monitoring Maintenance Procedures
- Form 4530-123, Stack Testing
- Form 4530-124, Fuel Sampling and Analysis
- Form 4530-125, Recordkeeping
V. EMISSION SUMMARY AND COMPLIANCE CERTIFICATION

This application contains the following forms quantifying emissions, certifying compliance with applicable requirements, and developing a compliance plan:

- Form 4530-126, Emission Unit Hazardous Air Pollutant Summary
- Form 4530-127, Facility Hazardous Air Pollutant Summary
- Form 4530-128, Emission Unit Summary
- Form 4530-129, Facility Emissions Summary
- Form 4530-130, Current Emissions Requirements and Status of Unit
- Form 4530-131, Emission Unit Compliance Plan - Commitments and Schedule
- Form 4530-132, Current Emissions Requirements and Status of Facility
- Form 4530-133, Facility Requirement Compliance Plan Commitments and Schedule

Total Number of This Form:

VI. 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. FOR RENEWALS ONLY

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.

C. CERTIFICATION OF FACILITY COMPLIANCE STATUS (check one box only)

THIS IS NOT A REQUIREMENT OF NON-PART 70 SOURCES.

- I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements.
- 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):

______________________________.

(list all non-complying units)

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<tr>
<th>Printed or Typed Name</th>
<th>Title</th>
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<tr>
<td>Signature</td>
<td>Date Signed</td>
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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
PERMIT REVISION OR RENEWAL REQUEST
FOR PROPOSED CONDITION CHANGES
AIR POLLUTION CONTROL PERMIT APPLICATION

Form 4530-136 Rev. 12/99

Information attached? (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name and Name
   mailing address Street or Route
   City, State, Zip Code

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

3. Type of Permit Revision: □ Administrative □ Minor □ Significant

4. Facility identification number: Permit #(s) to be revised:

5. 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.

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. CERTIFICATION OF FACILITY COMPLIANCE STATUS (check one box only)
   THIS IS ONLY A REQUIREMENT FOR PART 70 SOURCES REQUESTING SIGNIFICANT REVISIONS OR RENEWAL CHANGES.

   □ I certify that the facility described in this air pollution permit application is fully in compliance with all applicable requirements.
   □ 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):

   .
   (list all non-complying units)

   Printed or Typed Name
   Signature
   Title
   Date Signed

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.