WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

APPLICATION FOR AUTHORITY TO CONSTRUCT/MODIFY AND/OR PERMIT TO OPERATE FUEL-BURNING EQUIPMENT

Return to: Washoe County Health District
Air Quality Management Division
PO Box 11130
Reno, Nevada 89520-0027
(775) 784-7200, Fax (775) 784-7225

INSTRUCTIONS:

- A Plan Review Fee of **$53.00** must be submitted with the Application(s). An additional Operating Permit Fee will be assessed after completion of the air quality emissions review.
- Use one Application form for each process.
- Application must be filled out completely for all items that are applicable.
- Application must be signed by a responsible person knowledgeable concerning the operation of the equipment.

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1. Full Business Name (Name Permit will be issued under):

   _____

2. Address (actual location of equipment/process):

   _____
   Street

   _____
   City State Zip Code

3. Business/Mailing Address (if different than above):

   _____
   Street

   _____
   City State Zip Code

4. Name and Address of Responsible Party (Operations Contact person):

   _____
   Name

   _____
   Street

   _____
   City State Zip Code

   Telephone No: _____ Fax No: _____

5. Expected date for start of construction (for new installations): _____

   Estimated date for start of operation: _____

6. Description of equipment/process (include manufacturer, model, serial number, attach flow diagram, etc.):

   _____
   _____
   _____

7. Materials Used in Process (i.e. type of solvents, resin, paints, raw product processed, etc.):

********* Attach MSDS sheets *********

Raw Material — Estimate Average Quantity used per year

_____

_____

_____

_____

8. Projected Operating Time: Time of Day_____ to _____

Hours per Day_____ Days per Year _____

For Batch Processes: Hours per Batch _____ Pounds per Batch _____

Batches per Year _____

9. Description of Air Pollution Control Apparatus: _____

_____

_____

Manufacturer:

a. Height of Discharge above ground _____feet
b. Distance from discharge to nearest property line _____feet. Direction _____
c. Stack diameter in feet _____
d. Volume of gas discharged into open air in cubic feet per minute _____
e. Temperature at point of discharge in degrees F_____

10. For fuel burning equipment state:

Aggregate input BTU/hr: _____

Type of Fuel used: (circle) Natural Gas - Fuel Oil - Coal

Type of Back-up Fuel used: (circle) Natural Gas - Fuel Oil - Coal

Sulfur Content if Oil or Coal is used: _____

Average Hours Operated (hrs/yr): _____

Average amount of Fuel consumed per hour: _____

11. **PROJECTED PROCESS EMISSIONS (LBS/DAY):**

	without Control Equipment	with Control Equipment
Particulate		
Sulfur Dioxide		
Carbon Monoxide		
Oxides of Nitrogen		
Hydrocarbons		
Lead		

Hazardous Air Contaminants (Toxics):

_____

_____

Other (specify): _____

NOTE: Applicant agrees to allow on-site inspection during and after construction by the Air Quality Management Division during working hours without prior notice. The operator must notify this office when facility commences and completes construction. An official Permit to Operate will not be issued until a final inspection is made and any test data has been forwarded to this office assuring that equipment will meet all district and state regulations.

This application is submitted in accordance with the provisions of Section 030.005, and under penalty of perjury, to the best of my knowledge the information supplied in this document is true and correct.

X_____ _____

Signature Date

_____

Print or Type Name and Title

Revised 6/2010