|  | **west virginia** department of environmental protection | | | Division of Air Quality 601 57th Street SE  Charleston, WV 25304  Phone (304) 926-0475  Fax (304) 926-0479  www.dep.wv.gov |
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| G10-D GENERAL PERMIT REGISTRATION Application **PREVENTION AND CONTROL OF AIR POLLUTION IN REGARD TO THE CONSTRUCTION, MODIFICATION, RELOCATION, ADMINISTRATIVE UPDATE AND OPERATION OF**  **COAL PREPARATION AND PROCESSING PLANTS AND COAL HANDLING OPERATIONS** | | | | |
| CONSTRUCTION  CLASS I ADMINISTRATIVE UPDATE  MODIFICATION  CLASS II ADMINISTRATIVE UPDATE  RELOCATION | | | | |
| **general information** | | | | |
| Name of Applicant (as registered with the WV Secretary of State’s Office): | | | | |
|  | | | | |
| Federal Employer ID No. (FEIN): | | | | |
| Applicant’s Mailing Address: | | | | |
| City: | | State: | | ZIP Code: |
| Facility Name: | | | | |
| Operating Site Physical Address:  If none available, list road, city or town and zip of facility. | | | | |
| City: | | Zip Code: | | County: |
| Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits):  Latitude:  Longitude: | | | | |
| SIC Code:  1221  1222  4449  NAICS Code: | | | DAQ Facility ID No. (For existing facilities) | |
| **CERTIFICATION OF INFORMATION** | | | | |
| This G10-D General Permit Registration Application shall be signed below by a Responsible Official. A Responsible Official is a President, Vice President, Secretary, Treasurer, General Partner, General Manager, a member of the Board of Directors, or Owner, depending on business structure. A business may certify an Authorized Representative who shall have authority to bind the Corporation, Partnership, Limited Liability Company, Association, Joint Venture or Sole Proprietorship. Required records of daily throughput, hours of operation and maintenance, general correspondence, compliance certifications and all required notifications must be signed by a Responsible Official or an Authorized Representative. If a business wishes to certify an Authorized Representative, the official agreement below shall be checked off and the appropriate names and signatures entered. **Any administratively incomplete or improperly signed or unsigned G10-D Registration Application will be returned to the applicant. Furthermore, if the G10-D forms are not utilized, the application will be returned to the applicant. No substitution of forms is allowed.** | | | | |
| I hereby certify that       is an Authorized Representative and in that capacity shall represent the interest of the business (e.g., Corporation, Partnership, Limited Liability Company, Association Joint Venture or Sole Proprietorship) and may obligate and legally bind the business. If the business changes its Authorized Representative, a Responsible Official shall notify the Director of the Division of Air Quality immediately.  I hereby certify that all information contained in this G10-D General Permit Registration Application and any supporting documents appended hereto is, to the best of my knowledge, true, accurate and complete, and that all reasonable efforts have been made to provide the most comprehensive information possible. | | | | |
| Responsible Official Signature:  Name and Title:       Phone:       Fax:  Email:       Date: | | | | |
| If applicable:  Authorized Representative Signature:  Name and Title:       Phone:       Fax:  Email:       Date: | | | | |
| If applicable:  Environmental Contact  Name and Title:       Phone:       Fax:  Email:       Date: | | | | |

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| **OPERATING SITE INFORMATION** | |
| Briefly describe the proposed new operation and/or any change(s) to the facility: | |
| Directions to the facility: | |
| **ATTACHMENTS AND SUPPORTING DOCUMENTS** | |
| **I have enclosed the following required documents:** | |
| Check payable to WVDEP – Division of Air Quality with the appropriate application fee (per 45CSR13 and 45CSR22).  Check attached to front of application.  I wish to pay by electronic transfer. Contact for payment (incl. name and email address):  I wish to pay by credit card. Contact for payment (incl. name and email address):    $500 (Construction, Modification, and Relocation) $300 (Class II Administrative Update)  $1,000 NSPS fee for 40 CFR60, Subpart Y, IIII and/or JJJJ1  1 Only one NSPS fee will apply.  *NSPS fees apply to new construction or if the source is being modified.* | |
| Responsible Official or Authorized Representative Signature (if applicable) | |
| Single Source Determination Form– Attachment A | |
| Siting Criteria Waiver (if applicable) – Attachment B | Current Business Certificate – Attachment C |
| Process Flow Diagram – Attachment D | Process Description – Attachment E |
| Plot Plan – Attachment F | Area Map – Attachment G |
| G10-D Section Applicability Form – Attachment H | Crushing and Screening Sheet – Attachment I |
| Conveying Sheet – Attachment J | Storage Activity Sheet – Attachment K |
| Baghouse Data Sheet – Attachment L | Engine Data Sheet – Attachment M |
| Storage Vessel Data Sheet – Attachment N | Haulroad Emissions – Attachment O |
| Fugitive Emission Description – Attachment P | |
| Emission Calculations (please be specific and include all calculation methodologies used) – Attachment Q | |
| Facility-wide Emission Summary Sheet(s) – Attachment R | |
| Class I Legal Advertisement – Attachment S | |
| One (1) paper copy and two (2) copies of CD or DVD with pdf copy of application and attachments | |

**All attachments must be identified by name, divided into sections, and submitted in order.**

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| **ATTAchMENT A - SINGLE SOURCE DETERMINATION FORM** |
| Classifying multiple facilities as one “stationary source” under 45CSR13, 45CSR14, and 45CSR19 is based on the definition of Building, structure, facility, or installation as given in §45-14-2.13 and §45-19-2.12. The definition states:  *“Building, Structure, Facility, or Installation” means all of the pollutant-emitting activities which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties, and are under the control of the same person (or persons under common control). Pollutant-emitting activities are a part of the same industrial grouping if they belong to the same “Major Group” (i.e., which have the same two (2)-digit code) as described in the Standard Industrial Classification Manual, 1987 (United States Government Printing Office stock number GPO 1987 0-185-718:QL 3).*  Is there equipment and activities in the same industrial grouping (defined by SIC code)?  Yes  No  Is there equipment and activities under the control of the same person/people?  Yes  No  Is there equipment and activities located on contiguous or adjacent sites?  Yes  No    If all questions are answered yes, please provide the company name, facility name and DAQ facility ID# for the other facility:  Company Name:  Facility Name:  DAQ Facility ID#: |

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| **ATTACHMENT B - SITING CRITERIA WAIVER** |
| If applicable, please complete this form and it must be notarized. |

**G10-D General Permit**

**Siting Criteria Waiver**

**WV Division of Air Quality 300’ Waiver**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby

Print Name

acknowledge and agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will

General Permit Applicant’s Name

construct an emission unit(s) at a coal preparation and processing plant and coal handling operation

that will be located within 300’ of my dwelling and/or business.

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I hereby offer this waiver of siting criteria to the West Virginia Department of Environmental Protection

Division of Air Quality as permission to construct, install and operate in such location.

Signed:

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

Signature Date

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

Signature Date

**Taken, subscribed and sworn before me this \_\_\_\_\_ day of**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

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| **ATTACHMENT c – CURRENT BUSINESS CERTIFICATE** |
| If the applicant is a resident of West Virginia, the applicant should provide a copy of the current Business Registration Certificate issued to them from the West Virginia Secretary of State’s Office. If the applicant is not a resident of the State of West Virginia, the registrant should provide a copy of the Certificate of Authority/Authority of LLC/Registration. This information is required for all sources to operate a business in West Virginia regardless of whether it is a construction, modification, or administrative update.  If you are a new business to West Virginia and have applied to the West Virginia Secretary of State’s Office for a business license, please include a copy of your application.  Please note: Under the West Virginia Bureau of Employment Programs, 96CSR1, the DAQ may not grant, issue, or renew approval of any permit, general permit registration, or Certificate to Operate to any employing unit whose account is in default with the Bureau of Employment Programs Unemployment Compensation Division. |

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| **ATTACHMENT D – PROCESS flow diagram** |
| Provide a diagram or schematic that supplements the Process Description of the operation or plant. The Process Flow Diagram shall show all sources, components or facets of the operation or plant in an understandable line sequence of operation. Appropriate sizing and specifications of equipment should also be shown on the Process Flow Diagram. For a proposed modification, clearly identify the process areas, affected facilities and equipment that will be modified or added, and specify the nature and extent of the modification.  Use the following guidelines to ensure a complete Process Flow Diagram:     * The Process Flow Diagram shall logically follow the entire process from beginning to end. * Identify each source, air pollution control device and transfer point with proper and consistent Source Identification Numbers, Control Device Identification Numbers and Transfer Point Identification Numbers. * Include material handling rates for all lines of the Process Flow Diagram. If applicable, include pre- and post-modification material handling rates and identify accordingly. * Transfer Point Identification Numbers, consistent with assignments in any emission calculation sheet, should be shown at each transfer point. * The process flow lines may appear different for clarity. For example, dot-dash-dot for raw material, and a solid line for finished product. Refuse flow may be identified by a dotted line * The process flow lines may be color coded. For example, new or modified equipment may be red, old or existing equipment may be blue; different stages of preparation such as raw material may be green and finished product or refuse another color. |

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| **ATTACHMENT E – PROCESS description** |
| Provide a detailed written description of the operation for which the applicant is seeking a permit. The process description is used in conjunction with the process flow diagram to provide the reviewing engineer a complete understanding of the activity at the operation. Describe in detail and order the complete process operation.  Use the following guidelines to ensure a complete Process Description:   * The process flow diagram should be prepared first and used as a guide when preparing the process description. The written description shall follow the logical order of the process flow diagram. * All emission sources, emission points, and air pollution control devices must be included in the process description. * When modifications are proposed, describe the modifications and the effect the changes will have on the emission sources, emission points, control devices and the potential emissions. * Proper emission source ID numbers must be used consistently in the process description, the process flow diagram, the emissions calculations, and the emissions summary information provided. * Include any additional information that may facilitate the reviewers understanding of the process operation.   The process description is required for all sources regardless of whether it is a construction, modification, or administrative update. |

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| **ATTACHMENT F – PLOT PLAN** |
| Provide an accurately scaled and detailed Plot Plan showing the locations of all emission units, emission points, and air pollution control devices. Show all emission units, affected facilities, enclosures, buildings and plant entrances and exits from the nearest public road(s) as appropriate. Note height, width and length of proposed or existing buildings and structures.  A scale between 1"=10' and 1"=200' should be used with the determining factor being the level of detail necessary to show operation or plant areas, affected facilities, emission unit sources, transfer points, etc. An overall small scale plot plan (e.g., 1"=300') should be submitted in addition to larger scale plot plans for process or activity areas (e.g., 1"=50') if the plant is too large to allow adequate detail on a single plot plan. Process or activity areas may be grouped for the enlargements as long as sufficient detail is shown.  Use the following guidelines to ensure a complete Plot Plan:   * Facility name * Company name * Company facility ID number (for existing facilities) * Plot scale, north arrow, date drawn, and submittal date. * Facility boundary lines * Base elevation * Lat/Long reference coordinates from the area map and corresponding reference point elevation * Location of all point sources labeled with proper and consistent source identification numbers   This information is required for all sources regardless of whether it is a construction, modification, or administrative update. |

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| **ATTACHMENT G – AREA MAP** |
| Provide an Area Map showing the current or proposed location of the operation. On this map, identify plant or operation property lines, access roads and any adjacent dwelling, business, public building, school, church, cemetery, community or institutional building or public park within a 300’ boundary circle of the collective emission units.  Please provide a 300’ boundary circle on the map surrounding the proposed emission units collectively.  This information is required for all sources regardless of whether it is a construction, modification, or administrative update. |

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| **ATTACHMENT H – G10-D Section Applicability Form** |

**General Permit G10-D Registration**

**Section Applicability Form**

General Permit 10-D allows qualified registrants to seek registration for a variety of sources. These sources include coal preparation and processing plants or coal handling operations which include crushers, screens, transfer points (loading, unloading, etc.), open stockpiles, bins, haulroads, reciprocating internal combustion engine driven compressors, emergency standby generators, and tanks. All registered facilities will be subject to Sections 1.0, 1.1, 2.0, 3.0 and 4.0.

General Permit G10-D allows the registrant to choose which sections of the permit that they wish to seek registration under. Therefore, please mark which sections that you are applying for registration under. Please keep in mind, that if this registration is approved, the issued registration will state which sections will apply to your affected facility.

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| **GENERAL PERMIT G10-D APPLICABLE SECTIONS** | |
| Section 5.0 | Coal Preparation and Processing Plants and Coal Handling Operations1 |
| Section 6.0 | Standards of Performance for Coal Preparation and Processing Plants that Commenced Construction, Reconstruction or Modification after  October 27, 1974, and on or before April 27, 2008 (40CFR60 Subpart Y) |
| Section 7.0 | Standards of Performance for Coal Preparation and Processing Plants that Commenced Construction, Reconstruction or Modification after  April 28, 2008, and on or before May 27, 2009 (40CFR60 Subpart Y) |
| Section 8.0 | Standards of Performance for Coal Preparation and Processing Plants that Commenced Construction, Reconstruction or Modification after  May 27, 2009 (40CFR60 Subpart Y) |
| Section 9.0 | Reciprocating Internal Combustion Engines (R.I.C.E.)2 |
| Section 10.0 | Tanks |
| Section 11.0 | Standards of Performance for Stationary Compression Ignition Internal Combustion Engines (40CFR60 Subpart IIII) |
| Section 12.0 | Standards of Performance for Stationary Spark Ignition Internal Combustion Engines (40CFR60 Subpart JJJJ) |

*1 Affected facilities that are subject to Section 5 may also be subject to Sections 6, 7, and 8. Therefore, if the applicant is seeking registration under multiple sections, they will need to select all applicable sections.*

*2 Affected facilities that are subject to Section 9 may also be subject to Sections 11 or 12. Therefore, if the applicant is seeking registration under multiple sections, they will need to select all applicable sections.*

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| **ATTACHMENT I – CRUSHING AND SCREENING**  **AFFECTED SOURCE sheet** |
| Complete this data sheet for each crusher and screen.  *Additional pages may be necessary.* |

| Source Identification Number1 | |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Crusher or Screen2 | |  |  |  |  |  |  |
| Make, Model No., Serial No.3 | |  |  |  |  |  |  |
| Date of Construction, Reconstruction, or Modification (Month/Year)4 | |  |  |  |  |  |  |
| Maximum Throughput5 | tons/hour |  |  |  |  |  |  |
| tons/year |  |  |  |  |  |  |
| Material sized from/to:6 | |  |  |  |  |  |  |
| Average Moisture Content (%)7 | |  |  |  |  |  |  |
| Control Device ID Number8 | |  |  |  |  |  |  |
| Baghouse  Stack  Parameters9 | height (ft) |  |  |  |  |  |  |
| diameter (ft) |  |  |  |  |  |  |
| volume (ACFM) |  |  |  |  |  |  |
| exit temp (̊F) |  |  |  |  |  |  |
| Maximum Operating Schedule10 | hours/day |  |  |  |  |  |  |
| days/year |  |  |  |  |  |  |
| hours/year |  |  |  |  |  |  |

1. Enter the appropriate Source Identification Number for each crusher and screen. For example, in the case of an operation which incorporates multiple crushers, the crushers should be designated CR-1, CR-2, CR-3 etc. beginning with the breaker or primary crusher. Multiple screens should be designated S-1, S-2, S-3 etc.

2. Describe types of crushers and screens using the following codes:

HM Hammermill SS Stationary Screen DR Double Roll Crusher

SD Single Deck Screen BM Ball Mill DD Double-Deck Screen

RB Rotary Breaker TD Triple Deck Screen JC Jaw Crusher

GC Gyratory Crusher OT Other

3. Enter the make, model number, and serial number of the crusher/screen.

4. Enter the date that each crusher and screen was constructed, reconstructed, or modified.

5. Enter the maximum throughput for each crusher and screen in tons per hour and tons per year.

6. Describe the nominal material size reduction (e.g. +2"/ -⅜”).

7. Enter the average percent moisture content of the material processed.

8. Enter the appropriate Control Device Identification Number for each crusher and screen. Refer to Application Appendix Table A *- Control Device Listing* and *Control Device Identification Number Instructions* for Control Device ID prefixes and numbering.

9. Enter the appropriate stack parameters if a baghouse control device is used.

10. Enter the maximum operating schedule for each crusher and screen in hours per day, days per year and hours per year.

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| **ATTACHMENT J – CONVEYING**  **AFFECTED SOURCE sheet** |
| Complete this data sheet for each conveyor.  *Additional pages may be necessary.* |

| Source  Identification Number1 | Date of Construction, Reconstruction, or Modification  (Month/Year)2 | Type of  Material  Handled3 | Size of  Material Handled4 | Maximum Material Transfer Rate5 | | Average  Moisture  Content  (%)6 | Control  Device7 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| tons/hour | tons/year |
|  |  |  |  |  |  |  |  |
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1. Enter the appropriate Source Identification Number for each conveyor using the following codes. For example, multiple belt conveyors should be designated BC-1, BC-2, BC-3 etc. Transfer points are considered emission points, not sources, and should not be included in the *Conveying Affected Source Sheet*. Transfer Point Identification Numbers shall be assigned in the *Emission Calculation Sheet*.

BC Belt Conveyor BE Bucket Elevator DL Drag-link Conveyor

PS Pneumatic System SC Screw Conveyor VC Vibrating Conveyor

OT Other

2. Enter the date that each crusher and screen was constructed, reconstructed, or modified.

3. Enter the type of material being handled - Raw Coal (RC) Sized Coal (SC) Clean Coal (CC) Refuse (R) Other (O)

4. Enter the nominal size of the material being conveyed (e.g. clean coal - ¾" x 0). If more than one material is handled by the listed conveyor, list each material and enter the appropriate data for each material.

5. Enter the maximum material transfer rate for each conveyor in tons per hour and tons per year.

6. Enter the average percent moisture content of the conveyed material.

7. Enter the control device for the conveyor. PE - Partial Enclosure (example 3/4 hoop), FE - Full Enclosure, N – None

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| **ATTACHMENT K – STORAGE ACTIVITY**  **AFFECTED SOURCE sheet** |
| Complete this data sheet for each storage bin, silo, stockpile, storage enclosure, storage building, etc.  *Additional pages may be necessary.* |

| Source Identification  Number1 |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of  Material Stored2 |  |  |  |  |  |  |
| Average Moisture  Content (%)3 |  |  |  |  |  |  |
| Maximum Yearly Storage Throughput (tons)4 |  |  |  |  |  |  |
| Maximum Storage  Capacity (tons)5 |  |  |  |  |  |  |
| Maximum Base  Area (ft2)6 |  |  |  |  |  |  |
| Maximum Pile  Height (ft)7 |  |  |  |  |  |  |
| Method of Material  Load-in8 |  |  |  |  |  |  |
| Load-in Control Device  Identification Number9 |  |  |  |  |  |  |
| Storage Control Device  Identification Number9 |  |  |  |  |  |  |
| Method of Material  Load-out8 |  |  |  |  |  |  |
| Load-out Control Device  Identification Number9 |  |  |  |  |  |  |

1. Enter the appropriate Source Identification Number for each storage activity using the following codes. For example, if the facility utilizes three storage bins, four open stockpiles and one storage building (full enclosure), the Source Identification Numbers should be BS-1, BS-2, and BS-3; OS-1, OS-2, OS-3, and OS-4; and SB-1, respectively.

BS Bin or Storage Silo (full enclosure) E3 Enclosure (three sided enclosure)

OS Open Stockpile SB Storage Building (full enclosure)

SF Stockpiles with wind fences OT Other

2. Describe the type of material stored or stockpiled. (e.g. clean coal (CC), raw coal (RC), refuse (R), sized coal (SC), other (O))

3. Enter the average percent moisture content of the stored material.

4. Enter the maximum yearly storage throughput for each storage activity.

5. Enter the maximum storage capacity for each storage activity in tons (e.g. silo capacity, maximum stockpile size, etc.)

6. For stockpiles, enter the maximum stockpile base area.

7. For stockpiles, enter the maximum stockpile height.

8. Enter the method of load-in or load-out to/from stockpiles or bins using the following codes:

CS Clamshell SS Stationary Conveyor/Stacker

FC Fixed Height Chute from Bins ST Stacking Tube

FE Front Endloader TC Telescoping Chute from Bins

MC Mobile Conveyor/Stacker TD Truck Dump

UC Under-pile or Under-Bin Reclaim Conveyor PC Pneumatic Conveyor/Stacker

RC Rake or Bucket Reclaim Conveyor OT Other

9. Enter the appropriate Control Device Identification Number for each storage activity. Refer to Application Appendix Table A *- Control Device Listing* and *Control Device Identification Number Instructions* for Control Device ID prefixes and numbering.

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| **ATTACHMENT L – BAGHOUSE AIR POLLUTION**  **CONTROL DEVICE sheet** |
| Complete this data sheet for each baghouse.  *Additional pages may be necessary.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Baghouse Control Device ID# |  | | | | | |
| Manufacturer |  | | | | | |
| Model Name |  | | | | | |
| Number of Compartments in Baghouse |  | | | | | |
| Number of compartments online during normal operating conditions |  | | | | | |
| Gas Flow Rate into Baghouse |  | acfm |  | oF |  | psia |
| Total Cloth Area (ft2) |  | | | | | |
| Operating Air to Cloth Ratio (ft/min) |  | | | | | |
| Filter Media Type |  | | | | | |
| Stabilized static pressure drop across baghouse (inches H2O) |  | | | | | |
| Baghouse Operation | ☐ Continuous ☐ Automatic ☐ Intermittent | | | | | |
| Method Used to Clean Bags | ☐ Shaker ☐ Pulse Jet ☐ Reverse Jet  ☐ Other: | | | | | |
| PM10 Emission Rate entering and exiting baghouse at maximum design operating conditions (lb/hr and grains/ACF) | Entering | | | Exiting | | |
| PM2.5 Emission Rate entering and exiting baghouse at maximum design operating conditions (lb/hr and grains/ACF) | Entering | | | Exiting | | |
| Guaranteed minimum baghouse collection efficiency (%) |  | | | | | |
| Description of the capture system (e.g. hooding and ductwork arrangement), size of ductwork and hoods and air volume, capacity and operating horsepower of fan: |  | | | | | |
| Describe the method of disposal for the collected material: |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **ATTACHMENT M – internal combustion engine data sheet** | | | | | | | |
| Complete this data sheet for each internal combustion engine at the facility. Include manufacturer performance data sheet(s) or any other supporting document if applicable. Use extra pages if necessary. *Generator(s) and microturbine generator(s) shall also use this form.* | | | | | | | |
| Emission Unit ID#1 | |  | |  | |  | |
| Engine Manufacturer/Model | |  | |  | |  | |
| Manufacturers Rated bhp/rpm | |  | |  | |  | |
| Source Status2 | |  | |  | |  | |
| Date Installed/  Modified/Removed/Relocated3 | |  | |  | |  | |
| Engine Manufactured /Reconstruction Date4 | |  | |  | |  | |
| Check all applicable Federal Rules for the engine (include EPA Certificate of Conformity if applicable)5 | | 40CFR60 Subpart JJJJ  JJJJ Certified?  40CFR60 Subpart IIII  IIII Certified?  40CFR63 Subpart ZZZZ  NESHAP ZZZZ/ NSPS JJJJ Window  NESHAP ZZZZ Remote Sources | | 40CFR60 Subpart JJJJ  JJJJ Certified?  40CFR60 Subpart IIII  IIII Certified?  40CFR63 Subpart ZZZZ  NESHAP ZZZZ/ NSPS JJJJ Window  NESHAP ZZZZ Remote Sources | | 40CFR60 Subpart JJJJ  JJJJ Certified?  40CFR60 Subpart IIII  IIII Certified?  40CFR63 Subpart ZZZZ  NESHAP ZZZZ/ NSPS JJJJ Window  NESHAP ZZZZ Remote Sources | |
| Engine Type6 | |  | |  | |  | |
| APCD Type7 | |  | |  | |  | |
| Fuel Type8 | |  | |  | |  | |
| H2S (gr/100 scf) | |  | |  | |  | |
| Operating bhp/rpm | |  | |  | |  | |
| BSFC (BTU/bhp-hr) | |  | |  | |  | |
| Hourly Fuel Throughput | | ft3/hr        gal/hr | | ft3/hr        gal/hr | | ft3/hr        gal/hr | |
| Annual Fuel Throughput  (Must use 8,760 hrs/yr unless emergency generator) | | MMft3/yr        gal/yr | | MMft3/yr        gal/yr | | MMft3/yr        gal/yr | |
| Fuel Usage or Hours of Operation Metered | | Yes  No | | Yes  No | | Yes  No | |
| **Calculation Methodology9** | **Pollutant10** | **Hourly PTE**  **(lb/hr)11** | **Annual PTE**  **(tons/year) 11** | **Hourly PTE**  **(lb/hr) 11** | **Annual PTE**  **(tons/year) 11** | **Hourly PTE**  **(lb/hr) 11** | **Annual PTE**  **(tons/year) 11** |
|  | NOx |  |  |  |  |  |  |
|  | CO |  |  |  |  |  |  |
|  | VOC |  |  |  |  |  |  |
|  | SO2 |  |  |  |  |  |  |
|  | PM10 |  |  |  |  |  |  |
|  | Formaldehyde |  |  |  |  |  |  |
|  | Total HAPs |  |  |  |  |  |  |
|  | GHG (CO2e) |  |  |  |  |  |  |

1 Enter the appropriate Source Identification Number for each natural gas-fueled reciprocating internal combustion compressor/generator engine located at the compressor station. Multiple compressor engines should be designated CE-1, CE-2, CE-3 etc. Generator engines should be designated GE-1, GE-2, GE-3 etc. Microturbine generator engines should be designated MT-1, MT-2, MT-3 etc. If more than three (3) engines exist, please use additional sheets.

2 Enter the Source Status using the following codes:

NS Construction of New Source (installation) ES Existing Source

MS Modification of Existing Source RS Relocated Source

REM Removal of Source

3 Enter the date (or anticipated date) of the engine’s installation (construction of source), modification, relocation, or removal.

4 Enter the date that the engine was manufactured, modified or reconstructed.

5 Is the engine a certified stationary spark ignition internal combustion engine according to 40CFR60 Subpart IIII/JJJJ? If so, the engine and control device must be operated and maintained in accordance with the manufacturer’s emission-related written instructions. You must keep records of conducted maintenance to demonstrate compliance, but no performance testing is required. If the certified engine is not operated and maintained in accordance with the manufacturer’s emission-related written instructions, the engine will be considered a non-certified engine and you must demonstrate compliance as appropriate.

**Provide a manufacturer’s data sheet for all engines being registered.**

6 Enter the Engine Type designation(s) using the following codes:

2SLB Two Stroke Lean Burn 4SRB Four Stroke Rich Burn

4SLB Four Stroke Lean Burn

7 Enter the Air Pollution Control Device (APCD) type designation(s) using the following codes:

A/F Air/Fuel Ratio IR Ignition Retard

HEIS High Energy Ignition System SIPC Screw-in Precombustion Chambers

PSC Prestratified Charge LEC Low Emission Combustion

NSCR Rich Burn & Non-Selective Catalytic Reduction OxCat Oxidation Catalyst

SCR Lean Burn & Selective Catalytic Reduction

8 Enter the Fuel Type using the following codes:

PQ Pipeline Quality Natural Gas RG Raw Natural Gas /Production Gas D Diesel

9 Enter the Potential Emissions Data Reference designation using the following codes. Attach all reference data used.

MD Manufacturer’s Data AP AP-42

GR GRI-HAPCalcTM OT Other       (please list)

10Enter each engine’s Potential to Emit (PTE) for the listed regulated pollutants in pounds per hour and tons per year. PTE shall be calculated at manufacturer’s rated brake horsepower and may reflect reduction efficiencies of listed Air Pollution Control Devices. Emergency generator engines may use 500 hours of operation when calculating PTE. PTE data from this data sheet shall be incorporated in the *Emissions Summary Sheet*.

11 PTE for engines shall be calculated from manufacturer’s data unless unavailable.

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| --- | --- |
| **Engine Air Pollution Control Device**  **(Emission Unit ID#**      **, use extra pages as necessary)** | |
| Air Pollution Control Device Manufacturer’s Data Sheet included?  Yes  No | |
| NSCR  SCR  Oxidation Catalyst | |
| Provide details of process control used for proper mixing/control of reducing agent with gas stream: | |
| Manufacturer: | Model #: |
| Design Operating Temperature:       oF | Design gas volume:       scfm |
| Service life of catalyst: | Provide manufacturer data? Yes  No |
| Volume of gas handled:       acfm at       oF | Operating temperature range for NSCR/Ox Cat:  From       oF to       oF |
| Reducing agent used, if any: | Ammonia slip (ppm): |
| Pressure drop against catalyst bed (delta P):       inches of H2O | |
| Provide description of warning/alarm system that protects unit when operation is not meeting design conditions: | |
| Is temperature and pressure drop of catalyst required to be monitored per 40CFR63 Subpart ZZZZ?  Yes  No | |
| How often is catalyst recommended or required to be replaced (hours of operation)? | |
| How often is performance test required?  Initial  Annual  Every 8,760 hours of operation  Field Testing Required  No performance test required. If so, why (please list any maintenance required and the applicable sections in NSPS/GACT, | |

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| **ATTACHMENT N – STORAGE vessel data sheet** |
| Complete this data sheet for all deminimis storage tanks (i.e. lube oil, diesel etc.) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Source**  **ID #1** | **Status2** | **Content3** | **Volume4** |
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1. Enter the appropriate Source Identification Numbers (Source ID #) for each storage tank located at the compressor station. Tanks should be designated T01, T02, T03, etc.

2. Enter storage tank Status using the following:

EXIST Existing Equipment

NEW Installation of New Equipment

REM Equipment Removed

3. Enter storage tank content such as lube oil, diesel, etc.

4. Enter the maximum design storage tank volume in gallons.

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| **ATTACHMENT O – HAULROAD EMISSIONS** |
| Complete this data sheet for paved and unpaved haulroads |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Haulroad Type** | **Uncontrolled Emissions** | | **Controlled Emissions** | |
| **Hourly (lb/hr)** | **Annual (tpy)** | **Hourly (lb/hr)** | **Annual (tpy)** |
| **Paved** |  |  |  |  |
| **Unpaved** |  |  |  |  |

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| **ATTACHMENT P – FUGITIVE EMISSION Description** |
| Provide a detailed written description of all potential sources of fugitive particulate emissions such as stockpiles, haulroads, and vehicle traffic from work areas. Describe methods and fugitive dust control equipment which will be utilized for each potential source of fugitive emissions. The description of fugitive emissions shall also outline fugitive dust control measures or best management practices to be employed on haulroads, stockpiles, and work areas. Use the following guidelines to ensure a complete Description of Fugitive Emissions:   * Describe all sources and potential sources of fugitive particulate emissions. * Describe all fugitive dust control equipment. * Provide the application rate of water, or if using solution, mix ratio and type used at sprays. * Provide the application frequency of water or solution to haulroads and work areas during dry periods. * Describe methods employed to winterize sprays. * Indicate type of haulroad surface(s) that will be maintained such as asphalt pavement, concrete, dirt, coarse gravel, etc. * Describe fugitive dust control methods and related equipment for any highwall truck or conveyor dump. * Describe any other method or practice implemented to minimize fugitive particulate emissions. |

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| **ATTACHMENT Q – emissions calculations** |
| Provide detailed potential to emit (PTE) emission calculations for criteria and hazardous air pollutants (HAPs) for each emission point identified in the application. For hazardous air pollutants and volatile organic compounds (VOCs), the speciated emission calculations must be included.  Use the following guidelines to ensure complete emission calculations:   * All emission sources and fugitive emissions are included in the emission calculations, as well as all methods used to calculate the emissions. * Proper emission point identification numbers and APCD identification numbers are used consistently in the emission calculations that are used throughout the application. * If emissions are provided from the manufacturer, the manufacturer’s documentation and/or certified emissions must also be included. * The emission calculations results must match the emissions provided on the emissions summary sheet. * Provide any additional clarification as necessary. Additional clarification or information is especially helpful when reviewing modeling calculations to assist the engineer in understanding the basis of assumptions and/or inputs.   Please follow specific guidance provided on the emissions summary sheet when providing the calculations. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emission Source** | **Maximum Controlled PM Hourly Emissions (lb/hr)** | **Maximum Controlled PM10 Hourly Emissions (lb/hr)** | **Maximum Controlled PM Annual Emissions (tons/year)** | **Maximum Controlled PM10 Annual Emissions (tons/year)** |
| **FUGITIVE EMISSIONS** | | | | |
| Stockpiles |  |  |  |  |
| Unpaved Haulroads |  |  |  |  |
| Paved Haulroads |  |  |  |  |
| ***Total Fugitive Emissions*** |  |  |  |  |
| **POINT SOURCE EMISSIONS** | | | | |
| Equipment Emissions |  |  |  |  |
| Transfer Point Emissions |  |  |  |  |
| ***Total Point Source Emissions*** |  |  |  |  |
| **TOTAL FACILITY EMISSIONS** | | | | |
| ***Total Facility Emissions*** |  |  |  |  |

Engines (If Applicable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source ID** | **Emission Source** | **Pollutant** | **Maximum Hourly Emissions (lb/hr)** | **Maximum Annual Emissions (tpy)** |
|  |  | Nitrogen Oxides |  |  |
| Carbon Monoxide |  |  |
| Volatile Organic Compounds |  |  |
| Formaldehyde |  |  |

Annual emissions for engines shall be based on 8,760 hours per year of operation except emergency generators (500 hours).

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| **ATTACHMENT S – class i legal advertisement** |
| Publication of a proper Class I legal advertisement is a requirement of the G10-D registration process. In the event the applicant’s legal advertisement fails to follow the requirements of 45CSR13, Section 8 or the requirements of Chapter 59, Article 3, of the West Virginia Code, the application will be considered incomplete and no further review of the application will occur until this is corrected.  The applicant, utilizing the format for the Class I legal advertisement example provided on the following page, shall have the legal advertisement appear a minimum of one (1) day in the newspaper most commonly read in the area where the facility exists or will be constructed. The notice must be published no earlier than five (5) working days of receipt by this office of your application. The original affidavit of publication must be received by this office no later than the last day of the public comment period.  The advertisement shall contain, at a minimum, the name of the applicant, the type and location of the source, the type and amount of air pollutants that will be discharged (include fugitive emissions separately), the nature of the permit being sought, the proposed start-up date for the source, and a contact telephone number for more information.  The location of the source should be as specific as possible starting with: 1.) the street address of the source; 2.) the nearest street or road; 3.) the nearest town or unincorporated area, 4.) the county, and 5.) latitude and longitude coordinates in decimal format.  Types and amounts of pollutants discharged must include all regulated pollutants (Nitrogen Oxides, Carbon Monoxide, Particulate Matter-2.5, Particulate Matter-10, Volatile Organic Compounds, Sulfur Dioxide, Formaldehyde, Benzene, Toluene, Ethylbenzene, Xylenes, Hexane, Total Hazardous Air Pollutants) and their potential to emit or the permit level being sought in units of tons per year.  In the event the 30th day is a Saturday, Sunday, or legal holiday, the comment period will be extended until 5:00 p.m. on the following regularly scheduled business day.  A list of qualified newspapers that are eligible to publish legal ads may be found:  http://www.sos.wv.gov/elections/resource/Documents/Qualified%20Newspapers.pdf |

**RECOMMENDED PUBLIC NOTICE TEMPLATE**

**AIR QUALITY PERMIT NOTICE**

**Notice of Application**

Notice is given that **(Applicant’s Legal Name)** has applied to the West Virginia Department of Environmental Protection, Division of Air Quality, for a G10-D **(General Permit Registration, General Permit Modification, General Permit Class II Administrative Update)** for a **coal preparation and processing plant and coal handling** facility located on **(Street Name, Road Number, etc.)**, **(in/near City or Town)**, in **(County Name)** County, West Virginia. The latitude and longitude coordinates are: **(Provide latitude and longitude in decimal format, NAD83 Decimal to 5 digits)**.

The applicant estimates the **(Increased, if modification application)** potential to discharge the following Regulated Air Pollutants will be: **(Pollutants and associated amounts in tons per year)**.

Startup of operation is planned to begin on or about the **(Day)** day of **(Month)**, **(Year)**. Written comments will be received by the West Virginia Department of Environmental Protection, Division of Air Quality, 601 57th Street, SE, Charleston, WV 25304, for at least 30 calendar days from the date of publication of this notice.

Any questions regarding this permit application should be directed to the DAQ at (304) 926-0499, extension 1250, during normal business hours.

Dated this the **(Day)** day of **(Month)**, **(Year)**.

By: **(Applicant’s Legal Name)**

**(Name of Responsible Official)**

**(Title of Responsible Official)**

**(Mailing Address)**

**(City, State and Zip Code)**