

**7 DE Admin. Code 1130
Title V State Operating Permit Program
ADMINISTRATIVE INFORMATION
Air Quality Management Section**

AQM-1001

ADMINISTRATIVE INFORMATION FOR:	FOR DEPARTMENT USE, ONLY
<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION <i>(check one)</i> <input type="checkbox"/> MODIFICATION	I.D. NO.:
	PERMIT NO.:
	DATE: / /

SOURCE INFORMATION		
1. SOURCE NAME:	2. DATE FORM COMPLETED: / /	
3. SOURCE STREET ADDRESS:		
4. CITY:	5. ZIP:	6. COUNTY: NEW CASTLE
7. PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CATEGORY:		8. PRIMARY SIC NO.:
9. SOURCE ENVIRONMENTAL CONTACT PERSON:		10. CONTACT PERSON'S TELEPHONE NO.: () -

OWNER INFORMATION		
11. NAME:		
12. ADDRESS:		
13. CITY:	14. STATE:	15. ZIP:
16. OWNERS AGENT <i>(if applicable)</i> :		

OPERATOR INFORMATION		
17. NAME:		
18. ADDRESS:		
19. CITY:	20. STATE:	21. ZIP:

APPLICANT INFORMATION	
22. WHO IS THE PERMIT APPLICANT: <i>(Check One)</i> <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR	23. ALL CORRESPONDENCE TO: <i>(Check One)</i> <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR <input type="checkbox"/> SOURCE
24. CONTACT PERSON NAME AND/OR TITLE FOR WRITTEN CORRESPONDENCE:	
25. TECHNICAL CONTACT FOR SUBMITTAL OF APPLICATION:	26. CONTACT PERSON'S TELEPHONE NO.: () -
27. TOTAL COST OF PLANT: \$ <i>(Including property, buildings and air pollution control equipment, original cost basis)</i> COST OF PROPOSED MODIFICATION: \$ <i>(Modification Applications, Only)</i>	

28. PRESENT STATUS OF EQUIPMENT (Check appropriate box(es) and complete applicable items)
OPERATING PERMIT:

For existing plant, date construction completed (*original facility*) / /

Name change pending, effective date / /

CONSTRUCTION PERMIT (*for modifying sources*):

<input type="checkbox"/>	Equipment to be modified or constructed	Estimated Starting Date	Estimated Completion Date
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<input type="checkbox"/>	Basic Equipment	/ /	/ /
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<input type="checkbox"/>	Air Pollution Control Equipment	/ /	/ /
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<input type="checkbox"/>	Change of Location Pending	/ /	/ /
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29. ARE HAZARDOUS MATERIALS* OR COMPOUNDS OF SUCH MATERIALS ARE EMITTED INTO THE ATMOSPHERE FROM ANY OPERATION AT THIS LOCATION:

YES

*As defined in Section 112(b) of the November 15, 1990 Clean Air Act Amendments.

30. 1990 CLEAN AIR ACT AMENDMENTS, §112(r)

- a. The facility is subject to the requirements of §112(r) of the 1990 Clean Air Act Amendments.
- b. The facility has registered in compliance with the State of Delaware "Regulations for the Management of Extremely Hazardous Substances."

(if a registration has not been filed, a Compliance Schedule is required to be submitted with this Application).

31. 1990 CLEAN AIR ACT AMENDMENTS, Title VI Requirements

- a. Does your facility have any air conditioners or refrigeration equipment that uses CFCs, HCFCs or other ozone-depleting substances?

YES

- b. Does any air conditioner(s) or any piece(s) of refrigeration equipment contain a refrigerant charge greater than fifty (50) pounds?

YES

(If the answer is "YES," describe what type of equipment and how many units are at the facility).

- c. Do your facility personnel maintain, service, repair or dispose of any motor vehicle air conditioners (MVACs) or appliances? ("Appliance" and "MVAC", as defined at 40 CFR, Part 82.152)

YES

- d. Cite and describe which Title VI requirements, if any, are applicable to your facility. (i.e., 40 CFR, Part 82, Subparts A through G)

33. I, the undersigned, hereby certify under penalty of law that I am a Responsible Official and that I have personally examined and am familiar with the information submitted in this document and all of its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the information is, on knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of fine or imprisonment.

By signing this form, I certify that I have not changed, altered, or deleted any portions of this application.

BY: _____

DATE: ____/____/____

Typed or Printed Name of Signatory

Title of Signatory