

**S-1: Standard Air Pollution Control Permit Application Form**  
(Covered Source Permit and Noncovered Source Permit)

State of Hawaii  
Department of Health  
Environmental Management Division  
Clean Air Branch  
P.O. Box 3378 • Honolulu, HI 96801-3378 • Phone: (808) 586-4200

1. Company Name: \_\_\_\_\_
2. Facility Name (if different from the Company): \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
4. Name of Owner/Owner's Agent: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Plant Site Manager/Other Contact: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Permit Application Basis: (Check all applicable categories.)  
 Initial Permit for a New Source       Initial Permit for an Existing Source  
 Renewal of Existing Permit       General Permit  
 Temporary Source       Transfer of Permit  
 Modification to a Covered Source: ➔ Is Modification?     Significant     Minor     Uncertain  
 Modification to a Noncovered Source
7. If renewal or modification, include existing permit number: \_\_\_\_\_
8. Does the Proposed Source require a County Special Management Area Permit?     Yes     No
9. Type of Source (Check One):     Covered Source     Covered and PSD Source  
                                                  Noncovered Source     Uncertain
10. Standard Industrial Classification Code (SICC), if known: \_\_\_\_\_

11. Proposed Equipment/Plant Location (e.g. street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

UTM Coordinates (meters): East: \_\_\_\_\_ North: \_\_\_\_\_

UTM Zone: \_\_\_\_\_ UTM Horizontal Datum:  Old Hawaiian  NAD-27  NAD-83

12. General Nature of Business: \_\_\_\_\_

13. Date of Planned Commencement of Construction or Modification: \_\_\_\_\_

14. Is **any** of the equipment to be leased to another individual or entity?  Yes  No

15. Type of Organization:  Corporation  Individual Owner  Partnership

Government Agency (Government Facility Code: \_\_\_\_\_)

Other: \_\_\_\_\_

*Any applicant for a permit who fails to submit any relevant facts or who has submitted incorrect information in any permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information. In addition, an applicant shall provide additional information as necessary to address any requirements that become applicable to the source after the date it filed a complete application, but prior to the issuance of the noncovered source permit or release of a draft covered source permit. (HAR §11-60.1-64 & 11-60.1-84)*

**RESPONSIBLE OFFICIAL** (as defined in HAR §11-60.1-1)

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Certification by Responsible Official** (pursuant to HAR §11-60.1-4)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the Department of Health as public record. I further state that I will assume responsibility for the construction, modification, or operation of the source in accordance with the Hawaii Administrative Rules (HAR), Title 11, Chapter 60.1, Air Pollution Control, and any permit issued thereof.

NAME (Print/Type): \_\_\_\_\_

(Signature): \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR AGENCY USE ONLY:</b>
File/Application No.: _____
Island: _____
Date Received: _____

Submit the following documents as part of your application:

- A. The **Emissions Units Table**, filled in as completely as possible. Use separate sheets of paper as needed. General instructions include the following:
1. Identify each **emission point** with a unique number for this plant site, consistent with emission point identification used on the location drawing and previous permits; if known, provide the SICC number. Emission points shall be identified and described in sufficient detail to establish the basis for **fees** and applicability of requirement of HAR, Chapter 11-60.1. Examples of emission point names are: heater, vent, boiler, tank, baghouse, fugitive, etc. Abbreviations may be used.
    - a. For each emission point use as many lines as necessary to list regulated and hazardous air pollutant data. For hazardous air pollutants, also list the Chemical Abstracts Service number (CAS#).
    - b. Indicate the emission points that discharge together for any length of time.
    - c. The **Equipment Date** is the date of equipment construction, reconstruction, or modification. Provide supporting documentation.
  2. State the **maximum emission rates** in terms sufficient to establish compliance with the applicable requirements and standard reference test methods. Provide all supporting emission calculations and assumptions:
    - a. Include all regulated and hazardous air pollutants and air pollutants for which the source is major, as defined in HAR §11-60.1-1. Examples of regulated pollutant names are: Carbon Monoxide (CO), Nitrogen Oxides (NO<sub>x</sub>), Sulfur Dioxide (SO<sub>2</sub>), Volatile Organic Compounds (VOC), particulate matter (PM), and particulate less than 10 microns (PM<sub>10</sub>). Abbreviations may be used.
    - b. Include fugitive emissions.
    - c. **Pounds per hour (#/HR)** is the maximum potential emission rate expected by applicant.
    - d. **Tons per year** is the annual maximum potential emissions expected by the applicant, taking into account the typical operating schedule.
  3. Describe **Stack Source Parameters**:
    - a. **Stack Height** is the height above the ground.
    - b. **Direction** refers to the exit direction of stack emissions: up, down or horizontal.
    - c. **Flow Rate** is the actual, not the calculated, flow rate.
  4. Provide any additional information, if applicable, as follows:
    - a. If combinations of different fuels are used that cause any of the stack source parameters to differ, complete one row for each possible set of stack parameters and identify each fuel in the **Equipment Description**.
    - b. For a rectangular stack, indicate the length and width.
    - c. Provide any information on stack parameters or any stack height limitations developed pursuant to Section 123 of the Clean Air Act.
- B. A **process flow diagram** identifying all equipment used in the process, including the following:
1. Identify and describe each emission point.
  2. Identify the locations of safety valves, bypasses, and other such devices which when activated may release air pollutants to the atmosphere.
- C. A **facility location map**, drawn to a reasonable scale and showing the following:
1. The property involved and all structures on it. Identify property/fence lines plainly.
  2. Layout of the facility.
  3. Location and identification of the proposed emissions unit on the property.
  4. Location of the property and equipment with respect to streets and all adjacent property. Show the location of all structures within 100 meters of the applicant's emissions unit. Provide the building dimensions (height, length, and width) of all structures that have heights greater than 40% of the stack height of the emissions unit.
- D. Provide a description of any proposed modifications or permit revisions. Include any justification or supporting information for the proposed modifications or permit revisions.

Company Name: \_\_\_\_\_

File No.: \_\_\_\_\_

Location: \_\_\_\_\_

(Make as many copies of this page as necessary)

Page \_\_\_\_ of \_\_\_\_

**EMISSIONS UNITS TABLE**

Review of applications and issuance of permits will be expedited by supplying all necessary information on this table.

AIR POLLUTANT DATA: EMISSION POINTS				AIR POLLUTANT	AIR POLLUTANT EMISSION RATE		UTM Zone: _____ Horizontal Datum <sup>a</sup> : _____		STACK SOURCE PARAMETERS						
Stack No.	Unit No.	Equipment Name/ Description & SICC number	Equipment Date	Regulated/ Hazardous Air Pollutant Name & CAS#	#/ HR	Tons/ YR	Coordinates (mtrs)		Stack Height (mtrs)	Direction (u/d/h) <sup>b</sup>	Inside Diameter (mtrs)	Velocity (m/s)	Flow Rate (m <sup>3</sup> /s)	Temp. (° K)	Capped (Y/N)
							East								
							North								
							East								
							North								
							East								
							North								
							East								
							North								
							East								
							North								
							East								
							North								
							East								
							North								
							East								
							North								
							East								
							North								

<sup>a</sup> Specify UTM Horizontal Datum as Old Hawaiian, NAD-83, or NAD-27

<sup>b</sup> Specify the direction of the stack exhaust as u = upward, d = downward, or h = horizontal

**S-10: Application for a Temporary Noncovered Source Permit**

In providing the required information, reference the corresponding letters and numbers listed below.

- I. In accordance with Hawaii Administrative Rules (HAR) §11-60.1-63, the following information is required:**
- A. Equipment Specifications:
    - 1. Maximum design capacity.
    - 2. Fuel type.
    - 3. Fuel use.
    - 4. Production capacity.
    - 5. Production rates.
    - 6. Raw materials.
    - 7. Provide any manufacturer's literature.
  - B. Provide detailed descriptions of all processes and products. Also, provide any reasonably anticipated alternative operating scenarios, associated processes, and products.
  - C. Identify and describe in detail all air pollution control equipment and compliance monitoring devices or activities planned by the owner or operator, and to the extent of available information, an estimate of emissions before and after controls. Provide all calculations and assumptions.
  - D. Current operational limitations or work practices, or for noncovered sources that have not yet begun operation, such limitations or practices which the owner or operator of the noncovered source plans to implement that affect emissions of any regulated or hazardous air pollutants at the source.
  - E. Provide a detailed schedule for construction or modification of the proposed noncovered source, including any major milestones, if applicable.
  - F. Provide an explanation of all proposed exemptions from any applicable requirement(s).
  - G. Provide a Compliance Plan, Form C-1.
- II. Submit an application fee according to the Application Fee Schedule in the Instructions for Applying for an Air Pollution Control Permit.**
- III. Provide other information as follows:**
- A. As required by any applicable requirement or as requested and deemed necessary by the Director of Health (hereafter, Director) to make a decision on the application.
  - B. As may be necessary to implement and enforce other applicable requirements of the Clean Air Act or of HAR Chapter 11-60.1 or to determine the applicability of such requirements.

**IV. The Director reserves the right to request the following information:**

- A. An assessment of the ambient air quality impact of the noncovered source or modification. The assessment shall include all supporting data, calculations and assumptions, and a comparison with the National Ambient Air Quality Standards and State Ambient Air Quality Standards.
- B. A risk assessment of the air quality related impacts caused by the noncovered source or modification to the surrounding environment.
- C. Results of source emissions testing, ambient air quality monitoring, or both.
- D. Information on other available control technologies.

**V. An application shall be determined to be complete only when all of the following have been complied with:**

- A. All information required or requested in numbers **I, III, IV** has been submitted.
- B. All documents requiring certification have been certified pursuant to HAR §11-60.1-4.
- C. All applicable fees have been submitted.
- D. The Director has certified that the application is complete.

**VI. The Director shall not continue to act upon or consider an incomplete application.**

- A. The applicant shall be notified in writing whether the application is complete. Unless the Director requests additional information or notifies the applicant of incompleteness within sixty days of receipt of an application, the application shall be deemed complete.
- B. During the processing of an application that has been determined or deemed complete, if the Director determines that additional information is necessary to evaluate or take final action on the application, the Director may request such information in writing and set a reasonable deadline for a response.

**VII. The Director, in writing, shall approve, conditionally approve, or deny an application for a Noncovered Source Permit within six months after receipt of a complete application. A Noncovered Source Permit application for a new noncovered source or a modification shall be approved only if the Director determines that the construction or operation of the new noncovered source or modification will be in compliance with all applicable requirements.**

**VIII. Upon issuance of a Temporary Noncovered Source Permit, the following information is required:**

- A. Provide all succeeding location changes to the Director for approval at least thirty days or such lesser time as designated and approved by the Director, prior to the change in location. The owner or operator shall submit sufficient information to enable the Director to assess the air quality impact the temporary noncovered source may have at the new location.
- B. Temporary Noncovered Source Permit identification number and expiration date.
- C. Location map of the new temporary location, identifying the surrounding commercial, industrial, and residential developments.
- D. Projected dates of operation at the new location.
- E. Certification that no modification will be made to the equipment, and operational methods will remain similar as permitted under the Temporary Noncovered Source Permit at the new location.

**IX. The Director shall not continue to act upon or consider a location change request, unless the following have been submitted:**

- A. All information required in number **VIII**.
- B. Any additional information as requested by the Director.
- C. Any applicable fees.

**X. Prior to any relocation, the Director shall approve, conditionally approve, or deny in writing each location change. If the Director denies a location change, the applicant may appeal the decision pursuant to Hawaii Revised Statutes, Chapter 91.**

**XI. With the exception of the initial location, if a source remains in any one location for longer than twelve consecutive months, the Director may request an ambient air quality impact assessment of the source.**

**XII. At each of the authorized locations, the owner or operator shall operate in accordance with the Temporary Noncovered Source Permit and all applicable requirements.**

### C-1: Compliance Plan

The Responsible Official shall submit a Compliance Plan as indicated in the Instructions for Applying for an Air Pollution Control Permit and at such other times as requested by the Director of Health (hereafter, Director).

Use separate sheets of paper if necessary.

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1. Compliance status with respect to all Applicable Requirements:

Will your facility be in compliance, or is your facility in compliance, with all applicable requirements in effect at the time of your permit application submittal?

YES {If YES, complete items a and c below}

NO {If NO, complete items a, b, and c below}

a. Identify all applicable requirement(s) for which compliance is achieved.

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Provide a statement that the source is in compliance and will continue to comply with all such requirements.

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b. Identify all applicable requirement(s) for which compliance is NOT achieved.

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Provide a detailed Schedule of Compliance Schedule and a description of how the source will achieve compliance with all such applicable requirements.

<u>Description of Remedial Action</u>	<u>Expected Date of Completion</u>
_____	_____
_____	_____
_____	_____
_____	_____



- c. Identify any other applicable requirement(s) with a future compliance date that your source is subject to. These applicable requirements may take effect AFTER permit issuance:

<u>Applicable Requirement</u>	<u>Effective Date</u>	<u>Currently in Compliance?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the source is not currently in compliance, provide a Schedule of Compliance and a description of how the source will achieve compliance with all such applicable requirements:

<u>Description of Proposed Action/Steps to Achieve Compliance</u>	<u>Expected Date of Achieving Compliance</u>
_____	_____
_____	_____
_____	_____
_____	_____

Provide a statement that the source on a timely basis will meet all these applicable requirements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the expected date of achieving compliance will NOT meet the applicable requirement's effective date, provide a more detailed description of each remedial action and the expected date of completion:

<u>Description of Remedial Action and Explanation</u>	<u>Expected Date of Completion</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. Compliance Progress Reports:

- a. If a compliance plan is being submitted to remedy a violation, complete the following information:

Frequency of Submittal: \_\_\_\_\_ Beginning Date: \_\_\_\_\_  
(less than or equal to 6 months)

b. Date(s) that the Action described in (1)(b) was achieved:

Remedial Action

Date Achieved

_____	_____
_____	_____
_____	_____

c. Narrative description of why any date(s) in (1)(b) was not met, and any preventive or corrective measures taken in the interim:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESPONSIBLE OFFICIAL**

(as defined in HAR §11-60.1-1)

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Certification by Responsible Official**

(pursuant to HAR §11-60.1-4)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the Department of Health as public record. I further state that I will assume responsibility for the construction, modification, or operation of the source in accordance with the Hawaii Administrative Rules, Title 11, Chapter 60.1, Air Pollution Control, and any permit issued thereof.

Name (Print/Type): \_\_\_\_\_

(Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Location: \_\_\_\_\_

Permit Number: \_\_\_\_\_

<b>FOR AGENCY USE ONLY</b>
File/Application No.: _____
Island: _____
Date Received: _____