

FACILITY (General Information)

Instructions for Form A1

Mecklenburg County Air Quality (MCAQ) Form A1 contains general information on the facility being permitted. One Form A1 is to be completed for each permit application.

GENERAL INFORMATION

LEGAL NAME OF CORPORATE ENTITY - The legal name of the company that the permit will be issued to (i.e. the legal name of the owner of the business). This will be the name of the local business if it is incorporated and is not solely a marketing name. If the business operates under a marketing name, this will be the name of the corporate owner.

SITE NAME - The marketing name of the facility. This may be the same as the legal name of the corporate entity.

SITE ADDRESS, CITY, COUNTY, STATE, ZIP CODE - The location where the agency would go to inspect the equipment.

CONTACT INFORMATION

RESPONSIBLE COMPANY OFFICIAL CONTACT – The name and title of the official as specified in MCAPCO Regulation 1.5212 Paragraph (i). This is the same person that will be responsible for signing the application form.

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the official receives postal mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the Responsible Company Official.

CORPORATE CONTACT PERSON - The owner's agent who is to be contacted for information concerning the facility.

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the owner's agent receives postal mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the owner's agent

HIGHEST RANKING LOCAL OFFICIAL IN MECKLENBURG COUNTY, TITLE - The name and title of the local person within the organizational hierarchy who is or is closest to the head of the national / international organization (i.e. owner, president, chairman, facility manager).

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the Highest Ranking Local Official receives postal mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the Highest Ranking Local Official.

SITE CONTACT, TITLE - The person physically located at the facility who is to be contacted for air permitting information.

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the facility receives postal mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the site contact person.

FACILITY (PLANT SITE) INFORMATION

DESCRIBE NATURE OF (PLANT SITE) OPERATION(S) - This is a short statement describing what is taking place at the facility (i.e. asphalt batch plant, rock quarry, medical device manufacturing, etc.).

SIC CODE(S) - This is the Standard Industrial Classification (SIC) which can be found in the SIC Manual. If there are multiple processes at the facility which have different SIC codes, list the code or codes which best represent the primary activity at the facility. Additionally, include any SIC codes associated with any alternative operating scenarios as specified in Section B forms.

DESCRIPTION OF PRIMARY SIC GROUP - Each four digit SIC code has a description to be entered here. For example, if your facility manufactured wooden office chairs, the SIC code would be 2521 and the SIC group description found in the SIC Manual would be "wood office furniture".

NAICS CODE(S) – This is the North America Industry Classification System (NAICS) which can be found in the NAICS Manual. If there are multiple processes at the facility which have different NAICS codes, list the code or codes which best represent the primary activity at the facility. Additionally, include any NAICS codes associated with any alternative operating scenarios as specified in Section B forms.

DESCRIPTION OF PRIMARY NAICS GROUP - Each six digit NAICS code has a description to be entered here. For example, if your facility manufactured wooden office chairs, the NAICS code would be 337211 and the NAICS group description found in the NAICS Manual would be "wood office furniture manufacturing".

TAX CODE PARCEL ID NO. - This number can be obtained from the tax office or by using the Mecklenburg County POLARIS website and inputting your site address, <http://polaris3g.mecklenburgcountync.gov/>.

OPERATION - Hours the manufacturing process operates (i.e., production, does not include administrative hours).

APPLICATION / NOTIFICATION IS BEING MADE FOR:

NEW FACILITY - Application is made for construction/operation of a new facility.

EXISTING PERMITTED FACILITY - Facility currently in operation, which holds an air quality permit.

EXISTING UNPERMITTED FACILITY - Facility currently in operation that does not hold an air quality permit.

FACILITY TYPE & CLASSIFICATION: TITLE V FACILITY / SYNTHETIC MINOR / NON-TITLE V FACILITY - Please check whether the facility is subject to Title V or is a Non-Title V facility as defined in MCAPCO 1.5231. Note that facility category is based on a facility's uncontrolled potential emissions, as defined in MCAPCO 1.5102.

IS THERE A GASOLINE DISPENSING FACILITY ON SITE? Check "Yes" or "No."

IS YOUR FACILITY SUBJECT TO 40 CFR 68 "PREVENTION OF ACCIDENTAL RELEASES" – SECTION 112(r) OF THE FEDERAL CLEAN AIR ACT? If your facility has more than the threshold quantity of a 112(r) regulated substance as listed in 40 CFR 68, you may be subject to Section 112(r) and be required to develop and implement a Risk Management Program (RMP). You should review the requirements and indicate if 112(r) is applicable to your facility.

DO YOU CLAIM CONFIDENTIALITY OF DATA? - All information in this application and the attachments thereto are considered public information unless the applicant can demonstrate that specific information qualifies for confidential treatment under the provisions of North Carolina G.S 143-215.3C and MCAPCO Regulation 1.5217. **Your request does not guarantee confidentiality.** If you request confidentiality, you must submit one confidential copy of the application package and one public copy of the application package as defined below:

1. Confidential copy: one complete application, stamped confidential on each relevant page and containing the confidential and non-confidential information; and
2. Public copy: one complete application, indicating "Trade Secret Information Deleted" for each instance where information has been omitted from the Public copy.

Note: All application forms, including those deemed confidential by MCAQ, may be submitted to EPA. Because EPA has different guidelines for confidentiality, what may be deemed confidential by MCAQ may be released as public information by EPA. Therefore, it is advised that both the North Carolina General Statutes and the federal laws concerning confidentiality be reviewed prior to submitting proprietary information to MCAQ.

DO YOU REQUEST MCAQ TO PERFORM AN INITIAL/SCREENING MODEL PURSUANT TO MCAPCO 2.1106 – "DETERMINATION OF AMBIENT AIR CONCENTRATIONS?" *(If Yes, please complete applicable Section M forms)*

FIRM OR PERSON THAT PREPARED APPLICATION

FIRM NAME – The name of the company where the application preparer works.

PERSON NAME, TITLE - The person at the company who is to be contacted for information concerning the application.

MAILING ADDRESS, CITY, STATE, ZIP CODE, COUNTY - The address at which the preparer receives mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the preparer of the application.

ALTERNATIVE PUBLIC NOTICE PROCESSING

Pursuant to MCAPCO 1.5213 – "Action on Application; Issuance of Permit" and at the applicant's expense, proposed permit application approvals may be advertised in a major local newspaper to initiate the required 15-day public

comment period. Indicate your preference – if “yes”, MCAQ will contact you upon completion of the draft permit. The applicant must then pay a \$1,000 fee to MCAQ plus newspaper publication fee to process the alternative notice (*note: alternative notice fee is not due upon application submittal*). If “no”, public notice will be initiated at a future Air Quality Commission meeting.

SIGNATURE OF RESPONSIBLE PERSON OR COMPANY OFFICIAL

Permit applications submitted pursuant to MCAPCO 1.5212(i) shall be signed as follows. Check the applicable category:

1. for corporations, by a principal executive officer of at least the level of vice-president, or their duly authorized representative, if such representative is responsible for the overall operation of the facility from which the emissions described in the permit application originate or will originate;
2. for partnership or limited partnership, by a general partner;
3. for a sole proprietorship, by the proprietor; or
4. for municipal, state, federal, or other public entity, by a principal executive officer, ranking elected official, or duly authorized employee.

APPLICATION ATTACHMENTS

THE FOLLOWING MUST BE INCLUDED OR THE APPLICATION MAY BE RETURNED: Application Fee, Zoning Determination Letter, Process Flow Charts, Plant Layout, and Signature of Responsible Company Official.

Pursuant to MCAPCO 1.5212(a) and (b), all applicants are required to submit the following with each permit application. If these items are not submitted, the application may be returned as “incomplete”:

1. **Application Fee** - The appropriate, non-refundable application processing fee in accordance with MCAPCO 1.5231(b).
2. **Signature** - Signature of the responsible person or company official as defined above.
3. **Model Review Fee** - The model review fee is required if refined air dispersion modeling is included in the application.
4. **Plant Layout** - The purpose of the plant layout is to identify the location of all emission sources within a facility. Provide a diagram of each floor of the facility that accurately locates all emission sources. Identify each emission source by emission source ID. The emission source ID is a unique number assigned to each emission source that must be used to reference the source throughout the application.
5. **Process Flow Charts** - A flow chart of each emission source must be included. It must include the flow of materials, all gas streams, control devices, emission points, fugitive emissions, etc. Solid/liquid material flow should be denoted by a solid line, while gas streams should be denoted by a dotted/dashed line. One or more emission sources can be included on one page of the flow chart as long as they are easily followed.
6. **Zoning Determination Letter** - The applicant must provide evidence that the new facility or expansion of an existing facility is consistent with the local zoning ordinances in accordance with NCGS 143-215.108(f) and MCAPCO 1.5212(a)(5), when the following circumstances apply:
 - a. It is a new facility or a facility that has never received an air quality permit from Mecklenburg County Air Quality (“MCAQ”);
 - b. There has been a change in the facility’s zoning since the last or original zoning determination;
 - c. The facility has been annexed by the City of Charlotte or one of the surrounding towns; or
 - d. The facility expansion creates a new use or affects the facility’s zoning status according to the applicable zoning ordinances.

Existing permitted facilities are not required to submit a zoning determination letter, unless (b), (c) or (d) above applies; however, MCAQ may request a determination if it has reason to believe (b), (c) or (d) above applies. Write or type NA in the Zoning Determination block on form A1, if you claim that a determination is unnecessary.

The Zoning Determination can be provided in one of two ways:

- i. Issuance of a letter from the appropriate zoning official(s) describing the facility as it is described in the air permit application (to include facility address & intended use) and stating that the facility would be consistent with applicable zoning and subdivision ordinances; or
- ii. Completion of MCAQ’s “Zoning Consistency Determination Form” by the appropriate zoning official(s).

Each permit or modification application is considered incomplete for processing until all of the aforementioned required information is received.

If you have questions, contact Mecklenburg County Air Quality staff at 704-336-5430 or visit the MCAQ website at <http://airquality.charmeck.org>. Mail completed application forms to Mecklenburg County Air Quality, 2145 Suttle Ave, Charlotte, NC 28208.

**SECTION A
FACILITY (General Information)**

A1

GENERAL INFORMATION

Legal Corporate/Owner Name:	
Site Name (if different from above):	
Site Address Line 1:	
Site Address Line 2:	
City:	State:
Zip Code:	County: Mecklenburg County

CONTACT INFORMATION

Responsible Company Official Contact: Name, Title:			Corporate Contact: Name, Title:		
Mailing Address Line 1:			Mailing Address Line 1:		
Mailing Address Line 2:			Mailing Address Line 2:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
E-mail Address:			E-mail Address:		
Highest Ranking Local Official in Mecklenburg County: Name, Title:			Site Contact: Name, Title:		
Mailing Address Line 1:			Mailing Address Line 1:		
Mailing Address Line 2:			Mailing Address Line 2:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone No.:	Fax No.:		Phone No.:	Fax No.:	
E-mail Address:			E-mail Address:		

FACILITY (Plant Site) INFORMATION

Describe nature of (plant site) operation(s):					
SIC Code:		Description of Primary SIC Group:			
NAICS Code:		Description of Primary NAICS Group:			
Tax Code Parcel ID No.:					
Operation:	Hours/Shift:	Shifts/Day:	Days/Week:	Weeks/Year:	

APPLICATION CLASSIFICATION

Facility Type: <input type="checkbox"/> New Facility	<input type="checkbox"/> Existing Permitted Facility	<input type="checkbox"/> Existing Unpermitted Facility
Facility Classification: <input type="checkbox"/> Title V	<input type="checkbox"/> Synthetic Minor	<input type="checkbox"/> Non-Title V
Is there a gasoline dispensing operation on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your facility subject to 40 CFR 68 "Prevention of Accidental Releases" – Section 112(r) of the Federal Clean Air Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you claim confidentiality of data? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please include both Public and Confidential copies and identify which one this document is by checking one of the following boxes: <input type="checkbox"/> Public Copy of Application <input type="checkbox"/> Confidential Application		
Do you request MCAQ to perform an initial/screening model pursuant to MCAPCO 2.1106 – "Determination of Ambient Air Concentrations?" (If Yes, please complete the applicable Section M forms) <input type="checkbox"/> Yes <input type="checkbox"/> No		

FIRM OR PERSON THAT PREPARED APPLICATION

Firm Name:		Person Name, Title:	
Mailing Address Line 1:		Mailing Address Line 2:	
City:	State:	Zip Code:	County:
Phone No.:	Fax No.:	E-mail Address:	

ALTERNATIVE PUBLIC NOTICE PROCESSING

Do you request application processing using an alternative public notice published in the local newspaper?

- Yes No

Pursuant to MCAPCO 1.5213 – “Action on Application; Issuance of Permit” and at the applicant’s expense, proposed permit application approvals may be advertised in a major local newspaper to initiate the required 15-day public comment period. Indicate your preference – if “yes”, MCAQ will contact you upon completion of the draft permit. The applicant must then pay a \$1,000 fee to MCAQ plus newspaper publication fee (*alternative notice fee is not due upon application submittal*). If “no”, public notice will be initiated at a future Air Quality Commission meeting.

SIGNATURE OF RESPONSIBLE COMPANY OFFICIAL

As specified in MCAPCO Regulation 1.5212 Paragraph (i), all permit applications submitted shall be signed by one of the following (check applicable category):

- For Corporations:**
 - by a principal executive officer of at least the level of vice-president, or
 - by his duly authorized representative if such representative is responsible for the overall operation of the facility from which the emissions described in the permit application originate or will originate
- For Partnerships or Limited Partnerships, by a general partner**
- For a Sole Proprietorship, by the proprietor**
- For a municipal, state, federal, or other public entity:**
 - by a principal executive officer, or
 - by a ranking elected official, or
 - by a duly authorized employee

The undersigned certifies that all information and statements provided in the application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

Name (typed/print):	Title:
Signature:	Date Signed:

APPLICATION ATTACHMENTS

THE FOLLOWING MUST BE INCLUDED OR THE APPLICATION MAY BE RETURNED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Plant Layout | <input type="checkbox"/> Process Flow Charts |
| <input type="checkbox"/> Signature | <input type="checkbox"/> Zoning Determination Letter | <input type="checkbox"/> Model Review Fee |

Department Use Only:

Amount Paid:	Paid Date:	
Check Reference No.:	Payment Receiver’s Initials:	
Premise Number:	45 Days After Application Receipt:	
Permit Number:	90 Days After Application Complete:	