



Maricopa County

Air Quality Department

Mail all Applications to:
MCAQD One Stop Shop
Permit Application Intake
501 N. 44th Street, 2nd Floor
Phoenix AZ 85008-6538
FAX: (602) 372-1078

Air Quality Department Offices
Phone: (602) 506-6010
Web Site: <http://www.maricopa.gov/aq/>

APPLICATION INSTRUCTIONS FOR THE AUTHORITY TO OPERATE AND/OR CONSTRUCT A FACILITY OPERATING STATIONARY EMERGENCY INTERNAL COMBUSTION ENGINES (ICE) UNDER THE GENERAL PERMIT

Sources that qualify for an authority to operate (ATO) and/or construct a facility under the Maricopa County General Permit for Stationary Emergency ICE may use this form for applying for an ATO in lieu of an individual source permit (Non-Title V Permit). Using this application, the facility will obtain an ATO under this General Permit faster and at a lower cost than if applying for an individual source permit. This application must cover all existing and proposed activities at the facility that are required to be covered by an air quality permit. This form is not to be used for amending prior applications.

What are the eligibility requirements for obtaining a General Permit for Stationary Emergency Internal Combustion Engines (ICE)?

This general permit covers facilities meeting all of the following criteria:

- The maximum aggregate power rating of all stationary ICE on the site is 2,500 horsepower or less.
- Each ICE has a displacement of less than 10 liters per cylinder.
- All ICE are used only for emergency or standby purposes (i.e., backup generators).
- No ICE at the facility is ever used for peak shaving purposes.
- If boilers and/or water heaters (fuel burning equipment) with a heat rating greater than 300,000 BTU/hr are located at the facility:
 - The maximum combined heat input rating of all boilers and water heaters with a rating greater than 300,000 BTU/hr is less than 10 million BTU/hr, and
 - The boilers and water heaters are fueled only by natural gas, butane or propane.
- No other equipment or operations requiring an air quality permit besides ICE and fuel burning equipment are used at the facility.
- Facilities with lift stations (water or wastewater) that meet all other requirements in this section are eligible for the general permit as long as the requirements of Maricopa County Rule 320 - Odors and Gaseous Air Contaminants are met.

What if the facility does not qualify for this General Permit?

If you submit the General Permit application and it is determined that the facility does not qualify for coverage under this general permit, the application will be forwarded for review as an individual source permit. If the facility is required to obtain an individual source permit, you will be billed by the Department for any additional applicable permit fees.

What fees are associated with this General Permit?

For initial coverage or for coverage by a new owner under this general permit, 2011 a fee of **\$330** must be submitted with the application. If a Notice of Violation (NOV) was issued for constructing and/OR operating a facility without a permit, an additional **\$100** is due with the application. If an NOV has been

issued, additional penalties may be imposed as a result of an enforcement action. The department will send a billing invoice to cover the annual administrative fee approximately one year from issuance. To maintain this permit, the annual administrative fee must be paid by the due date listed on your invoice. For questions regarding billing call (602) 372-1071.

What is needed to complete the Application?

Complete the application by typing or printing legibly. Items 1 through 17 and Sections A - C of the application must be completed by all applicants. Sketch or attach a sketch to show the location of each ICE and fuel burning equipment. If necessary, attach additional sheets to the application to provide all required information. Obtaining an ATO through fraud or misrepresentation may subject you to civil and criminal penalties.

What do I do if I need help with this Application?

The Maricopa County Air Pollution Control Rules and Regulations are available at the listed address. To obtain a copy, contact the Department for information and costs, or download them from our Internet site: http://www.maricopa.gov/aq/divisions/planning_analysis/

Additional information on permitting is available at the Maricopa County Air Quality Department website: http://www.maricopa.gov/aq/divisions/permit_engineering/

If you need assistance completing the application package, please see our website or contact (602) 506-5102. You can also reach the main line of the Air Quality Department at (602) 506-6010.



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FOR OFFICIAL USE ONLY
DATE RECEIVED
LOG NUMBER

**APPLICATION FOR THE AUTHORITY TO OPERATE AND/OR CONSTRUCT A FACILITY
 OPERATING STATIONARY EMERGENCY INTERNAL COMBUSTION ENGINES (ICE)
 UNDER THE GENERAL PERMIT**

(As required by A.R.S. §49-480 and Maricopa County Air Pollution Control Regulations, Rule 200)

ALL APPLICANTS MUST COMPLETE THE ENTIRE APPLICATION

1. BUSINESS NAME: _____	
2.a ADDRESS OF SITE: _____	
CITY: _____	STATE: AZ ZIP CODE: _____
2.b PARCEL #: _____ (LOOK UP AT: http://mccassessor.maricopa.gov/Assessor/ParcelApplication/Default.aspx)	
3. CONTACT AT SITE: _____	3a. TELEPHONE AT SITE: ()
EMAIL ADDRESS: _____	
4. TYPE OF OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Government <input type="checkbox"/> Other - Specify: _____	
5. NAME AND MAILING ADDRESS OF OWNERSHIP: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
6. OWNERSHIP CONTACT: _____	6a. OWNERSHIP TELEPHONE: ()
7. SEND CORRESPONDENCE TO: COMPANY NAME: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
NOTE: PERMIT WILL BE SENT TO EMAIL ADDRESS PROVIDED IN ITEM 14 BELOW.	
8. SIC (STANDARD INDUSTRIAL CLASSIFICATION) CODE(S): _____	9. EXISTING AIR POLLUTION CONTROL PERMIT NUMBER FOR THIS SITE, IF ANY: _____
10. IF THIS APPLICATION IS SUBMITTED AS A RENEWAL APPLICATION, HAS THE OWNERSHIP OF THIS FACILITY CHANGED SINCE THE PERMIT WAS LAST ISSUED OR TRANSFERRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
11. PLEASE PROVIDE A BRIEF DESCRIPTION OF THE BUSINESS AND / OR THE PROCESS AT THE FACILITY: _____	
12. OPERATING SCHEDULE: HOURS PER DAY: _____ DAYS PER WEEK: _____ WEEKS PER YEAR: _____	13. PROJECTED START-UP DATE (NEW FACILITIES): _____

14. THE AUTHORIZED CONTACT PERSON REGARDING THIS APPLICATION IS:

NAME: _____ TELEPHONE: _____

TITLE: _____ COMPANY: _____

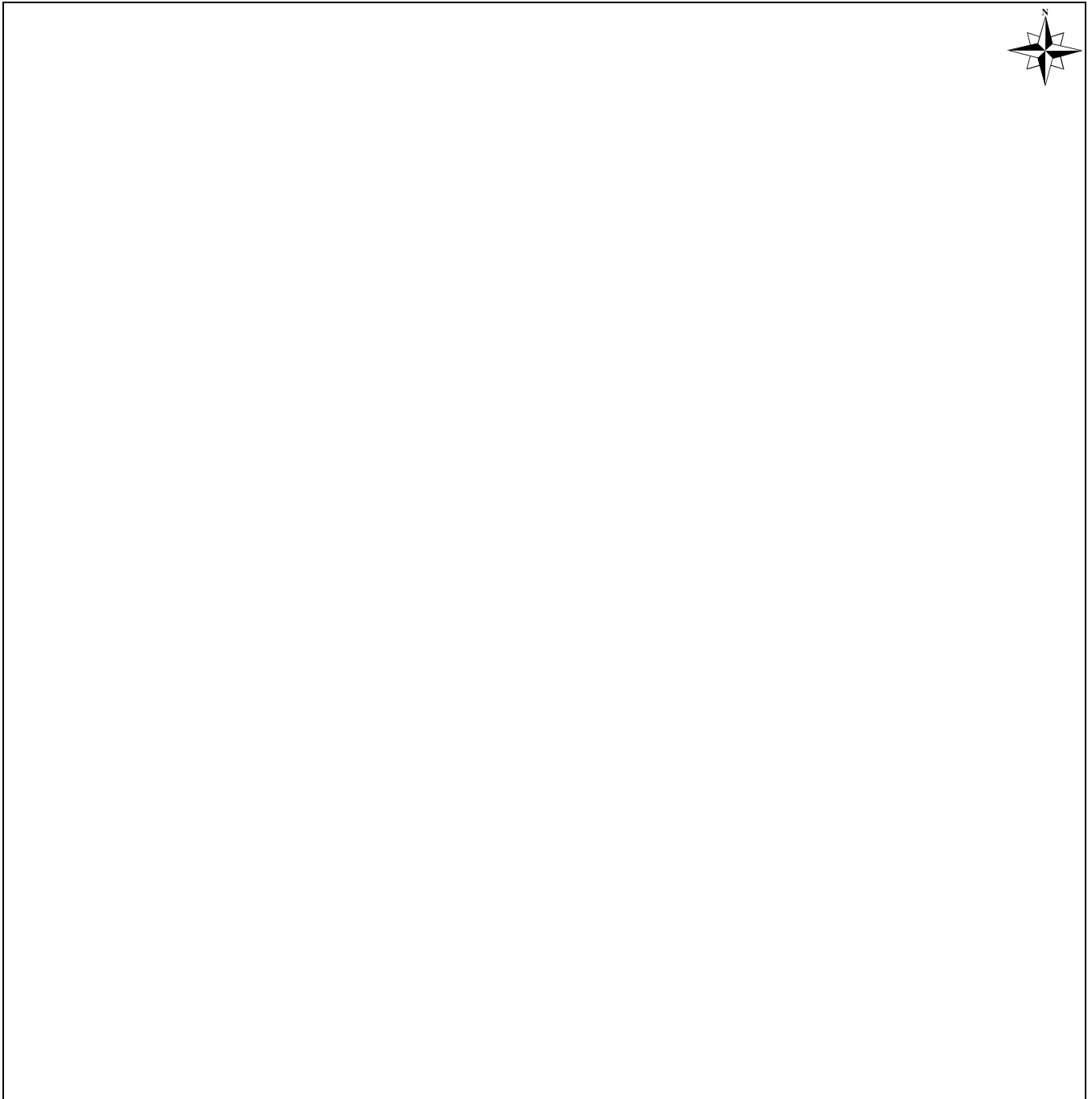
EMAIL ADDRESS: _____

15. I CERTIFY THAT I AM FAMILIAR WITH THE OPERATIONS AND EQUIPMENT REPRESENTED ON THIS APPLICATION AND THE STATEMENTS AND INFORMATION PROVIDED HEREIN ARE TRUE, ACCURATE, AND COMPLETE BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY.

TYPE OR PRINT NAME AND TITLE OF RESPONSIBLE OFFICIAL: _____

DATE: _____ SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS: _____

16. SITE DIAGRAM: Draw a site layout or attach a drawing of equipment locations at the site with approximate distances to property lines. Specifically show the location of the emergency engine(s) and fuel burning equipment.



17. Is there a new or existing dust-generating operation¹ with a disturbed area equal to or greater than 0.10 acres?

¹Dust generating operation: Any activity capable of generating fugitive dust including, but not limited to, land clearing, earthmoving, weed abatement by discing or blading, excavating, construction, demolition, bulk material handling, storage and/or transporting operations, vehicle use and movement, the operation of any outdoor equipment, or unpaved parking lots.

Yes No

NOTE: If you answered "Yes" to Question 17, you must complete SECTION C and submit a dust control plan with this application.

SECTION A: STATIONARY EMERGENCY ICE

This section applies to stationary emergency ICE whose sole function is to provide back-up power when electric power from the local utility is interrupted. An emergency ICE shall not be used to supply standby power due to a voluntary reduction in power by a utility or power company, supply power for distribution or sale to the grid, or supply power at a source in order to avoid peak demand charges or high electric energy prices during on-peak price periods and shall not exceed 500 hours of operation per any 12-month period. Nonroad engines that remain at a facility longer than 12 consecutive months are considered stationary engines.

1. Do you have at least one stationary emergency ICE located at your facility? Yes No
2. Will the stationary ICE be used only for emergency purposes? Yes No
3. Will each stationary ICE be operated less than 500 hours per any 12-month period? Yes No
4. Will each stationary ICE be operated less than 100 hours per calendar year for testing and maintenance purposes? Yes No
5. Is the maximum cumulative power rating of **all** stationary ICE on the site no more than 2,500 brake HP? (*NOTE: Do not use kW rating.*) Yes No
6. Do all engines have a displacement of less than 10 liters per cylinder? Yes No

NOTE: You must be able to answer yes to questions 1-5 to qualify for the General Permit.

7. Describe each stationary emergency ICE completely (use additional sheets if necessary):

LIST EACH STATIONARY INTERNAL COMBUSTION ENGINE						
FUEL TYPE	EQUIPMENT DESCRIPTION. INCLUDE MAKE, MODEL, AND INSTALLATION DATE. DESCRIBE AIR POLLUTION ABATEMENT/CONTROLS, IF ANY	DATE OF MANUFACTURE	DATE ORDERED ¹	HOW MANY	ENGINE RATING (BHP) ²	GENSET OR PUMP OUTPUT (kW or GPM) ³
THE MAXIMUM CUMULATIVE POWER OF ALL ICE MUST NOT EXCEED 2,500 HP				Total:		

¹If the ICE has ever been reconstructed, list the date that the latest reconstruction was commenced. If the ICE has never been reconstructed, list the date the ICE was first ordered by the original owner.

²List the maximum engine power for the ICE, not the power output from any associated generator or pump. This information may be found on the engine faceplate or obtained from the engine manufacturer.

³ Enter the output power rating of the generator or the pump flow rate. This information may be found on the generator faceplate or pump faceplate or obtained from the manufacturer.

SECTION B: BOILERS AND WATER HEATERS

To qualify for coverage under the General Permit, the aggregate (sum) of heat input ratings for all boilers and water heaters must be less than 10 million BTU/hr.

If your facility does not operate any boilers or water heaters that are greater than 300,000 BTU/hr, mark the box below and proceed to Section C.

SECTION B DOES NOT APPLY

1. Will all boilers and water heaters use only natural gas, propane or butane for fuel? Yes No

NOTE: You must be able to answer yes to question 1 to qualify for the General Permit.

2. Describe each boiler and water heater completely (use additional sheets if necessary):

LIST EACH BOILER / WATER HEATER (DO NOT include any boilers or water heaters with heat input rating of 300,000 BTU/hr or less)			
EQUIPMENT DESCRIPTION (make, model, type)	NUMBER OF UNITS	GROSS INPUT RATING (EACH) (BTU/hr)	GROSS INPUT RATING SUBTOTAL (2 nd column x 3 rd column)
TOTAL GROSS INPUT HEAT RATING (MUST BE LESS THAN 10,000,000 BTU/hr)			Total:

SECTION C: FUGITIVE DUST FROM DUST GENERATING OPERATIONS

Dust generating operation: Any activity capable of generating fugitive dust including, but not limited to, land clearing, earthmoving, weed abatement by discing or blading, excavating, construction, demolition, bulk material handling, storage and/or transporting operations, vehicle use and movement, the operation of any outdoor equipment, or unpaved parking lots.

If this section does not apply to your facility, please mark the box below.

SECTION C DOES NOT APPLY

1.	<p>Are routine dust-generating operations performed at this facility that disturb a surface area of 0.10 acre or greater?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>“Routine” is defined as any dust-generating operation which occurs more than 4 times per year or lasts 30 cumulative days or more per year.</p> <p style="text-align: center;"><i>NOTE: If you answered “Yes”, you must submit a dust control plan with this application.</i></p>
2.	<p>Dust Control Plans are available at the following link and must include the information below:</p> <p>http://www.maricopa.gov/aq/divisions/compliance/dust/docs/pdf/DustControlPlanStationarySource.pdf</p>
a.	Name(s), address(es), and phone numbers of person(s) responsible for the submittal and implementation of the dust control plan and responsible for the dust-generating operation.
b.	A drawing, on 8½” x 11” paper, that shows entire project site/facility boundaries, acres to be disturbed with linear dimensions, nearest public roads, north arrow, and planned exit locations onto paved areas accessible to the public.
c.	Appropriate control measures, or a combination thereof, for every actual and potential dust-generating operation.
d.	One contingency control measure must be identified for all dust-generating operations.
e.	The maximum number of vehicle trips on unpaved haul/access roads each day (including number of employee vehicles, earthmoving equipment, haul trucks, and water trucks).
f.	Dust suppressants to be applied, method, frequency, and intensity of application; type, number, and capacity of application equipment; and information on environmental impacts and approvals or certifications related to appropriate and safe use for ground application.
g.	Specific surface treatment(s) and/or control measures utilized to control material trackout and sedimentation where unpaved roads and/or access points join paved areas accessible to the public.

Assistance in completing the dust control plan may be obtained by calling the Training Line at 602-372-1467 or found online at: <http://www.maricopa.gov/aq/divisions/compliance/dust/Default.aspx>

SECTION D: ODOR CONTROL EQUIPMENT

NOTE: The general permit does not apply to wastewater treatment plants and/or potable water treatment plants.

Facilities with lift stations (water or wastewater) that meet all the requirements in this section are eligible for the general permit as long as the requirements of Maricopa County Rule 320 – Odor and Gaseous Air Contaminants are met. This section applies to water lift station and/or wastewater lift stations facilities that operate odor control equipment whose function is to limit emissions of odors into the atmosphere.

If this section does not apply to your facility, please mark the box below.

SECTION D DOES NOT APPLY

1. Is the odor control equipment used to control odors only from a water lift station or wastewater lift station facility?
 Yes No

NOTE: You must be able to answer yes to question 1 to qualify for the General Permit

<u>ODOR CONTROL EQUIPMENT</u>	<u>NO</u>	<u>YES</u>	<u>HOW MANY?</u>
SCRUBBER	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADSORPTION UNIT (E.G., RESIN, CARBON FILTER, OTHER) – SPECIFY: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABSORPTION UNIT	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER – SPECIFY: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____