

Nebraska Air Quality Minor Operating Permit Revision Request Form

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION Please type responses or use blue or black ink – do not use pencil.							
				e Informa			
1) Facility Name:			2) NDEE Facility ID:				
3) Facility Physical Address:				1			
4) Facility City:			5) State: Nebraska			6) Zip:	
7) County:	1/4	1/4	Secti	on:	Township:		Range:
8) Owner Name:							
9) Owner Mailing Address:							
10) Owner City:			11) State:			12)) Zip:
		Conta	act In	formation	1		
13) Facility Contact Person:							
14) Facility Contact Person's Title	or Responsi	bility:					
15) Phone Number:			17) F	mail Addres	c ·		
16) Alt. Phone Number:			17) E	man Addres	5.		
	Re	evision 1	Requ	est Inform	nation		
, 1			a. Class I Operating Permit – issue date: b. Class II Operating Permit – issue date:				
		Descri	ption	of Chang	ge		
19) Describe in detail your reasons facility will continue to comply discussion any new or changed ap occurs. If you need additional spac Name, Date, and NDEE Facility II	with air qua plicable requ e, mark the c	lity perm irements heck box	itting or app below	requirements licable requi and attach ac	s following the frements under	requi	lested changes. Include in the ct that will apply if the change

Check this box if additional pages are attached. Also note the number of additional pages here -

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FACILITY NAME:		DATE:				
NDEE Facility ID#:						
20) Change in Emissions as a Result of Permit Revision						
Pollutant	Emissions Change Resulting from Revision (tons/year)	Pollutant	Emissions Change Resulting from Revision (tons/year)			
Particulate Matter (PM)		Volatile Organic Compounds (VOC)				
PM with an aerodynamic diameter less than 10 microns (PM ₁₀)		Individual Hazardous Air Pollutants (HAP)				
PM with an aerodynamic diameter less than 2.5 microns (PM _{2.5})						
Nitrogen Oxides (NO _x)						
Sulfur Oxides (SO _x)		Total HAPs				
Carbon Monoxide (CO)		Greenhouse Gases, Mass Basis (GHGs)				
* PSD only		Carbon Dioxide Equivalent (CO ₂ e)*				
	Emission Calcula	tions Attached?				
	21) Permit La	anguage Attachments				
sheet(s) of paper, provide the approp Department also requests that you att	riate draft permitting latch the current operation Praft Operating P	nit suggested draft operating permit language. language that will revise your existing operating ting permit language. Permit Language Attached? YES Attached? YES				
		nit Revision Requirements				
☐ The minor permit revision does not requirements in the permit. (003.01) ☐ The minor permit revision does not standard, or a source-specific determ (003.01) ☐ The minor permit revision does not corresponding applicable requirement (003.01) ☐ The modification occurring is not	not involve significant not require or change a ination for temporary not seek to establish out or applicable require of a change or related to on permit under Title required by the Direct not involve the use of a. (003.01) of the best of my know	able requirement or applicable requirement under changes to existing monitoring, reporting, or real case-by-case determination of an emission line sources of ambient impacts, or a visibility or in rechange a permit term or condition for which the ment under the Act to which the source would so a change defined as a modification under Title 129, Chapter 3 or Chapter 4. (003.01) tor to be processed as a significant revision. (000 economic incentives, marketable permits, emistledge, that this request for a minor permit revision irrements identified on this form.	ecordkeeping nitation or other acrement analysis. there is no otherwise be subject. de 129, Chapters 12, 03.01) sions trading, or			
	•	itement as well as the "YES" box as part ovision requirements will be met.	f your certification			

FACILITY NAME:	DATE:
NDEE Facility ID#:	
23) Responsible Official Certification Statement Permit Revision	
I certify, under penalty of law, that based on information and belief for information contained on, and accompanying, this minor permit revision that the minor revision procedures outlined in Title 129, Chapter 9 be	sion form are true, accurate, and complete. I request
Signature (See Instructions for Signatory Requirements)	Date (mm/dd/yyyy):
Typed or Printed Name:	Title:

Submit the completed paper form and any attachments to:

NDEE Air Program – Operating Permits Unit P.O. Box 98922 Lincoln, NE 68509-8922 or NDEE
Air Program – Operating Permits Unit
245 Fallbrook Boulevard, Suite 100

Lincoln, NE 68521

Produced by: Nebraska Department of Environment and Energy, P.O. Box 98922, Lincoln, NE 68509-8922; phone (402)471-2186. For this and other related information visit the NDEE website at dee.ne.gov.