

NEBRASKA Air Quality Operating Permit Application Form 2.0: Emission Point Summary

Section 2.1: Emission Point Description

SOURCE NAME:	DATE:
NDEE FACILITY ID#:	
IMPORTANT: PLEASE READ THE INSTRUCTIONS ACCOMPANYING THIS FORM.	S SECTION PRIOR TO COMPLETING THIS
Please type responses or use black ink. Do <u>NOT</u> use pencil.	
Enter <u>all</u> emission points, emission units, and control equipment at your source. Attach addition	nal copies of the tables in Section 2.1 and 2.2 as necessary.
Please check, if applicable:	ired below must be included in the attachment).
If you are providing a Substitute Section 2.1, indicate this on Form 1.0, Section 1.1 Checklist. Y application. All of the information required below must be included in the substitute submission	·

Table 1: Emission Point Description

Emission Point ID#	Control Equipment ID#	Emission Unit ID#	Emission Source/Process Description

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