



Michigan Department of Environmental Quality - Air Quality Division

GENERAL PERMIT TO INSTALL APPLICATION**GENERAL INFORMATION**

FOR DEQ USE ONLY

PERMIT NUMBER

Authorized under 1994 P.A. 451, as amended. Completion of form is required. Applicant may be subject to civil and/or criminal penalties for providing false information.

Instructions: Use this form to request authority to install and operate a source, process or process equipment under the terms and conditions of a general permit to install pursuant to Rule 201a. Prepare this form together with one or more of the forms identified in Item 19, according to type of source, process or process equipment which will be installed and operated.

1. FACILITY CODES		
STATE REGISTRATION (EMISSION INVENTORY) NO.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. APPLICANT NAME (provide the business license name of the corporation, partnership, individual or government agency that owns the facility):		
3. APPLICANT MAILING ADDRESS (Street Address or P.O. Box Number):		
4. CITY:	5. STATE:	6. ZIP CODE:
7. NAME OF PERSON AUTHORIZED TO ACT ON BEHALF OF APPLICANT:		
8. TITLE (PERSON IDENTIFIED IN ITEM 7):		9. TELEPHONE NO. (PERSON IDENTIFIED IN ITEM 7): () -
10. CONTACT PERSON (technical point of contact, if different than name in Item 7):		11. TELEPHONE NO. (CONTACT PERSON): () -
12. EQUIPMENT OR PROCESS LOCATION (complete Items 12 - 14 if different than mailing address in Items 3 - 6):		
13. CITY:	14. ZIP CODE:	15. COUNTY:
16. EQUIPMENT IS (check one): <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		17. PRIOR AIR PERMIT NO. (existing equipment only):
18. EQUIPMENT OR PROCESS INSTALLATION TIMETABLE (enter dates in Items 18a - 18d for those which apply):		
FOR NEW EQUIPMENT (PROCESS INSTALLATION OR CONSTRUCTION):		18a. START DATE:
		18b. COMPLETION DATE:
FOR EXISTING EQUIPMENT (PROCESS MODIFICATION OR RELOCATION):		18c. START DATE:
		18d. COMPLETION DATE:
19. THE FOLLOWING COMPLETED FORMS ARE ATTACHED TO AND MADE A PART OF THIS PERMIT APPLICATION (check all that apply):		
TYPE OF FORM		NO. OF FORMS ATTACHED
<input type="checkbox"/> EQP5728 - STACK OR VENT INFORMATION (complete one form for each stack or vent)		
<input type="checkbox"/> EQP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> _____ PROCESS INFORMATION (complete one form for each process - insert form number and type of process in spaces provided)		
<input type="checkbox"/> EQP5729 - ADDITIONAL INFORMATION		
Applicant Certification: I certify, under penalty of law, that this permit application and the attachments identified in Item 19 were prepared by me, or under my direction or supervision in accordance with a system to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. In addition, the equipment described in this application meets the necessary criteria for applicability for a general permit to install. Furthermore, I certify that I can and will comply with all conditions outlined in the general permit to install. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
20. Signature (person identified in Item 7):		21. Date:

Submit this completed application and the attachments identified in Item 19 to:

**PERMIT SECTION
AIR QUALITY DIVISION
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O. BOX 30260
LANSING, MI 48909-7760**

DEQ USE ONLY. DO NOT WRITE BELOW.

DATE APPLICATION COMPLETE:	DATE GENERAL PERMIT TO INSTALL GRANTED:	DATE OF DETERMINATION OF NON-APPLICABILITY:	DATE GENERAL PERMIT TO INSTALL REVOKED:
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GENERAL PERMIT TO INSTALL APPLICATION

ADDITIONAL INFORMATION

Authorized under 1994 P.A. 451, as amended. Completion of form is required if additional information is needed to make application complete. Applicant may be subject to civil and/or criminal penalties for providing false information.

Instructions: Use this form to include additional information or attachments about the process or stack/vent. Attach this form to the process form or stack/vent form to which it relates.

[illegible]

Attach this completed form to the process or stack/vent form to which it relates and submit it with form EQP5727.



Michigan Department of Environmental Quality - Air Quality Division

GENERAL PERMIT TO INSTALL APPLICATION**PROCESS INFORMATION - ANHYDROUS AMMONIA STORAGE AND HANDLING**

Authorized under 1994 P.A. 451, as amended. Completion of form is required. Applicant may be subject to civil and/or criminal penalties for providing false information.

Instructions: Use this form to request authority to install and operate an anhydrous ammonia storage and handling process under the terms and conditions of a general permit to install pursuant to Rule 201a. Complete a separate form for each storage tank at this facility. Prepare this form together with form EQP5727 and any other forms identified in Item 19 of form EQP5727.

1. FACILITY CODE

STATE REGISTRATION (EMISSION INVENTORY) NO.:

2. TANK MANUFACTURER (name):

3. MANUFACTURED DATE:

4. MODEL NUMBER:

Instructions for completion of Item 5: Each tank must have a device identification (ID). The ID may be any combination of up to 10 letters, numbers or keyboard characters with no spaces between characters. If you choose to leave Item 5 blank, we will assign a device ID number for you.

5. DEVICE ID (Assign a device identification number for this storage tank.):

6. BRIEF DESCRIPTION OF STORAGE AND HANDLING PROCESS (agricultural, industrial, etc.):

7. MAXIMUM DAILY THROUGHPUT (gallons):

8. MAXIMUM ANNUAL THROUGHPUT (gallons):

9. MAXIMUM OPERATING SCHEDULE (hours per day):

10. MAXIMUM OPERATING SCHEDULE (days per year):

11. TANK WATER CAPACITY (gallons):

12. TANK SURFACE AREA (square feet):

13. DOES EACH VAPOR LINE HAVE AN EXCESS FLOW VALVE? YES ☐ NO ☐14. DOES EACH LIQUID LINE HAVE EITHER A BACK PRESSURE CHECK VALVE OR AN EXCESS FLOW VALVE? YES ☐ NO ☐15. IS THE EMERGENCY SHUT-OFF VALVE: INTERNAL ☐ EXTERNAL ☐16. IS THE EMERGENCY SHUT-OFF VALVE REMOTELY OPERATED? YES ☐ NO ☐

17. FOR EACH SAFETY RELIEF VALVE:

17a. DATE MANUFACTURED:

17b. DATE REPLACED/RECERTIFIED:

SAFETY RELIEF VALVE #1

SAFETY RELIEF VALVE #2

SAFETY RELIEF VALVE #3

18. FOR EACH HOSE:

18a. DATE MANUFACTURED:

18b. DATE LAST REPLACED:

HOSE #1

HOSE # 2

HOSE #3

19. DISTANCE TO NEAREST PROPERTY LINE (feet):

20. DISTANCE TO NEAREST RESIDENCE, PRIVATE OR PUBLIC ASSEMBLY (feet):

21. DISTANCE TO NEAREST SCHOOL, APARTMENT, OR INSTITUTIONAL OCCUPANCY (feet):

22. DISTANCE TO NEAREST HOSPITAL OR NURSING HOME (feet):

23. HAVE ALL LOCAL ZONING PERMITS BEEN APPROVED? YES ☐ NO ☐

24. HAS AN EMERGENCY RESPONSE PLAN BEEN APPROVED BY THE LOCAL

FIRE DEPARTMENT OR COUNTY EMERGENCY RESPONSE AGENCY? YES ☐ NO ☐

Certification: I certify, under penalty of law, that this process complies with "Part 78. Storage and Handling of Anhydrous Ammonia" (MIOSHA 1910.111). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

26. Signature:

27. Date:

Attach this completed application to and submit it with form EQP5727, following the instructions given on that form.