

PERMIT BY RULE (PBR) REGISTRATION AIR QUALITY PERMIT APPLICATION

DEQ CUSTOMER ASSISTANCE: 1 - (800) 869-1400
 AIR QUALITY DIVISION: (405) 702-4100
 WEB PAGE ADDRESS: <http://www.deq.state.ok.us>

Please complete the following form to register to construct a new facility or to operate an existing facility that qualifies for one of the available PBRs. Note that you must obtain both a PBR to construct and PBR to operate (apply within 60 days of starting operation) a new facility. A check or money order for the applicable fee, made payable to the DEQ Air Quality Division, must accompany the Application Classification Fee (DEQ Form #100-815) along with the completed PBR application form.

Company Name					
Mailing Address					
City		State		Zip	
Phone		Fax			
Facility Name					
Mailing Address					
City		State		Zip	
Phone		Fax			
Contact Person		Title		Phone	
Legal Description	Section		Township		Range
Physical Address or Driving Directions					
City or Nearest Town		Zip		County	
Est. Date of Construction Start			Completion Date		
Operational Start-up Date					
List All Current Air Quality Permit Numbers At This Facility					
In accordance with OAC 252:100-7-60, I request that the permits listed above be terminated and the facility listed above be registered under the following <input type="checkbox"/> Construction PBR or <input type="checkbox"/> Operating PBR:					
<input type="checkbox"/>	Cotton Gins (OAC 252:100-7-60.1 & OAC 252:100-23-7).		<input type="checkbox"/>	Grain Elevators (OAC 252:100-7-60.2 & OAC 252:100-24-7).	
<input type="checkbox"/>	VOC Storage and Loading Facilities (OAC 252:100-37, Part 9).				
<input type="checkbox"/>	I certify that the facility listed above currently or following construction:				
	(1) complies with/will comply with the indicated Permit By Rule,				
	(2) has/will have emissions less than 40 tons per year (TPY) of each regulated pollutant, except Hazardous Air Pollutants (HAPs),				
	(3) does not/will not have the potential to emit 10 TPY or more of any HAP or 25 TPY or more of any combination of HAPs, and				
	(4) is not/will not be operated in conjunction with another facility or source that is subject to air quality permitting.				
<input type="checkbox"/>	The facility listed above is subject to, complies with, and will continue to comply with, applicable requirements of the indicated NSPS Subpart(s) under 40 CFR Part 60:				
<input type="checkbox"/>	DD - Grain Elevators.		<input type="checkbox"/>	Kb - VOL/Petroleum Storage Vessels Constructed After 7/23/84.	
<input type="checkbox"/>	Air pollution control equipment, as listed on Attachment A (or other attached list) has been/ will be installed in order to comply with the requirements indicated above. The list indicates, for each piece of equipment, that the equipment is/will be maintained according to manufacturer's specification, design specifications, or a site-specific operation and maintenance (O&M) plan.				
NOTICE TO THE LANDOWNER(S):					
<input type="checkbox"/>	IS NOT REQUIRED because my application involves <input type="checkbox"/> no land, or <input type="checkbox"/> only land owned by me (or applicant business).				
<input type="checkbox"/>	IS REQUIRED and I HAVE NOTIFIED the following (check one): <input type="checkbox"/> Landowner(s) <input type="checkbox"/> Lessor, Administrator, or Executor of the land. My right to use this land is by: <input type="checkbox"/> Lease <input type="checkbox"/> Easement or <input type="checkbox"/> Other, Specify <input type="text"/>				
METHOD OF DELIVERY (check one):					
<input type="checkbox"/>	Actual notice, for which I have a signed and dated receipt,				
<input type="checkbox"/>	Service by Sheriff or private process server, for which I have an affidavit,				
<input type="checkbox"/>	Service by certified mail, restricted delivery, for which I have a signed return receipt, or				
<input type="checkbox"/>	Legal publication, for which I have an affidavit of publication from the newspaper, because the landowners could not be located.				
Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate, and complete.					
Responsible Official (signature)					Date
Responsible Official (typed)					Title

Attachment A – Air Pollution Control Equipment

Installed Equipment	Operation and Maintenance (O&M) According to:		
	Manufacturer's Specifications	Design Specifications	Site-Specific O&M Plan