

C. Permit Type

Construction and Operation

Operation

Existing Air Pollution Control Permit Number (if applicable): _____

D. Application Type

FEDERAL OVERSIGHT SOURCE

- Initial Permit for an Existing Source
- Initial Permit for a New Source
- Renewal of an Existing Permit (\$100)
- Permit Modification (\$100)
- Administrative Permit Admendment (\$50)

Make checks or money order payable to: Treasurer of Guam c/o Guam EPA's Air Pollution Control Special Fund

E. Required Emission Unit Tables

Complete the Emission Unit Table (Table 1) as completely as possible; make additional copies as need. Use separate sheets to provide required inf

1. Identify the generator with a unique number for the plant site (ie. GEN1), consistent with generator identification used on the location drawing and previous permits. If known, provide the SIC Code.
2. Enter information about the make and model of the generator on the table.
3. For each emission point use as many lines as necessary to list regulated and hazardous air pollutant data. For hazardous air pollutants, also list the Chemical Abstract Service (SAC) number.
4. Maximum emission rates of each regulated and applicable hazardous air pollutants shall be lbs/hr and tons/year as necessary to establish compliance with applicable requirements and standard reference test.
5. Provide stack information as required. Identify the Stack No. with individual generator units that discharge together for any length of time. (Ie, GFN1 and GFN2 use the same stack therefore
6. Attach to the Emission Unit Table the following information:

a. Generator Information

Make: _____ Model: _____ Serial No. _____

b. Engine Information

Make: _____ Model: _____ Serial No. _____

- c. The type of fuel used (with a copy of the fuel specification).
- d. Typical Operating Schedules (to the extent needed to determine or regulate emissions).
 - i. Total hours per day, per week, and/or per month.
 - ii. Total hours per year.
 - iii. If operation is seasonal or irregular, describe.
- e. All supporting emission calculations and assumptions. Performance specifications from the manufacturer which should include enough information to calculate particulate matter (PM) and particulate matter equal to or less than 10 microns (PM10), sulfur dioxide (SO2), carbon monoxide (CO), nitrogen oxide (NOx), and volatile organic compounds (VOC).
- f. Storage Tank Summary, if any. (See Table 2)
- g. A blue print design of the unit that shows stack height and diameter, unit location relative to nearby building structures and areas such as office, parking lot, other buildings, day tanks, etc.

F. Responsible Official (as defined in § 1101 (kkk))

Responsible Official Name

Name: (Last) _____ (First): _____ (MI): _____

Title: _____

Mailing Address (Street or P.O. Box): _____

City: _____ State: _____ Zip Code: _____
 Contact Number: _____ Email Address: _____

G. Certification of Truth, Accuracy and Completeness by the Responsible Official (pursuant to §1406(c)(14) & §1203)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the Guam Environmental Protection Agency as public record. I further state that I will assume responsibility for the construction, modification, or operation of the source in accordance with the Guam Air Pollution Control Standards and Regulations (Public Law 24- 322), and any permit issued thereof.

Name (printed or typed) _____

Name (signed) _____ Date _____

NOTE: Incomplete applications cause unnecessary delay in permit processing. The applicant should contact Guam EPA at (671) 300-4751/52 as soon as questions arise as to applicability of regulations and data requirements. Applicants are encouraged to consider seeking professional assistance, if needed. Incomplete applications may not be processed.

For official use only

File/Application No.:	_____	Permit Application Fee Enclosed:	_____
Date Received:	_____	Check No.:	_____
Received By:	_____	Agency Receipt No.:	_____
		GEPA APC Special Fund Account No.:	_____

