| **FORM 5** | | | | | **MDEQ** | | | | | | | | | **MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY APPLICATION FOR AIR POLLUTION CONTROL PERMIT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility (Agency Interest) Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Section A** | | | |
| **1.** | **Name, Address, and Location of Facility** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | Owner/Company Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | B. | | Facility Name *(if different than A. above)*: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | C. | | Facility Air Permit No. *(if known)*: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | D. | | Agency Interest No. *(if known)*: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | E. | | Physical Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | Street Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | City: | | |  | | | | | | | | | | | | | | | | | | 3. | | | | | | | | State: | | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  | | 4. | | County: | | |  | | | | | | | | | | | | | | | | | | 5. | | | | | | | | Zip Code: | | | | | | | | | | | | | |  | | | | | | | | | | |
|  |  | | 6. | | Telephone No.: | | | | |  | | | | | | | | | | | | | | | | 7. | | | | | | | | Fax No.: | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | F. | | Mailing Address *(if different from physical address)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | Street Address or P.O. Box: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | City: | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 3. | | State: | | |  | | | | | | | | | | | | | | | | | | | | | | | 4. | | | | | | | | | Zip Code: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | G. | | Latitude/Longitude Data | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | Collection Point *(check one)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | Plant Entrance | | | | |  | | | | | | | Other: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | Method of Collection *(check one)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | GPS | | | | Specify coordinate system (NAD 83, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | Map Interpolation (Google Earth, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Other: | | | | | | | | | | | | | | | |
|  |  | | 3. | | Latitude *(degrees/minutes/seconds)*: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 4. | | Longitude *(degrees/minutes/seconds)*: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 5. | | Elevation: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | feet | | | | | | | | | | | | | | | | |
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|  | H. | | SIC/NAICS Codes *(primary code listed first)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | SIC: | | |  | | | |  |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  |  | | NAICS: | | |  | | | |  |  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  |  | | *(NAICS Code should correspond with the SIC Code directly above.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | **Name and Address of Facility Contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | Name: | | |  | | | | | | | | | | | | | | | | | | Title: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | B. | | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | Street Address or P.O. Box: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | City: | | |  | | | | | | | | | | | | | | | | | | 3. | | | | | | | State: | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | 4. | | Zip Code: | | |  | | | | | | | | | | | | | | | | | | 5. | | | | | | | Email: | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | 6. | | Telephone No.: | | | | |  | | | | | | | | | | | | | | | | 7. | | | | | | | Fax No.: | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **3.** | **Name and Address of Air Contact *(if different from Facility Contact)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | Name: | | |  | | | | | | | | | | | | | | | | | | Title: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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|  | B. | | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | Street Address or P.O. Box: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 2. | | City: | | |  | | | | | | | | | | | | | | | | | | 3. | | | | | | | State: | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | | 4. | | Zip Code: | | |  | | | | | | | | | | | | | | | | | | 5. | | | | | | | Email: | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | | 6. | | Telephone No.: | | | | |  | | | | | | | | | | | | | | | | 7. | | | | | | | Fax No.: | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **4.** | **Name and Address of the Responsible Official for the Facility** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *The Responsible Official is defined as one of the following:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *a.* | | *For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and the facilities employ more than 250 persons or have gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated in accordance with corporate procedures.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *b.* | | *For a partnership or sole proprietorship: a general partner or the proprietor, respectively.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *c.* | | *For a municipality, state, federal, or other public agency: either a principal executive officer or ranking elected official. For purposes of these regulations, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA). A principal executive officer of a military facility includes the facility commander, chief executive officer, or any other similar person who performs similar policy or decision-making functions for the institution.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | A. | | Name: | | |  | | | | | | | | | | | | | | | | | | Title: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | B. | | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1. | | Street Address or P.O. Box: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | 2. | | City: | | |  | | | | | | | | | | | | | | | | | | 3. | | | | | | | State: | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 4. | | Zip Code: | | |  | | | | | | | | | | | | | | | | | | 5. | | | | | | | Email: | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 6. | | Telephone No.: | | | | |  | | | | | | | | | | | | | | | | 7. | | | | | | | Fax No.: | | | | | | | | | | | |  | | | | | | | | | | | | | |
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|  | C. | | Is the person above a duly authorized representative and not a corporate officer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Yes  No | | | | | | | | | | | | |
|  |  | | If yes, has written notification of such authorization been submitted to MDEQ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Yes | |  | | | No | | | | | | |  | | | | | Request for authorization is attached | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.** | **Type of Permit Application *(Check all that apply)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **State Permit to Construct (i.e., non-PSD or PSD avoidance)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Initial Application | | | | | | | | | | |  | | | | | | | Modification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **New Source Review (NSR) Permit to Construct (includes both Prevention of Significant Deterioration (PSD) and Nonattainment)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Initial Application | | | | | | | | | | |  | | | | | | | Modification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Title V Operating Permit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Initial Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Re-issuance: *Are any modifications to the permit/facility being requested?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | |
|  |  | | *(If yes, provide a separate sheet identifying the modification(s) and resulting change to emissions.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Modification (*Specify type):* | | | | | | | | | |  | | | | | Significant | | | | | | | | | | | | | | | |  | | | | | Minor | | | | | | | | | | | | | |  | | | |
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|  | **Synthetic Minor Operating Permit *(Appendix B must be completed and attached.)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Initial Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Re-issuance: *Are any modifications to the permit/facility being requested? If yes, address such on a separate sheet.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | |
|  |  | |  | | Modification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **State Permit to Operate a Significant Minor Source *(defined in 11 Miss. Admin. Code Pt. 2, R.2.1.C(25).)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Initial Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Re-issuance: *Are any modifications to the permit/facility being requested? If yes, address such on a separate sheet.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | |
|  |  | |  | | Modification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **True Minor Determination** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | Uncontrolled potential to emit air pollutants is below the Title V thresholds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.** | **Process/Product Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | List Significant Raw Materials *(if applicable)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | B. | | List All Products *(if applicable)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | C. | | Brief Description of Principal Process(es): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.** | **Process/Product Details (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | D. | | Maximum Throughput for Raw Material(s) *(if applicable)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | **Raw Material** | | | | | | | | | **Throughput** | | | | | | | | | | | | | | | | | | | | | | | **Units** | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | E. | | Maximum Throughput for Principal Product(s) *(if applicable)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Product** | | | | | | | | | | **Throughput** | | | | | | | | | | | | | | | | | | | | | | **Units** | | | | | | | | | | | | | | | | | | | | | |  | |
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| **7.** | **Facility Operating Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | Number of employees at the facility: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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|  |  | |  | | | | | | | | | | | | | | | | | | | | | | **Average Actual** | | | | | | | | | | | | | | | | | | | | | | | |  | | **Maximum Potential** | | | | | | | |
|  | B. | | Hours per day the facility will operate: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
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|  | C. | | Days per week the facility will operate: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
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|  | D. | | Weeks per year the facility will operate: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
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|  | E. | | Months the facility will operate: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
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| **8.** | **Maps** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | Attach a topographical map of the area extending to at least ½ mile beyond the property boundaries. The map must show the outline of the property boundaries. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | B. | | Attach a site map/diagram showing the outline of the property, an outline of all buildings and roadways on the site, and the location of each significant air emission source. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9.** | **Zoning** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | Is the facility (either existing or proposed) located in accordance with any applicable city and/or county zoning ordinances? If no, please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | B. | | Is the facility (either existing or proposed) required to obtain any zoning variance to locate/expand the facility at this site? If yes, please explain. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10.** | **Risk Management Plan (RMP)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A. | | Is the facility required to develop and register a risk management plan pursuant to Section 112(r), regulated under 40 CFR Part 68? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | |
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|  |  | | Please refer to the following link to determine RMP applicability (under Table 1):<https://www.ecfr.gov/current/title-40/chapter-I/subchapter-C/part-68/subpart-F> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | B. | | If “yes”, submit the plan to EPA via <https://www.epa.gov/rmp/rmpesubmit> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Date submitted: | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11.** | ***Is confidential information being submitted with this application?*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | |
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|  | *If so, please follow the procedures outlined in the Mississippi Code Ann. Sections 49-17-39 and 17-17-27(6), as outlined in MCEQ-2 – “Regulation regarding the review and reproduction of public records”.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12.** | **MS Secretary of State Registration / Certificate of Good Standing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | *No permit will be issued to a company that is not authorized to conduct business in Mississippi.  If the company applying for the permit is a corporation, limited liability company, a partnership or a business trust, the application package should include proof of registration with the Mississippi Secretary of State and/or a copy of the company’s Certificate of Good Standing.  The name listed on the permit will include the company name as it is registered with the Mississippi Secretary of State.*   *It should be noted that for an application submitted in accordance with 11 Miss. Admin. Code Pt. 2, R. 2.8.B. to renew a State Permit to Operate or in accordance with 11 Miss. Admin. Code Pt. 2, R. 6.2.A(1)(c). to renew a Title V Permit to be considered timely and complete, the applicant shall be registered and in good standing with the Mississippi Secretary of State to conduct business in Mississippi.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13.** | | **Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | *Note: If approved by MDEQ, a duly authorized representative (DAR) may sign the air permit application. The DAR must be listed in Section 4 of this application.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | *I certify that to the best of my knowledge and belief formed after reasonable inquiry, the statements and information in this application are true, complete, and accurate, and that as a responsible official, my signature shall constitute an agreement that the applicant assumes the responsibility for any alteration, additions, or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Signature of Responsible Official/DAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Date** | | | | | | | | | | | | | | | | |  | | |
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|  | | **Printed Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Title** | | | | | | | | | | | | | | | | |  | | |
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