



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 10 FEDERAL AIR RULES FOR INDIAN RESERVATIONS**

**REPORT OF CHANGE OF OWNERSHIP**

Applicability: Air pollution sources regulated by 40 Code of Federal Regulations Part 49.138.

**Report change of ownership within 90 days after the effective date of change.**

**INSTRUCTIONS: Complete applicable parts of Sections A, B, C and D.**

**A. GENERAL INFORMATION**

**Identifying Information**

**Previous Source (Facility) Name** \_\_\_\_\_

**Previous Owner's Name** \_\_\_\_\_

**New Source (Facility) Name** \_\_\_\_\_

Air Quality Operating Permit No. (if applicable) \_\_\_\_\_

Nature of the Business \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Source Physical Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Indian Reservation Name \_\_\_\_\_

**Compliance Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**(Local Person responsible for source compliance with this rule)**

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person Mailing Address: Street (or PO Box #) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

e.mail address \_\_\_\_\_

**A. GENERAL INFORMATION Cont.**

**Owner's Name** \_\_\_\_\_

New Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner Mailing Address: Street ( or PO Box #) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

e.mail address \_\_\_\_\_

**Contact** \_\_\_\_\_ Title \_\_\_\_\_

**(Person authorized to receive requests for data and information)**

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person Mailing Address: Street (or PO Box #) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

e.mail address \_\_\_\_\_

**Operator's Name** \_\_\_\_\_ (If different from owner)

New Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Operator Mailing Address: Street ( or PO Box #) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

e.mail address \_\_\_\_\_

**Contact** \_\_\_\_\_ Title \_\_\_\_\_

**(Person authorized to receive requests for data and information)**

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact Person Mailing Address: Street (or PO Box #) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

e.mail address \_\_\_\_\_

**Effective Date of Change of Ownership**

Date. \_\_\_\_/\_\_\_\_/\_\_\_\_

**B. ATTACHMENTS****Include any of the following information as attachments to this form that requires updating as a result of the change of ownership**

- Process flow chart identifying all processing, combustion, handling, storage, and emission control equipment
- Narrative description of the production processes and air pollution control equipment
- List of all emission units and air pollution generating activities; include model and serial numbers for portable equipment
- Plot Plan
  - ✓ Location of all emission units and air pollution generating activities
  - ✓ Property lines for the air pollution source
  - ✓ Elevation above grade for each emission release point
  - ✓ Distance and direction to nearest residential or commercial property
- Type and quantity of fuels, including sulfur content of fuels, used on a daily, annual and maximum hourly basis
- Type and quantity of raw materials used or final product produced on a daily, annual and maximum hourly basis
- Typical operating schedule, including number of hours per day, number of days per week and number of weeks per year
- List of estimated efficiency of air pollution control equipment under present or anticipated operating conditions
- Estimates of the total actual emissions from the air pollution source for the following air pollutants: particulate matter, PM<sub>10</sub>, PM<sub>2.5</sub>, sulfur oxides (SO<sub>x</sub>), nitrogen oxides (NO<sub>x</sub>), carbon monoxide (CO), volatile organic compound (VOC), lead (Pb) and lead compounds, ammonia (NH<sub>3</sub>), fluorides (gaseous and particulate), sulfuric acid mist (H<sub>2</sub>SO<sub>4</sub>), hydrogen sulfide (H<sub>2</sub>S), total reduced sulfur (TRS) and reduced sulfur compounds, including all calculations for the estimates
- Other (provide details)

**Confidential Treatment of Information**

You may assert a business confidentiality claim covering any portion of the submitted information as provided in 40 C.F.R. part 2, subpart B. Please submit any information you claim as confidential business information separately, along with your claim of confidentiality. Note that emissions data and information necessary to determine emissions is not entitled to confidential treatment. Failure to assert a claim in the manner described in 40 C.F.R. part 2, subpart B allows the submitted information to be released to the public without further notice. Information subject to a business confidentiality claim may be disclosed by EPA only to the extent set forth in the above-cited regulations



**D. OWNER OR OPERATOR'S CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS**

**Certifying Official Information:** Identify the certifying official and provide contact information.

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Title \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

e.mail address \_\_\_\_\_

**Certification of Truth, Accuracy and Completeness:** The Certifying Official must sign this statement after the form is completed.

I certify that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.

Name (signed) \_\_\_\_\_

Name (printed or typed) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Return completed forms and attachments to:**

EPA Region 10 (OAWT)  
FARR Registration Coordinator  
Office of Air Waste and Toxics  
1200 Sixth Avenue  
Seattle, WA 98101

The public reporting and recordkeeping burden for this collection of information is estimated at eight hours for a facility which is not considered a complex operation, and up to 40 hours for a moderately complex operation. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, US Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number 2060-0558 in any correspondence. Do not send the completed form to this address.

## **FARR REGISTRATION APPLICATION INSTRUCTIONS**

### **GENERAL INFORMATION**

#### ***Identifying Information***

#### **FACILITY**

Enter the name and the correct street address or other physical location of the facility (e.g. Acme Road or Building 3, XYZ Industrial Park) together with telephone and facsimile numbers.

Provide a brief description of the nature of the business conducted by the facility.

Provide name of the Indian Reservation on which the facility is located.

Provide name and contact information for the facility contact person responsible for source compliance with this rule.

#### **OWNER / OPERATOR**

Enter the name of the new owner and operator of the facility for which this application is being prepared. For individual owners, list the full name (last, middle initial, first). For multiple ownership where no legal business partnership exists, provide the name and mailing address, if different, of each individual owner using a backslash (\) to separate data for each owner. For corporations, include divisions or subsidiary name, if any. Enter the complete mailing address of the new owner and operator.

Provide name and contact information for the contact person authorized to receive requests for data and information.

### **PROCEDURE FOR ESTIMATING EMISSIONS**

The initial registration and annual registration must include an estimate of actual emissions taking into account equipment, operating conditions, and air pollution control measures. For an existing air pollution source that operated during the calendar year preceding the initial registration or annual registration submittal, the actual emissions are the actual rate of emissions for the preceding calendar year and must be calculated using the actual operating hours, production rates, in-place control equipment, and types of materials processed, stored, or combusted during the preceding calendar year. For a new air pollution source that is submitting its initial registration, the actual emissions are the estimated actual rate of emissions for the current calendar year. The emission estimates must be based upon actual test data or, in the absence of such data, upon procedures acceptable to the Regional Administrator. Any emission estimates submitted to the Regional Administrator must be verifiable using currently accepted engineering criteria. The following procedures are generally acceptable for estimating emissions from air pollution sources:

- (i) Source-specific emission tests;
- (ii) Mass balance calculations;
- (iii) Published, verifiable emission factors that are applicable to the source;
- (iv) Other engineering calculations; or
- (v) Other procedures to estimate emissions specifically approved by the Regional Administrator.