

# United States Environmental Protection Agency Region 10 Federal Air Rules for Indian Reservations Initial / Annual Source Registration

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

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

## A. GENERAL INFORMATION

Report Type:  
Report Year:  
Source (Facility) Name:  
Indian Reservation Name:  
Air Quality Operating Permit:  
Nature of the Business:

"This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2060-0558). Responses to this collection of information are mandatory for air pollution sources regulated by 40 CFR 49.138. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 5.61 hours on average per response. 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 to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address."

### Facility Contact

First Name: Last Name:  
Telephone: Ext:  
Facsimile: Email:  
Street (or PO BOX #): Addr Cont.:  
City: County:  
State: Zip:

### Compliance Contact

First Name: Last Name:  
Telephone: Ext:  
Facsimile: Email:  
Street (or PO BOX #): Addr Cont.:  
City: County:  
State: Zip:

### Owner

First Name: Last Name:  
Telephone: Ext:  
Facsimile: Email:  
Street (or PO BOX #): Addr Cont.:  
City: County:  
State: Zip:

### Owner Contact

First Name: Last Name:  
Telephone: Ext:  
Facsimile: Email:

Street (or PO BOX #):      Addr Cont.:  
City:                              County:  
State:                              Zip:

Operator

First Name:                      Last Name:  
Telephone:                      Ext:  
Facsimile:                      Email:  
Street (or PO BOX #):      Addr Cont.:  
City:                              County:  
State:                              Zip:

Operator Contact

First Name:                      Last Name:  
Telephone:                      Ext:  
Facsimile:                      Email:  
Street (or PO BOX #):      Addr Cont.:  
City:                              County:  
State:                              Zip:

B. ATTACHMENTS

Instructions

Include all of the following information as attachments to this form

- 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, PM10, PM2.5, sulfur oxides (SOx), nitrogen oxides (NOx), carbon monoxide (CO), volatile organic compound (VOC), lead (Pb) and lead compounds, ammonia (NH3), fluorides (gaseous and particulate), sulfuric acid mist (H2SO4), hydrogen sulfide (H2S), 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.** Information claimed as confidential should be submitted on CD or flash drive and mailed to FARR Registration Coordinator, EPA Region 10, AWT-150, 1200 Sixth Ave., Suite 900, Seattle, WA 98101. Confidential treatment is automatically forfeited for information submitted via this **FARR Online Reporting System**. 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.

[Attachment Type](#) [File Name](#) [File Name](#) [File Size \(Bytes\)](#) One item found.

#### C. TABLE OF ANNUAL EMISSIONS

Pollutant	Definition of Acronym	Total Emissions
PM	Particulate Matter	
PM10	Particulate Matter less than 10 microns in size	
PM 2.5	Particulate Matter less than 2.5 microns in size	
SOx	Sulfur Oxides	
NOx	Nitrogen Oxides	
CO	Carbon Monoxide	
VOC	Volatile Organic Compound	
Pb	Lead and lead compounds	
NH3	Ammonia	
Fluorides	Gaseous and particulates	
H2SO4	Sulfuric Acid Mist	
H2S	Hydrogen Sulfide	
TRS	Total Reduced Sulfur	
RSC	Reduced Sulfur Compounds	

#### D. OWNER OR OPERATOR CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS

Submitter	Last Name:
First Name:	Ext:
Telephone:	Email:
Facsimile:	Addr Cont.:
Street (or PO BOX #):	County:
City:	Zip:
State:	

Certifier

First Name: Middle Name:

Last Name :

Address:

State: Phone:

Email:

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.

Review Information

Submission Certified on

Status:

Comments:

Export To Pdf