UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 10 FEDERAL AIR RULES FOR INDIAN RESERVATIONS

REPORT OF RELOCATION

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

INSTRUCTIONS: For any source relocation after initial registration, the owner or operator of an air pollution source must submit a report of relocation in writing no later than 30 days prior to relocation of the source.

A. GENERAL INFORMATION

1. Identifying Information

Source (Facility) Name_____

Air Quality Operating Permit No. (if applicable)_____

Nature of the Business_____

Telephone (_____) _____-_____ Facsimile (_____)_____-_____

New Source Physical Address: Street _____

City_____ **County**_____**State** _____ **ZIP** _____-_____

Previous 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_____

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 Mailing Address: Street (or PO Box #) _____

City_____ County_____State _____ ZIP _____-_____

e.mail address _____

Operator's Name _____(If different from owner)

Telephone (_____) _____-_____ Ext. _____ Facsimile (_____)_____-_____

Operator's 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 Mailing Address: Street (or PO Box #) _____

City_____ County_____State _____ ZIP _____-_____

e.mail address _____

2. <u>Effective Date of Source Relocation</u>.

Date__/__/____

B. REPORT OF RELOCATION

1. **Provide:** ***A written description of relocation activities. Update any of the information listed below that will change as a result of the relocation.***

- ☐ 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_{10}, $PM_{2.5}$, sulfur oxides (SO_x), nitrogen oxides (NO_x), carbon monoxide (CO), volatile organic compound (VOC), lead (Pb) and lead compounds, ammonia (NH_3), fluorides (gaseous and particulate), sulfuric acid mist (H_2SO_4), hydrogen sulfide (H_2S), 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.

B. ATTACHMENTS

2. TABLE OF ANNUAL EMISSIONS.
Update if emissions will change as a result of relocation.

The following table should be completed by inserting estimates of the total actual emissions in tons/year for all pollutants contained in your worksheet stated above.

Pollutant	Total Emissions
PM_{10}	
$PM_{2.5}$	
SOx	
NOx	
CO	
VOC	
Pb	
NH_3	
Fluorides	
H_2SO_4	
H_2S	
TRS	

Definition of acronyms.

PM_{10}	Particulate Matter
$PM_{2.5}$	Particulate Matter
SOx	Sulfur Oxides
NOx	Nitrogen Oxides
CO	Carbon Monoxide
VOC	Volatile Organic Compound
Pb	Lead and lead compounds
NH_3	Ammonia
Fluorides	Gaseous and particulates
H_2SO_4	Sulfuric Acid Mist
H_2S	Hydrogen Sulfide
TRS	Total Reduced Sulfur and reduced sulfur compounds.

C. OWNER OR OPERATOR CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS

1. **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 _____

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

   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____/____/_____

   e.mail address _____

Return completed forms and attachments to:

EPA Region 10
Air and Radiation Division
FARR Registration Coordinator
1200 Sixth Avenue, Suite 155
Seattle, WA 98101

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 (40 CFR 49.132). 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 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, including through the use of automated collection techniques 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.

FARR REGISTRATION APPLICATION INSTRUCTIONS.

GENERAL INFORMATION.

Identifying Information.

FACILITY.

Enter the name and the new 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 AND OPERATOR.

Enter the name of the 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 owner.

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.