



SOUTHERN UTE INDIAN TRIBE - RESERVATION AIR PROGRAM  
 APPLICATION FOR TRIBAL OPERATING PERMIT, 40 CFR PART 70  
**APPLICATION FORM GIS – GENERAL INFORMATION AND SUMMARY**



**A. Mailing Address and Contact Information**

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

**B. Facility Location**

Temporary Source:  Yes  No

Plant Site Location: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

**Legal Description:** Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ **Coordinates** Lat.: \_\_\_\_\_ Long.: \_\_\_\_\_

Land Status of Facility Location:  Tribal Trust Land  Fee Land  Allotment  Other: \_\_\_\_\_

**Is the facility within 50 miles of:**

**Federal Class 1 areas?**  Yes  No If yes, which area(s):  Mesa Verde NP  Weminuche Wilderness Area

**Affected States?**  Colorado  New Mexico  Utah  Ute Mtn. Ute  Navajo  Jicarilla

**C. Owner**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**D. Operator**

Same as Owner

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**E. Application Type**

Instructions: Mark only one permit application type and enter the appropriate date if requested.

Initial Permit, date operations commenced: \_\_\_\_\_  Permit Renewal, existing permit expires: \_\_\_\_\_  
 Significant Mod     Minor Permit Mod (MPM)     Group Processing, MPM     Administrative Amendment

**F. Applicable Requirement Summary**

Instructions: Mark all that apply.

FIP/TIP     PSD     NESHAP     Sec. 112(d) MACT     Sec. 112(g) MACT     Sec. 112(j) MACT  
 Federal Minor NSR     CAA Section 111     RMP [Sec. 112(r)]     Stratospheric ozone     Early reduction of HAP  
 Non-attainment NSR     Phase I acid rain     Phase II acid rain     Tank Vessel requirements, sec. 183(f)  
 Section 129 Standards/Requirements     Consumer/Commercial products section 183(e)  
 NAAQS, increments or visibility (temporary sources)

Has a risk management plan been registered?     Yes     No    If so, with which regulatory agency: \_\_\_\_\_

Has a phase II acid rain application been submitted?  Yes     No    If so, with which permitting authority: \_\_\_\_\_

**G. Source-Wide PTE Restrictions and Applicable Requirements**

Instructions: Cite and describe any emissions-limiting requirements that apply to the facility as a whole, or that apply broadly or in an identical fashion to all the sources at the facility. Include any requirements from new source review permits or any consent decrees, if applicable.


**H. Process Description**

Instructions: List all processes, products, and SIC codes for normal operation, in order of priority. Also list any processes, products, and SIC codes associated with any alternative operating scenarios, if different from those listed for normal operation. Provide a narrative description of all facility operations as an attachment.

Process	Products	SIC



**J. Facility Emissions Summary**

Instructions: Enter the uncontrolled and controlled potential to emit (PTE) for the facility for each air pollutant listed below.

**Uncontrolled PTE**

NO<sub>x</sub>: \_\_\_\_ tons/yr      VOC: \_\_\_\_ tons/yr      SO<sub>2</sub>: \_\_\_\_ tons/yr      PM<sub>10</sub>: \_\_\_\_ tons/yr      CO: \_\_\_\_ tons/yr  
 Lead: \_\_\_\_ tons/yr      GHGs (mass-based): \_\_\_\_ tons/yr      GHGs (CO<sub>2</sub>-equivalent): \_\_\_\_ tons/yr  
 Total HAP: \_\_\_\_ tons/yr      Single HAP emitted in greatest amount: \_\_\_\_\_ PTE: \_\_\_\_ tons/yr

**Controlled PTE (federally enforceable)**

NO<sub>x</sub>: \_\_\_\_ tons/yr      VOC: \_\_\_\_ tons/yr      SO<sub>2</sub>: \_\_\_\_ tons/yr      PM<sub>10</sub>: \_\_\_\_ tons/yr      CO: \_\_\_\_ tons/yr  
 Lead: \_\_\_\_ tons/yr      GHGs (mass-based): \_\_\_\_ tons/yr      GHGs (CO<sub>2</sub>-equivalent): \_\_\_\_ tons/yr  
 Total HAP: \_\_\_\_ tons/yr      Single HAP emitted in greatest amount: \_\_\_\_\_ PTE: \_\_\_\_ tons/yr

**K. Existing Federally Enforceable Air Permits**

N/A

Permit number: \_\_\_\_\_ Permit type: \_\_\_\_\_ Permitting Authority: \_\_\_\_\_  
 Permit number: \_\_\_\_\_ Permit type: \_\_\_\_\_ Permitting Authority: \_\_\_\_\_  
 Permit number: \_\_\_\_\_ Permit type: \_\_\_\_\_ Permitting Authority: \_\_\_\_\_

**L. Additional Information Required**

- 1) Attach a site map for the facility
- 2) Attach a complete process flow diagram for the facility which labels all emission units with their assigned emission unit IDs.
- 3) Provide driving directions to the facility.
- 4) Provide a description of safety requirements for visitors.
- 5) Provide an updated construction and permitting history of the facility, including the PTE, controlled and uncontrolled, at each stage of construction.
- 6) Attach copies of any cross-referenced documents.
- 7) Provide supporting documentation for the PTE of all pollutants, including the source of emission factors, any available copies of manufacturer's specifications, copies of guarantees for control reduction efficiencies, and emission calculations.