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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | CH-GI-01  Facility information for permit changes  Air Quality Permit Program  Doc Type: Permit Application |

**Instructions on page 3.**

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| **1a)** AQ Facility ID number: | | | |  | | **1b)** Agency Interest ID number: | | | | | | | | | | |  | | | |
| **2)** **Facility name**: |  | | | | | | | | | | | | | | | | | | | |
| **3a)** **Facility location** | | | | | | | | | | | | | | | | | | | | |
| Street address: | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | County: | | |  | | | | Zip code: | | | | |  | |
| **3b)** Is your facility located in an area of environmental justice concern or within one mile of one?  Check your location here: <https://arcg.is/vqaGa>.  No  Yes  **Note: If the facility is or will be located within the city limits of Minneapolis, attach a map showing the exact location. See instructions for additional information on projects within areas of environmental justice concern.** | | | | | | | | | | | | | | | | | | | | |
| **3c)** Mailing address: | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | State: |  | | | | | | | Zip code: | | | |  | |
| **4)** **Corporate/Company Owner** | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | |
| Mailing address: | |  | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | State: |  | | | | | | | Zip code: | | | |  | |
| Owner Classification: | | Private  Local Govt.  State Govt.  Federal Govt.  Utility | | | | | | | | | | | | | | | | | | |
| **Legally responsible official:** | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | Phone: | | | | |  | | |
| Title: | | | |  | | | | | | | | | Fax: | | | | |  | | |
| Mailing Address  (if different than above): | | | |  | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | |
| City: | | | |  | | | State: | |  | | | | | | | Zip code: | | | |  |
| Email address: | | | |  | | | | | | |  | | | | | | | | | |
| Indicate ownership interest in percent: | | | | |  | | | | | |  | | | | | | | | | |
| **5)** **Corporate/Company Operator (if different than owner)** | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | | |
| Mailing address: | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | State: |  | | | | | | | Zip code: | | | |  | |
| **Legally responsible official:** | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | Phone: | | | | |  | | |
| Title: | | |  | | | | | | | | | | Fax: | | | | |  | | |
| Mailing address: | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | State: | |  | | | | | | | Zip code: | | | |  |
| Email address: | | |  | | | | | | | | |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6) Additional Corporate/Company owners and operators (if applicable)** | | | | | | | | | | | | | | | |
| Check applicable: | Owner  Operator. | | | | | | | |  | | | | | | |
| Name: | |  | | | | | | | | | | | | | |
| Mailing address: | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| City: | |  | | State: | |  | | | | | Zip code: | | |  | |
| **Legally responsible official:** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | Phone: | | |  | | |
| Title: | |  | | | | | | | | Fax: | | |  | | |
| Mailing address: | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| City: | |  | | | State: | |  | | | | | Zip code: | | |  |
| Email address: | |  | | | | | |  | | | | | | | |
| If owner, indicate ownership interest in percent: | | |  | | | | |  | | | | | | | |

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| **7)** **Does the facility have more Corporate/Company owners and/or operators?**  Yes  No  If yes, attach additional sheets with the information indicated in item 6 for each owner and/or operator not listed above. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8)** **Facility contact person for this permit** | | | | | | | | | |
| Name: | |  | | | | Phone: |  | | |
| Title: | |  | | | | Fax: |  | | |
| Organization name: | |  | | | | | | | |
| Mailing address: | |  | | | | | | | |
|  |  |  | | | | | | | |
| City: | |  | State: |  | | | | Zip code: |  |
| Email address: | |  | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9)** **All billings for annual fees should be addressed to:** | | | | | | | | | |
| Name: | |  | | | | Phone: |  | | |
| Title: | |  | | | | Fax: |  | | |
| At (check one): | | Owner address  Operator address  Emission facility address | | | | | | | |
| Organization name: | |  | | | | | | | |
| Mailing address: | |  | | | | | | | |
|  |  |  | | | | | | | |
| City: | |  | State: |  | | | | Zip code: |  |
| Email address: | |  | | |  | | | | |

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| **10)** Standard Industrial Classification (SIC) Code and description**, and North American Industry Classification System (NAICS) code and description** for the facility: | | | | | | | | | | | | | | | |
| Primary: | | | | | | | |  | | | / | |  | | |
| Secondary (if applicable): | | | | | | | |  | | | / | |  | | |
| Tertiary (if applicable): | | | | | | | |  | | | / | |  | | |
| Primary NAICS code: | | | | | | | |  | | | / | |  | | |
| **11)** Primary product produced (or activity performed) at the facility is: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **12)** Facility is:  Stationary  Portable | | | | | | | | | | | | | | | |
| **13)** (reserved for future use) | | | | | | | | | | | | | | | |
| **14)** Is environmental review required (either an Environmental Assessment Worksheet (EAW) or an Environmental Impact Statement (EIS)) for this facility? | | | | | | | | | | | | | | | |
|  | | No | |  | Yes -- You may also be required to perform a state air toxics review for your facility.  Please call 800-657-3864 or locally 651-296-6300. | | | | | | | | | | |
| **15)** Are you (or will you be, if this is a new facility) required to submit a Toxics Release Inventory (Form R) under SARA Title 313 for this facility? Contact the Minnesota Emergency Planning and Community Right-to-Know Act (EPCRA) Program for more information, at 651-201-7400. | | | | | | | | | | | | | | | |
|  | | Yes – Answer Question 15a. | | | | | | | |  | | No – Go on to Question 16. | | | |
| **15a)** Are you required to submit a Pollution Prevention Plan Progress Report in accordance with Minn. Stat. § 115D.08? | | | | | | | | | | | | | | | |
|  | | | No | | |  | Yes, and the most recently required progress report has been submitted. | | | | | | | | |
|  | | |  | | |  | Yes, but a progress report has not been submitted because (fill in reason below): | | | | | | | | |
|  | | |  | | |  |  | | | | | | | | |
| **16)** Is this facility within 50 miles of another state or the Canadian border?: | | | | | | | | | | | | | | | |
|  | | Yes (specify which ones): | | | | | | |  | | | | |  | No |
| **17)** Are you proposing any alternative operating or emissions trading scenarios in this application? (See Minn. R. 7007.0800, subp. 10 and 11) | | | | | | | | | | | | | | | |
|  | | No | |  | Yes - Attach a description of your proposal, including a statement on how the proposal will meet all applicable requirements (specifically, please address any applicable New Source Review requirements - see Form CH-04). | | | | | | | | | | |

**18)** Person preparing this permit application:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | |
| Title: |  | | | | | | | | | |
| Organization: |  | | | | | | | | | |
| Mailing address |  | | | | | | | | | |
|  |  | | | | | | | | | |
| City: |  | | | State: |  | | | | Zip code: |  |
| Phone: |  | Fax: |  | | | |  | | | |
| Email address: |  | | | | | Date (mm/dd/yyyy): | |  | | |

# Instructions for form CH-GI-01

**1a) AQ Facility ID number --** Fill in your Air Quality (AQ) Facility Identification (ID) number. This is the first eight digits of the permit number for all permits issued under the Title V operating permit program. If your facility has never been issued a permit under this program, leave this line blank.

**1b) Agency Interest ID number --** Fill in your Agency Interest ID number. This is an ID number assigned to your facility through the Tempo database. If you don’t know this number, leave this line blank.

**2) Facility name --** Enter your facility name as it will appear on your permit.

**3a) Facility location --** Fill in the facility's street address and the city and county where the facility is located. You may not use a P.O. Box number for the street address. If the facility is or will be located within the limits of the City of Minneapolis, include a map showing the exact location of the facility.

**3b) Areas of environmental justice concern** **--** To determine if your facility is in or within one mile of an area of environmental justice concern, use the MPCA’s environmental justice screening tool, available here <https://arcg.is/vqaGa>.

To proactively consider actions for environmental improvement and community engagement, refer to this resource document <https://www.pca.state.mn.us/sites/default/files/aq1-69.pdf>.

The MPCA’s screening tool will be used to determine if the facility’s location is within or near an area of environmental justice (EJ) concern. For facilities within or near areas of environmental justice concern, the assigned permit engineer will set up a meeting to discuss environmental justice, if the facility is already incorporating actions to address environmental justice, and voluntary actions the facility could further take. The EPA’s EJScreen tool is available here for additional information on environmental justice indices <https://www.epa.gov/ejscreen>.

If the facility is or will be located within the limits of the City of Minneapolis, include a map showing the exact location of the facility.

**3c) Facility mailing address --** Fill in the facility's mailing address. You may use a P.O. Box number for the mailing address, but not for the street address.

**Note:** All owners and operators must be listed on the permit application and are included on the permit.An owner or operator is a corporation, partnership, sole proprietorship, municipality, state, federal or other public agency who owns, leases, operates, controls, or supervises, to any degree, an emissions unit, emission facility or stationary source. For example, if the facility is owned by a partnership, then the second owner's name and information are included at item 6 of this form. Another example is two facilities, owned separately, where one facility exists to support the other; both facilities are subject to one permit, the two owners are listed on the permit, and need to be included on this form, one at item 4 and one at item 6. A legally responsible official needs to be listed for each owner and operator. The legally responsible official must be a person meeting the criteria for signing the application (defined in Minn. R. 7007.0100, subp. 21), which is the person who performs policy or decision-making functions for the company. (A delegate may be allowed in some cases. Please refer to the rule section listed above.)

**4) Corporate/Company Owner --** Fill in the owner name, mailing address, and the legally responsible official name, title, phone number, fax number (if applicable), and mailing address. Check the one "owner classification box" that most closely describes your facility. Indicate the ownership interest in percent. The owner is the "Permittee". All other owners and operators need to be listed in items 5-7 and are “Co-permittees”.

**5) Corporate/Company Operator (if different from owner) --** The operator runs the facility on a day-to-day basis. If a separate management company operates the facility, its name goes here. The operator is also a “Permittee”. If applicable, fill in name, mailing address, and legally responsible official name, title, phone number, fax number (if applicable), and mailing address. If not applicable, fill in "N/A".

**6) Additional Corporate/Company Owner or Operator (if applicable) --** If the facility has more than one owner or one operator, fill in the additional owner or operator name, mailing address, and legally responsible official name, title, phone number, fax number (if applicable), and mailing address. For an owner, indicate the ownership interest in percent; for an operator, fill in "N/A".

**7)** **Do you have more corporate/company owners and/or operators?** If you have additional owners or operators attach additional sheets with the information indicated in item 6 for each additional corporate/company owner and/or operator.

**8) Facility contact person for this permit --** Fill in the name, title, organization, mailing address, phone number, fax number (if applicable), and email address of the individual at the facility to whom the permit and other permitting correspondence should be sent. The facility contact person may be the facility site manager or other employee of the facility. The facility contact person is not a consultant.

**9) All billings and annual fees should be addressed to --** Fill in the name, title, organization, mailing address, phone number, fax number (if applicable), and email address of the individual to whom the annual emissions inventory and emissions fee billing should be sent.

**10) Standard Industrial Classification (SIC) Code and description, and North American Industry Classification System (NAICS) Code and description for the facility --** Fill in the primary (and secondary and tertiary if applicable) 4-digit SIC code(s) for the facility. A single stationary source may have more than one SIC code. For example, if a facility makes cardboard boxes, the facility would have a primary SIC code of 2653. If the facility also prints on some of its boxes, it would have a secondary SIC code of 2752.

Additional SIC information may be obtained from libraries, accounting firms or from the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161 (order number PB 87-1000012).

Fill in the primary six digit NAICS Code and description for the facility. Additional information may be obtained at <http://www.naics.com/> or <https://www.census.gov/naics/>.

**11) Primary product produced (or activity performed) at the facility is --** Indicate the primary product or activity of your business.

**12) Facility is (stationary or portable) --** Indicate whether the facility is a stationary or a portable source. A portable facility is one that operates and moves from site to site. Examples of portable facilities are some asphalt plants and sand and gravel plants.

**13) (Reserved for future use)**

**14) Is an environmental review required [either an Environmental Assessment Worksheet (EAW) or an Environmental Impact Statement (EIS)] as a result of the proposed changes ? -- You must complete all the other applicable forms in this package before you can answer this question.** Environmental review is sometimes required prior to construction or modification of a facility. Check the MPCA’s Environmental Review Web page at <http://www.pca.state.mn.us/programs/envr_p.html>, or call the Minnesota Environmental Quality Board at 651-201-2476 for more information. Put a check in the appropriate box of the application form.

**Note:** If you answered "yes" to this question and if you emit any hazardous air pollutants, you may also be required to perform an Air Emissions Risk Assessment (AERA). Go to <http://www.pca.state.mn.us/air/aera.html> or call 800-657-3864 or 651-296-6300 for more information.

**15) Are you required to submit a Toxics Release Inventory (Form R) under SARA Title 313 as a result of the proposed changes ? -- You must complete all the other applicable forms in this package before you can answer this question.** Place a check in the appropriate box. With some exceptions, most facilities required to submit a TRI are also required to prepare a pollution prevention plan and submit periodic progress reports. Call the Minnesota Emergency Planning and Community Right-to-Know Act (EPCRA) Program of the Department of Public Safety at 651-201-7400, or go to their website at <https://dps.mn.gov/divisions/hsem/epcra/Pages/default.aspx> if you have questions about this. The MPCA is required under to Minn. R. 7007.0850, subp. 2(A)(2), to report in the public notice whether or not a facility has filed a pollution prevention progress report as required by Minnesota Statutes, section [115D.08](http://www.revisor.leg.state.mn.us/stats/115D/08.html).

**16) Are you within 50 miles of another state or the Canadian border? --** Indicate if any states (other than Minnesota), or the country of Canada, are within 50 miles of the facility.

**17) Are you proposing any alternative operating or emissions trading scenarios in this application? --** Place a check in either the "yes" or "no" box. (Note: you may need to complete the rest of the application before you will know the answer to this question.) If yes, attach a description of your proposal, including a statement on how the proposal will meet all applicable requirements. Describe any alternative operating scenario or emission trading proposal. Be sure to mention all parts of the application (e.g., PTE calculations, emission unit forms, etc.) that are affected by the alternative scenario. For further information, refer to Minn. R. 7007.0800, subp. 10 and 11.

**18) Person preparing this permit application --** Fill in the name, title, organization name, phone number and fax number (if applicable), and email address of the individual filling out this permit application. Include the date of application.