

**FORMs A2, A3**  
**EMISSION SOURCE LISTING FOR THIS APPLICATION - A2**  
**112r APPLICABILITY INFORMATION - A3**

REVISED 09/22/16

NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate

**A2**

| <b>EMISSION SOURCE LISTING: New, Modified, Previously Unpermitted, Replaced, Deleted</b>       |                                |                          |                               |
|--|--------------------------------|--------------------------|-------------------------------|
| EMISSION SOURCE<br>ID NO.  | EMISSION SOURCE<br>DESCRIPTION | CONTROL DEVICE<br>ID NO. | CONTROL DEVICE<br>DESCRIPTION |
| <b>Equipment To Be ADDED By This Application (New, Previously Unpermitted, or Replacement)</b> |                                |                          |                               |
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| <b>Existing Permitted Equipment To Be MODIFIED By This Application</b>                         |                                |                          |                               |
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| <b>Equipment To Be DELETED By This Application</b>   |                                |                          |                               |
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| <b>112(r) APPLICABILITY INFORMATION</b>   |                               |                    | <b>A 3</b>                          |
|---|-------------------------------|--------------------|-------------------------------------|
| Is your facility subject to 40 CFR Part 68 "Prevention of Accidental Releases" - Section 112(r) of the Federal Clean Air Act? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |                    |                                     |
| If No, please specify in detail how your facility avoided applicability: _____  |                               |                    |                                     |
| If your facility is Subject to 112(r), please complete the following:<br>A. Have you already submitted a Risk Management Plan (RMP) to EPA Pursuant to 40 CFR Part 68.10 or Part 68.150?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Specify required RMP submittal date: _____ If submitted, RMP submittal date: _____ |                               |                    |                                     |
| B. Are you using administrative controls to subject your facility to a lesser 112(r) program standard?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____  |                               |                    |                                     |
| C. List the processes subject to 112(r) at your facility:   |                               |                    |                                     |
| PROCESS DESCRIPTION   | PROCESS LEVEL<br>(1, 2, or 3) | HAZARDOUS CHEMICAL | MAXIMUM INTENDED<br>INVENTORY (LBS) |
|   |                               |                    |                                     |
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Attach Additional Sheets As Necessary