FORM D3 MODELING REQUEST FORMS (3 pages)

REVISED: 06/11/09

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

If the applicant desires, the NCDAQ/AQAB will perform the initial modeling compliance demonstration using EPA approved screening and, if applicable and where possible, refined models. If the model results indicate the facility will be unable to demonstrate compliance with applicable Acceptable Ambient Level(s) the applicant will be notified and will be required to perform the compliance demonstration using established modeling protocol and modeling analysis requirements as defined in the North Carolina Administrative Code 15A NCAC 2D .1100 and 2Q .0700 and in the Guidelines for Evaluating the Impacts of Toxic Pollutants in North Carolina.

To perform the dispersion modeling compliance demonstration, the AQAB will require the following data:

1. INTRODUCTION

Provide a brief description of the modification and/or addition necessitating the toxic modeling request:

2 FMISSIONS DATA - Facility-wide emissions by source of all modeled toxics									
CRITERIA OR TOXIC AIR POLLUTANT (TAP)	Emission Point ID	lbs/year	lbs/day	lbs/hr					
	l								

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3. SOURCE DATA	Source data requirements are based on the appropriate source classification. Each emission source is classified as a point, area, or volume source. Note: For fugitive area or volume source data, contact DAQ/AQAB.					
POINT SOURCE	STACK DATA					
Emission Point ID						
Stack Description						
Stack Height (ft or m) - AGL						
Stack Temperature (°F or °K)						
Stack Exit Velocity (ft/s or m/s)						
Stack Diameter (ft or m)						
Stack Base Elevation (ft) - MSL						
Stack UTM Coordinates (m) E						
NAD version 27 / 83 (circle one) N						
Zon	е					
Latitude CR ° N						
Longitude °W						
Rain Cap? (Y/N)						
Vertical Stack? (Y/N)						
AREA SOURCE	AREA SOURCE AREA SOURCE DATA					
(contact DAQ for clarification of input data requirements)	(for each a d	area source, subn imensions of the	nit a separate deta area and elevation	iled description o	f the area source, ource on site mar	to include .)
Emission Point ID						-,
Source Description						
Area Source Height (ft or m) - AGI						
Area Source Length (ft or m)						
Area Source Width (ft or m)	-					
Source Base Elevation (ft) - MSI						
Area Source UTM Coordinates (m) E						
NAD version 27 / 83 (circle one)						
Zon	e					
Latitude OR	-					
Longitude °W						
			1		1	
VOLUME SOURCE			VOLUME SC			
(contact DAQ for clarification of	(contact DAQ for clarification of (for each volume source, submit a separate detailed description of the volume source, to			source. to		
input data requirements)	incl	ude dimensions o	of the volume sour	ce where emissio	ns begin to dispe	rse.)
Emission Point ID						,
Source Description						
Volume Source Height (ft or m) - AGL						
Volume Source Length (ft or m)						
Volume Source Bldg Height (ft or m)						
Source base Elevation (ft) - MSL						
Volume Source UTM Coordinates (m) E						
NAD version 27 / 83 (circle one) N						
Zon	e					
Latitude OR ° N	-					
Longitude °W						
W						
ft- feet AGL- Above	Ground level		m/s- meters per se	econd Ke	elvin (degrees)=273	8+((°F-32) x 5/9)
m- meters UTM- Unive	rsal Transverse Merc	ator	MSL- Mean Sea L	evel		

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4. SITE DATA							
A detailed site diagra	m <u>must</u> be subm	nitted and should inclu	ide all of the informa	tion listed below:			
- Property bound	daries						
- Scale and true	north indicator	ingo or structures on	aito				
- Locations of al	l emission source	es (existing and prop	osed) listed in Sectio	on 2. Page 1 of Form	n D3		
- All public rights	s-of-way traversir	ng the property (e.g.	roads, railroad track	s, rivers, etc.)			
- UTM coordinat	tes or latitude/lon	ngitude of at least one	e point (e.g. source o	r building corner)			
A USGS Contour Ma	p must also be s	ubmitted with the loca	ation of your facility of	clearly designated.			
A certified plat map fr	rom County Regi	ster of Deeds or a sig	ned survey map.				
5. BUILDING DATA		List each building.	List tiers of different	heights on a single	building as separate	e buildings.	
Building ID							
Building Description							
Building Height (ft or m))						
Building Length (ft or m)						
Building Width (ft or m)							
6. MISCELLANEOUS	DATA						
Operating hours, f	uel limits,						
or other enforceabl	e limits)						
		lf an operating scl 8760 hours/year).	If an operating schedule is not given, continuous operations will be assumed (i.e. 24 hours/day, 8760 hours/vear).				
		Note: if compliance	Note: if compliance is demonstrated using the above facility operating limits, these limits will be				
		imposed as a peri					
7. FACILITY IDENTIF	ICATON						
Facility Name:						Facility ID:	
					-		
Facility Address	Street:				-		
	County:				-		
	<i></i>				-		
Point of Contact	Name:				-		
	Title:				-		
	Phone: Email:				-		
	Email.				-		