



April 23, 2019

*Department of Environmental Quality*



# Air Quality Inspections and Improved Efficiency

NORTH CAROLINA ENVIRONMENTAL MANAGEMENT COMMISSION

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF AIR QUALITY

**AIR PERMIT NO. 02183R19**

Issue Date: May 15, 2018

Effective Date: May 15, 2018

Expiration Date: April 30, 2026

Replaces Permit: Permit # N/A

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To construct and operate air emission source(s) and/or air cleaning device(s), and for the discharge of the associated air contaminants into the atmosphere in accordance with the provisions of Article 21B of Chapter 143, General Statutes of North Carolina (NCGS) as amended, and other applicable Laws, Rules and Regulations,

(Facility Name)

(Facility Address)

Burlington, Alamance County, North Carolina

Permit Class

Facility ID#

(the Permittee) is hereby authorized to construct and operate the air emissions sources and/or air cleaning devices and appurtenances described below:

Emission Source ID	Emission Source Description	Control System ID	Control System Description
PD4 PD5 PD6 PD7 PD9 PD10 PD11	Seven (7) Liquefied Petroleum Gas/Natural Gas-fired Infrared Predryer (2.8 million Btu/hr) as part of a textile finishing operation	N/A	N/A



# *Air Quality Inspections and Improved Efficiency*

## Helpful Tips For More Efficient Inspections

- Have AQ permit on hand for reference and notations
- Be familiar with your permit
- Maintain any required records and have them readily available
- Keep detailed and accurate maintenance records
  - Including maintenance performed, equipment ID, actions taken



# *Air Quality Inspections and Improved Efficiency*

- Facility Contact Information
  - Contact should be familiar with facility layout and permitted equipment
  - Know who would know...
  - Have a backup contact
  - Inform DAQ when the contacts change

# Air Quality Inspections and Improved Efficiency

FORM A GENERAL FACILITY INFORMATION			
REVISED 09/22/16	NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate	A	
NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:			
<input type="checkbox"/> Local Zoning Consistency Determination (new or modification only)	<input type="checkbox"/> Appropriate Number of Copies of Application	Application Fee (please check one option below)	
<input type="checkbox"/> Responsible Official/Authorized Contact Signature	<input type="checkbox"/> P.E. Seal (if required)	<input type="checkbox"/> Not Required	<input type="checkbox"/> ePayment <input type="checkbox"/> Check Enclosed
GENERAL INFORMATION			
Legal Corporate/Owner Name:			
Site Name:			
Site Address (911 Address) Line 1:			
Site Address Line 2:			
City:	State:		
Zip Code:	County:		
CONTACT INFORMATION			
Responsible Official/Authorized Contact:		Invoice Contact:	
Name/Title:		Name/Title:	
Mailing Address Line 1:		Mailing Address Line 1:	
Mailing Address Line 2:		Mailing Address Line 2:	
City:	State:	Zip Code:	County:
Primary Phone No.:	Fax No.:	Primary Phone No.:	Fax No.:
Secondary Phone No.:		Secondary Phone No.:	
Email Address:		Email Address:	
Facility/Inspection Contact:		Permit/Technical Contact:	
Name/Title:		Name/Title:	
Mailing Address Line 1:		Mailing Address Line 1:	
Mailing Address Line 2:		Mailing Address Line 2:	
City:	State:	Zip Code:	County:
Primary Phone No.:	Fax No.:	Primary Phone No.:	Fax No.:
Secondary Phone No.:		Secondary Phone No.:	
Email Address:		Email Address:	
APPLICATION IS BEING MADE FOR			
<input type="checkbox"/> New Non-permitted Facility/Greenfield	<input type="checkbox"/> Modification of Facility (permitted)	<input type="checkbox"/> Renewal Title V	<input type="checkbox"/> Renewal at Non-Title V
<input type="checkbox"/> Name Change	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Administrative Amendment	<input type="checkbox"/> Renewal with Modification
FACILITY CLASSIFICATION AFTER APPLICATION (Check Only One)			
<input type="checkbox"/> General	<input type="checkbox"/> Small	<input type="checkbox"/> Prohibitory Small	<input type="checkbox"/> Synthetic Minor <input type="checkbox"/> Title V
FACILITY (Plant Site) INFORMATION			
Describe nature of (plant site) operation(s):			
			Facility ID No.:
Primary SIC/NAICS Code:	Latitude:	Longitude:	Current/Previous Air Permit No. Expiration Date:
Does this application contain confidential data? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>***If yes, please contact the DAQ Regional Office prior to submitting this application.*** (See Instructions)</b>			
PERSON OR FIRM THAT PREPARED APPLICATION			
Person Name:		Firm Name:	
Mailing Address Line 1:		Mailing Address Line 2:	
City:	State:	Zip Code:	County:
Phone No.:	Fax No.:	Email Address:	
SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT			
Name (typed):		Title:	
X Signature(Blue Ink):		Date:	

Attach Additional Sheets As Necessary

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## FORM A (continued, page 2 of 2) GENERAL FACILITY INFORMATION


REVISED 09/22/16	NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate	A
SECTION AA1 - APPLICATION FOR NON-TITLE V PERMIT RENEWAL		



# *Air Quality Inspections and Improved Efficiency*

- Label equipment as permitted or permit as labeled (if possible)
- Contact DAQ with any process equipment changes, modifications, or questions
- There's never a good time.....

# Air Quality Inspections and Improved Efficiency

02Q .0318 Notification Form - Changes Not Requiring Permit Revisions			
Site Name:		Facility Contact:	
Site Address (911 Address):		Title:	
City/County:		Contact Phone Number:	
Facility ID No.:	Permit No.:	Contact Email Address:	
 <small>v04/2/2019</small>			
02Q .0318 QUALIFICATION CHECKLIST			
<input type="checkbox"/>	This change does not violate any existing requirements or add new applicable requirements.		
<input type="checkbox"/>	This change does not cause emissions allowed under the current permit to be exceeded.		
<input type="checkbox"/>	This change does not require a modification of a permit term or condition pursuant to Rules 02Q .0315 or 02Q .0317.		
<input type="checkbox"/>	This change does not require a permit pursuant to 15A NCAC 02Q .0700, Toxic Air Pollutant Procedures.		
<input type="checkbox"/>	This change does not require a P.E. Seal pursuant to Rule 15A NCAC 02Q .0112		
DESCRIPTION OF CHANGE			
<p>Provide a brief description of the change(s); the anticipated date on which the change will occur; any change in emissions; and all permit terms or conditions of the current permit that may be affected by this change. Attach a process flow diagram if relevant. A copy of this notification form shall be attached to the current permit until the permit is revised at the next modification, renewal, name change, etc. (Attach additional sheets as necessary)</p>			
LIST OF EQUIPMENT TO BE ADDED OR MODIFIED			
Emission Source/Control Device Description	ID No.	Process Throughput (Capacity in lbs/hour, Heat input, etc.)	Emissions Change (pollutant(s) in pounds/hour)



# *Air Quality Inspections and Improved Efficiency*

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