



SECTION 1 - FACILITY IDENTIFICATION

SC Air Permit Number (8-digits only) <i>(Leave blank if one has never been assigned)</i> -	Application Date 06/01/23 (revised 07/01/24)
Facility Name/Legal Identity <i>(This should be the official legal name under which the facility is owned/operated and should be consistent with the name registered with the S.C. Secretary of State's office, as applicable.)</i> Silfab Solar	
Facility Site Name (Optional) <i>(Please provide any alternative or additional identifier of the facility, such as a specific plant identifier (e.g., Columbia plant) or any applicable "doing business as" (DBA) identity. This name will be listed on the permit and used to identify the facility at the physical address listed below.)</i>	
Facility Federal Tax Identification Number <i>(Established by the U.S. Internal Revenue Service to identify a business entity)</i> 30-1127398	

REQUEST TYPE (Check all that apply)
Exemption Request: <input type="checkbox"/> Complete Section 1 and attach documentation to support exemption request.
Construction Application: <input type="checkbox"/> Minor New Source Review Project <input checked="" type="checkbox"/> Synthetic Minor Project <input type="checkbox"/> Prevention of Significant Deterioration Project <input type="checkbox"/> 112(g) Project
Expedited Review Request: <input checked="" type="checkbox"/> If checked, include <u>Expedited Form D-2212</u> in the construction application package.
Construction Permit Modification: <input type="checkbox"/> Provide the construction permit ID (e.g. CA, CB, etc.) for which modification is requested:
Application Revision: <input type="checkbox"/>

CONSTRUCTION PERMIT APPLICATION FORMS BEING REVISED		
<i>(Amended construction permit forms must be filled out completely and attached to this modification request.)</i>		
Form #	Date of Original Submittal	Brief Description of Revision
D2566	06-01-23	Update to separate emissions by phase
D2573	06-01-23	Update to separate emissions and stack parameters by phase

FACILITY PHYSICAL ADDRESS		
Physical Address: 7149 Logistics Lane		County: York
City: Fort Mill	State: SC	Zip Code: 29715
Facility Coordinates <i>(Facility coordinates should be based at the front door or main entrance of the facility)</i>		
Latitude: 35 4' 13.289" North		Longitude: 80 56' 48.25" West



**Bureau of Air Quality
Construction Permit Application
Page 3 of 14**

FACILITY'S PRODUCTS / SERVICES	
Primary Products / Services <i>(List the primary product and/or service)</i> Manufacture residential solar panels	
Primary <u>SIC Code</u> <i>(Standard Industrial Classification Codes)</i> 3674	Primary <u>NAICS Code</u> <i>(North American Industry Classification System)</i> 334413
Other Products / Services <i>(List other products and/or services)</i>	
Other SIC Code(s):	Other NAICS Code(s):

PROJECT DESCRIPTION
Project Description (What, why, how, etc.): Silfab Solar will construct a solar panel manufacturing facility.

AIR PERMIT FACILITY CONTACT			
<i>(Person listed will be in our files as the point of contact for all air permitting related questions and will receive all air permitting notifications.)</i>			
Title/Position: Plant Facilities Director	Salutation: Mr.	First Name: Matthew	Last Name: Korzelius
Mailing Address: 7149 Logistics Lane			
City: Fort Mill	State: SC	Zip Code: 29715	
E-mail Address: m.korzelius@silfabsolar.com	Primary Phone No.: (716)-949-0241	Alternate Phone No.: (716)-225-6822	

The signed permit will be e-mailed to the designated Air Permit Contact. If additional individuals need copies of the permit, please provide their names and e-mail addresses.	
Name	E-mail Address
Alex Ghusein	a.ghusein@silfabsolar.com
Treff MacDonald	t.macdonald@silfabsolar.com

CONFIDENTIAL INFORMATION / DATA
Is <u>confidential information</u> or data being submitted under separate cover? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes*

If yes, submit **ONLY ONE COMPLETE CONFIDENTIAL APPLICATION, with original signature, along with the public version of the application.*

CO-LOCATION DETERMINATION
Are there other facilities in close proximity that could be considered collocated? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes*
If yes, list potential collocated facilities, including air permit numbers if applicable:

**If yes, please submit collocation applicability determination details in an attachment to this application.*

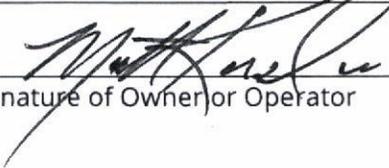


**Bureau of Air Quality
Construction Permit Application
Page 4 of 14**

OWNER OR OPERATOR			
Title/Position: Plant Facilities Director	Salutation: Mr.	First Name: Matt	Last Name: Korzelius
Mailing Address: 7149 Logistics Lane			
City: Fort Mill	State: SC	Zip Code: 29715	
E-mail Address: m.korzelius@silfabsolar.com	Primary Phone No.: 839-400-4338	Cell Phone No.: 719-949-0241	

OWNER OR OPERATOR SIGNATURE

I certify, to the best of my knowledge and belief, that no applicable standards and/or regulations will be contravened or violated. I certify that any application form, supporting documentation, report, or compliance certification submitted in this permit application is true, accurate, and complete based on information and belief formed after reasonable inquiry. I understand that any statements and/or descriptions, which are found to be incorrect, may result in the immediate revocation of any permit issued for this application.

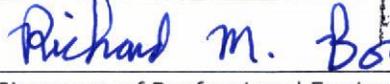
 07/01/2024
 Signature of Owner or Operator Date

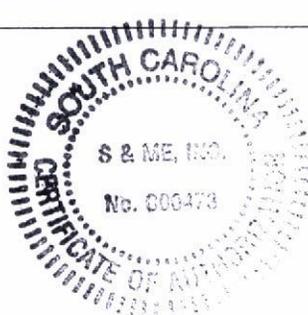
APPLICATION PREPARER (if other than Professional Engineer below)			
Title/Position: Sr. Environmental Scientist	Salutation: Mr.	First Name: Marty	Last Name: Jones
Mailing Address: 48 Brookfield Drive, Suite F			
City: Greenville	State: SC	Zip Code: 29607	
E-mail Address: mjones@smeinc.com	Phone No.: 864-297-9944	Cell No.: 864-630-2956	

PROFESSIONAL ENGINEER INFORMATION			
Consulting Firm Name: S&ME, Inc.	SC Certificate of Authority License No.: C00473		
Title/Position: Environmental Engineer	Salutation: Mr.	First Name: Richard	Last Name: Bonds
Mailing Address: 301 Zima Park Road			
City: Spartanburg	State: SC	Zip Code: 29301	
E-mail Address: rbonds@smeinc.com	Phone No.: 864-208-9354	Cell No.: 864-316-2320	
SC License/Registration No.: 17288			

PROFESSIONAL ENGINEER SIGNATURE

I have placed my signature and seal on the engineering documents submitted, signifying that I have reviewed this construction permit application as it pertains to the requirements of *South Carolina Regulation 61-62, Air Pollution Control Regulations and Standards*.

 7/02/2024
 Signature of Professional Engineer Date



**Bureau of Air Quality
Construction Permit Application
Page 7 of 14**

EQUIPMENT / PROCESS INFORMATION					
Equipment ID/ Process ID	Action	Equipment / Process Description	Maximum Design Capacity (Units)	Control Device ID(s)	Emission Point ID(s)
MAL1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Module Assembly Lines 1-3	330 Modules per hour	None	General Area Exhaust
MALGCT	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Module Assembly Lab and Gel Content Testing	Varies	None	General Area Exhaust
CellP1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Phase 1 Cell Manufacturing	18,000 cells per hour	SCR1	P1ACID
CellP2	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Phase 2 Cell Manufacturing	28,800 cells per hour	SCR2	P2ACID
HF-BST-01	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Hydrofluoric Acid Storage Tank 1	30,000 Liters	SCR1	P1ACID
HF-BST-02	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Hydrofluoric Acid Storage Tank 2	30,000 Liters	SCR2	P2ACID
HCL-BST-01	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Hydrochloric Acid Storage Tank 1	20,000 Liters	SCR1	P1ACID
HCL-BST-02	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Hydrochloric Acid Storage Tank 2	20,000 Liters	SCR2	P2ACID
BLR-1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Phase 1 Boiler	8.0 MMBTU/hour	None	BLR1



**Bureau of Air Quality
Construction Permit Application
Page 8 of 14**

BLR-2	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Phase 1 Boiler	8.0 MMBTU/hour	None	BLR2
BLR-3	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Phase 2 Boiler	8.0 MMBTU/hour	None	BLR3
BLR-4	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Phase 2 Boiler	8.0 MMBTU/hour	None	BLR4
EG1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Emergency Generator 1	300 HP	None	EG1
RTO1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Regenerative Thermal Oxidizer	6.0 MM BTU/hr	Localized Scrubber	P1ACID P2ACID

CONTROL DEVICE INFORMATION

Inherent, required and voluntary control devices, as used in the table below, are defined as:

Inherent: Consult EPA Guidance "[Criteria for Determining Whether Equipment is Air Pollution Control Equipment or Process Equipment.](#)" When a control device is deemed "Inherent", a detailed explanation of the determination must be included as an attachment.

Required: Control device is relied-upon or required by regulation, and controlled emissions are used to show compliance with applicable standards and regulations.

Voluntary: Control device is not relied-upon and uncontrolled emissions are used to show compliance with applicable standards and regulations.



**Bureau of Air Quality
Construction Permit Application
Page 9 of 14**

CONTROL DEVICE INFORMATION

Control Device ID	Action	Control Device Description	Maximum Design Capacity (Units)	Inherent/Required/Voluntary	Pollutants Controlled (Include CAS #)	Capture Efficiency	Destruction/Removal Efficiency	Emission Point ID(s)
SCR1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Wet Scrubber/Phase 1 Acid Scrubber (AEX)	45000 ACFM	Required	Hydrofluoric Acid (7664-39-3)	100%	96%	P1ACID
SCR1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Wet Scrubber/Phase 1 Acid Scrubber (AEX)	4500 ACFM	Required	Hydrochloric Acid (7647-01-0)	100%	96%	P1ACID
SCR2	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Wet Scrubber/Phase 1 and 2 Acid Scrubber (AEX)	70000 ACFM	Required	Hydrofluoric Acid (7664-39-3)	100%	96%	P2ACID
SCR2	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Wet Scrubber/Phase 1 and 2 Acid Scrubber (AEX)	7000 ACFM	Required	Hydrochloric Acid (7647-01-0)	100%	96%	P2ACID
RTO1	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Modify <input type="checkbox"/> Existing	Regenerative Thermal Oxidizer/Local Scrubber	6.0 MMBTU/hr	Required	Silane/SiO2 7803-62-5	100%	90%	P1ACID/P2 ACID



SECTION 3 - SOURCE IDENTIFICATION AND EMISSIONS CHECKLIST INSTRUCTIONS

Definitions for completing the information in the tables below:

Uncontrolled emissions: Maximum emission rate at full design capacity without consideration of control devices or emission limitations.

Controlled emissions: Maximum emission rate at full design capacity taking into consideration control devices. Controlled emissions only apply if there are associated control equipment and should be based on uncontrolled emissions and capture/control efficiencies. Controlled emissions do not take into consideration emission limitations.

Potential to Emit (PTE): The maximum capacity of a source to emit a regulated pollutant under its physical and operational design. Any physical or operational limitation on the capacity of the source to emit a regulated pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, shall be treated as part of its design only if the limitation or the effect it would have on emissions is federally enforceable. Secondary emissions as defined in S.C. Regulation 61-62.1, Section I(81), do not count in determining the potential to emit of a source.

Check Box for information addressed	Required Information
Source identification and emissions:	
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Name of each source, process, and control device.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Assign each source an Equipment ID. The IDs must match the IDs listed in Section 2 of this application.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Assign an Emission Point ID for each source.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Assign a Control Device ID for each control device.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> List each pollutant the source will emit.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> List the Uncontrolled, Controlled, and PTE emissions for each source or equipment in lb/hr and tons/year.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Emission rates for each pollutant should be totaled and listed in lb/hr and tons/year.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Provide the CAS# for each Hazardous Air Pollutant (HAP) and/or Toxic Air Pollutant (TAP).
Information to support emission rates:	
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Sample calculations.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Emission factors. Include the source, revision date, specific table and/or chapters. Include source test data if factors were derived from source testing.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Explanation of assumptions, bottlenecks, etc.
<input type="checkbox"/>	<ul style="list-style-type: none"> Source test information: A copy of the source test results may be requested. If the test results are not included in the application, the application should cite whether this was a DHEC approved test, and if not, explain where the test was conducted and other identifying information.



**Bureau of Air Quality
Construction Permit Application
Page 11 of 14**

Check Box for information addressed	Required Information
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Manufacturer's data.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Vendor guarantees that support control device efficiencies.
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> New Source Review (NSR) analysis.
<input type="checkbox"/>	<ul style="list-style-type: none"> Other (e.g. example particle size analysis)

Existing (Permitted) Facilities		
Check Box	Required Information	Location in Application
<input type="checkbox"/>	Facility-wide emissions prior to construction/modification: <ul style="list-style-type: none"> Include an explanation if these emissions do not match the facility-wide emissions submitted in the last application. 	
<input type="checkbox"/>	Facility-wide emissions after construction/modification: <ul style="list-style-type: none"> Include net change, if applicable. 	
As applicable for the construction/ modification:		
<input type="checkbox"/>	<ul style="list-style-type: none"> Name of each source. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Assign each source an Equipment ID. The IDs must match the IDs listed in Section 2 of this application or on your current construction / operating permit. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Assign a Control Device ID for each control device. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Assign an Emission Point ID for each source. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> List each pollutant the source will emit. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> List the Uncontrolled, Controlled, and PTE (if applicable) emissions for each source or equipment. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Emission rates for each pollutant should be totaled and listed in lb/hr and tons/year. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Provide the CAS# for each HAP and/or TAP. 	
Information to support facility-wide emission rates:		
<input type="checkbox"/>	<ul style="list-style-type: none"> Sample calculations. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Emission factors. Include the source, revision date, specific table and/or chapters. Include source test data if factors were derived from source testing. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Explanation of assumptions, bottlenecks, etc. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Source test information: A copy of source the test results may be requested. If the results are not included in the application, the application should cite whether this was a DHEC approved test and if not, explain where the test was conducted and other identifying information. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Manufacturer's data. 	



Bureau of Air Quality
Construction Permit Application
Page 12 of 14

Existing (Permitted) Facilities		
Check Box	Required Information	Location in Application
<input type="checkbox"/>	<ul style="list-style-type: none">• Vendor guarantees that support control device efficiencies.	
<input type="checkbox"/>	<ul style="list-style-type: none">• NSR analysis.	
<input type="checkbox"/>	<ul style="list-style-type: none">• Other (please explain)	



Section 4 Completeness Checklist for Regulatory Review

State and Federal Air Pollution Control Regulations and Standards

Perform a review of all State and Federal Air Pollution Control Regulations and Standards for applicability and attach a detailed narrative from the regulatory review to the permit application. If the standard or regulation is not applicable, state the reason. Check all regulations and standards that have been reviewed and addressed in the narrative.

Check Box	State and Federal Air Pollution Control Regulations and Standards
<input checked="" type="checkbox"/>	S.C. Regulation 61-62.1 Section II.E Synthetic Minor Construction Permits
<input type="checkbox"/>	S.C. Regulation 61-62.5 Air Pollution Control Standards
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 1 Emissions from Fuel Combustion
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 2 Ambient Air Quality
<input type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 3 Waste Combustion and Reduction (state only)
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 4 Emissions from Process Industries <i>(Note: If Section VIII of this Standard applies, include the process weight rate (PWR) in ton per hour for each applicable source or process.)</i>
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 5 Volatile Organic Compounds
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 5.2 Nitrogen Oxides Lowest Achievable Emission Rate
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 7 Prevention of Significant Deterioration (PSD)
<input type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 7.1 Nonattainment New Source Review (NSR)
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Standard No. 8 Toxic Air Pollutants (TAPs) (state only)
<input checked="" type="checkbox"/>	S.C. Regulation 61-62.6 Control of Fugitive Particulate Matter
<input checked="" type="checkbox"/>	S.C. Regulation 61-62.60 and 40 CFR Part 60 New Source Performance Standards (NSPS)
<input checked="" type="checkbox"/>	S.C. Regulation 61-62.61 and 40 CFR Part 61 National Emission Standards for Hazardous Air Pollutants (NESHAP)
<input checked="" type="checkbox"/>	S.C. Regulation 61-62.63 and 40 CFR Part 63 National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories
<input checked="" type="checkbox"/>	40 CFR Part 64 Compliance Assurance Monitoring (CAM)
<input type="checkbox"/>	S.C. Regulation 61-62.68 and 40 CFR Part 68 Chemical Accident Prevention Provisions
<input type="checkbox"/>	S.C. Regulation 61-62.70 and 40 CFR Part 70 Title V Operating Program
<input checked="" type="checkbox"/>	Other S.C. Air Pollution Control Regulations, as applicable.
<input type="checkbox"/>	Other Federal Air Pollution Control Regulations, as applicable.
<input type="checkbox"/>	40 CFR 98 Green House Gas (GHG) emissions <i>(Note: Quantify GHG emissions, if S.C. Regulation 61-62.5, Standard No. 7 or S.C. Regulation 61-62.5, Standard No. 7.1 is triggered.)</i>



**Bureau of Air Quality
Construction Permit Application
Page 14 of 14**

Completeness Checklist:

For applicable federal and state regulations, the narrative should address the specific limitations, monitoring, recordkeeping, and reporting requirements associated with the new or altered source(s). Include the specific regulatory citations. Check all that have been reviewed and addressed in the narrative.

Check Box	Completeness Checklist:
Applicability Determination:	
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Is this regulation <i>applicable, reasonably applicable, potentially applicable, or not applicable</i>?
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Is the basis for the applicability determination explained?
Affected Sources:	
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Is the name and identification of each emission source or process included?
Compliance Demonstration:	
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> How will compliance be demonstrated?
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Are specific methods or activities to be utilized by the facility to demonstrate compliance with each specific limitation and/or requirement provided?
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Are control devices and control device requirements included?
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Are monitoring, recordkeeping, and reporting requirements necessary to demonstrate compliance included?
Regulatory Citations:	
<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Are the regulatory citations identified?



**Bureau of Air Quality
Emission Point Information
Page 1 of 5**

A. APPLICATION IDENTIFICATION

1. Facility Name: Silfab Solar	
2. SC Air Permit Number (if known; 8-digits only): -	3. Application Date: 06/01/2023 (revised 07/01/24)
4. Project Description: Solar panel manufacturing facility	
5. Are other facilities collocated for air compliance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. If Yes, provide permit numbers of collocated facilities:

B. AIR CONTACT

Consulting Firm Name (if applicable): S&ME, Inc.			
Title/Position: Sr. Environmental Scientist	Salutation: Mr.	First Name: Marty	Last Name: Jones
Mailing Address: 48 Brookfield Oaks Drive, Suite F			
City: Greenville		State: SC	Zip Code: 29607
E-mail Address: mjones@smeinc.com		Phone No.: 864-297-9944	Cell No.: 864-630-2956

C. EMISSION POINT DISPERSION PARAMETERS

- Source data requirements are based on the appropriate source classification.
- Each emission point is classified as a point, flare, area, area circular, area polygon, volume, open pit, line, or buoyant line source.
- Contact the Bureau of Air Quality for clarification of data requirements.
- Include sources on a scaled site map. Also, a picture of area or volume sources would be helpful but is not required.
- A user generated document or spreadsheet may be substituted in lieu of this form provided all of the required emission point parameters are submitted in the same order, units, etc. as presented in these tables.

Abbreviations / Units of Measure:

- | | | |
|--|---------------------------|---------------------------------------|
| • AGL = Above Ground Level | • °F = Degrees Fahrenheit | • K = Kelvin |
| • BTU/hr = British Thermal Unit per hour | • ft = feet | • m = meters |
| • ° = Degrees | • ft/s = feet per second | • UTM = Universal Transverse Mercator |



**Bureau of Air Quality
Emission Point Information
Page 2 of 5**

Reminder: For all Emission Points, list the unique Emission Point ID for that source. Use the same emission point ID as shown in the current permit and provided in the last modeling submittal (as applicable). If the emission point ID has been changed from what was previously submitted, please list the current emission point ID with the old emission point ID in parenthesis

D. POINT SOURCE													
Emission Point ID	Description/Name	UTM Coordinates (NAD83)		Release Height AGL (ft)	Exit Temp. (°F)	Exit Velocity (ft/s)	Inside Diameter (ft)	Discharge Orientation	Rain Cap? (Y/N)	Distance To Nearest Property Boundary (ft)	Building		
		Easting (m)	Northing (m)								Height (ft)	Length (ft)	Width (ft)
P1ACID	Phase 1 Only Operating	504946	3880896	50	78	31.58	5.5	Vertical	No	175	50	850	260
P1ACID and P2ACID	Phase 1 and 2 Operating	504955	3880901	50	78	49.13	5.5	Vertical	No	175	50	850	260
HF-BST-01	30,000 Liter Hydrofluoric Acid Tank	504925	3880882	Vents through Acid Scrubber (P1ACID)									
HF-BST-02	30,000 Liter Hydrofluoric Acid Tank	504928	3880884	Vents through Acid Scrubber (P2ACID)									
HCL-BST-01	20,000 Liter Hydrochloric Acid Tank	504932	3880885	Vents through Acid Scrubber (P1ACID)									
HCL-BST-02	20,000 Liter Hydrochloric Acid Tank	504935	3880887	Vents through Acid Scrubber (P2ACID)									

E. FLARE SOURCE													
Emission Point ID	Description/Name	UTM Coordinates (NAD83)		Release Height AGL (ft)	Heat Release Rate (BTU/hr)	Exit Velocity (ft/s)	Exit Temp. (°F)	Heat Loss Fraction	Distance To Nearest Property Boundary (ft)	Building			
		Easting (m)	Northing (m)							Height (ft)	Length (ft)	Width (ft)	



**Bureau of Air Quality
Emission Point Information
Page 3 of 5**

F. AREA SOURCE									
Emission Point ID	Description/Name	UTM Coordinates (NAD83)		Release Height AGL (ft)	Easterly Length (ft)	Northerly Length (ft)	Angle From North (°)	Initial Vertical Dimension σ_z (ft)	Distance To Nearest Property Boundary (ft)
		Easting (m)	Northing (m)						

G. AREA CIRCULAR SOURCE								
Emission Point ID	Description/Name	UTM Coordinates (NAD83)		Release Height AGL (ft)	Radius of Area (ft)	Number of Vertices	Initial Vertical Dimension σ_z (ft)	Distance To Nearest Property Boundary (ft)
		Easting (m)	Northing (m)					

H. AREA POLYGON SOURCE								
Emission Point ID	Description/Name	UTM Coordinates (NAD83)		Release Height AGL (ft)	Initial Vertical Dimension (ft)	Number of Vertices	Area (ft ²)	Distance To Nearest Property Boundary (ft)
		Easting-1 (m)	Northing-1 (m)					

I. VOLUME SOURCE									
Emission Point ID	Description/Name	UTM Coordinates (NAD83)		Release Height AGL (ft)	Physical Horizontal Dimension (ft)	Initial Horizontal Dimension σ_y (ft)	Physical Vertical Dimension (ft)	Initial Vertical Dimension σ_z (ft)	Distance To Nearest Property Boundary (ft)
		Easting (m)	Northing (m)						



**Bureau of Air Quality
Emission Point Information
Page 4 of 5**

J. OPEN PIT SOURCE								
Emission Point ID	Description/Name	UTM Coordinates (NAD83)		Release Height AGL (ft)	Easterly Length (ft)	Northerly Length (ft)	Pit Volume (ft ³)	Angle From North (°)
		Easting (m)	Northing (m)					

K. LINE SOURCE									
Emission Point ID	Description/Name	UTM Coordinates (NAD83)				Release Height AGL (ft)	Line Length (ft)	Line Width (ft)	Initial Vertical Dimension σ_z (ft)
		Start Easting (m)	Start Northing (m)	End Easting (m)	End Northing (m)				

L. BUOYANT LINE SOURCE (must complete Line Source and Buoyant Line Source tables)							
Emission Point ID	Description/Name	Average Building Length (ft)	Average Building Height (ft)	Average Building Width (ft)	Average Line Source Width (ft)	Average Building Separation (ft)	Average Buoyancy Parameter (m ⁴ /s ³)

M. EMISSION RATES						
Emission Point ID	Pollutant Name	CAS #	Emission Rate (lb/hr)	Same as Permitted? ⁽¹⁾	Controlled or Uncontrolled	Averaging Period
P1ACID	HF Acid - from Phase 1 only	7664-39-3	0.053	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr
P1ACID	HCl Acid - from Phase 1 only	7647-01-0	0.994	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr
P1ACID and P2ACID	HF Acid - Phase 1 and 2 operating	7664-39-3	0.086	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr



**Bureau of Air Quality
Emission Point Information
Page 5 of 5**

M. EMISSION RATES						
Emission Point ID	Pollutant Name	CAS #	Emission Rate (lb/hr)	Same as Permitted? ⁽¹⁾	Controlled or Uncontrolled	Averaging Period
P1ACID and P2ACID	HCl Acid - Phase 1 and 2 operating	7647-01-0	1.739	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr
P1ACID	PM-10		0.023	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr
P1ACID	PM-2.5		0.023	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr
P1ACID and P2ACID	PM-10		0.023	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr
P1ACID and P2ACID	PM-2.5		0.023	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Controlled	1-hr
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

(1) Any difference between the rates used for permitting and the air compliance demonstration must be explained in the application report.