

**San Diego County Air Pollution Control District**  
**10124 Old Grove Road San Diego CA 92131-1649**  
**(858) 586-2600 FAX (858) 586-2601**

**TITLE V APPLICATION**  
**Stationary Source Summary (FORM 1401-A1)**

|                              |   |
|------------------------------|---|
| <b>Company Name</b><br>_____ | <b>District Use Only</b><br>NEDS # _____<br>SITE ID # _____ |
|------------------------------|---|

**I. FACILITY IDENTIFICATION**

1. Facility Name (if different than company name): \_\_\_\_\_
2. Four digit SIC Code: \_\_\_\_\_
3. Parent Company (if different than Company Name): \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Street Address or Source Location: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. UTM Coordinates: \_\_\_\_\_
7. Source Located within 50 miles of a state line:  Yes  No (All sources **are** within 50 miles)
8. Source Located within 1000 feet of a school:  Yes  No
9. Type of Organization:  Corporation  Sole Ownership  Government  
 Partnership  Utility Company
10. Legal Owner's Name: \_\_\_\_\_
11. Owner's Agent name (if any): \_\_\_\_\_
12. Responsible Official: \_\_\_\_\_
13. Plant Site Manager/Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_
14. Application Contact: \_\_\_\_\_
15. Type of Facility: \_\_\_\_\_
16. General description of processes/products: \_\_\_\_\_
17. Is a Federal Risk Management Plan (RMP) pursuant to Section 112(r) required?  Yes  No  
 (If application is submitted after RMP due date, attach verification that plan is registered with the appropriate agency.)

| II. TYPE OF PERMIT ACTION<br>(check)                     | CURRENT PERMIT<br>(permit number) | EXPIRATION<br>(date) |
|--|-----------------------------------|----------------------|
| <input type="checkbox"/> Initial Title V Application     | N/A                               | N/A                  |
| <input type="checkbox"/> Permit Renewal                  |                                   |                      |
| <input type="checkbox"/> Significant Permit Modification |                                   |                      |
| <input type="checkbox"/> Minor Permit Modification       |                                   |                      |
| <input type="checkbox"/> Administrative Amendment        |                                   |                      |

**III. DESCRIPTION OF PERMIT ACTION**

1. Does the permit action requested involve:  Temporary Source  Voluntary Emissions Caps  
 Acid Rain Source  Alternative Operating Scenarios  Abatement Devices  
 CEMs  Permit Shield  
 Outdated SIP Requirement Streamlining  Multiple Applicable Requirement Streamlining  
 Source Subject to MACT Requirements [Section 112]  
 Source Subject to Enhanced Monitoring (40CFR64) [Compliance Assurance Monitoring]
2. Is source operating under a Compliance Schedule?  Yes  No  Proposed
3. Is source operating under a Variance  Yes  No (If Yes, please attach variance information)
4. For permit modification, provide a general description of the proposed permit modification:  
 \_\_\_\_\_

**IV. SUPPLEMENTAL ATTACHMENTS\*:** \_\_\_\_\_

\* Means all attachments to the complete application.

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**TITLE V APPLICATION  
 Stationary Source Summary (FORM 1401-A2)**

|                              |   |
|------------------------------|---|
| <b>Company Name</b><br>_____ | <b>District Use Only</b><br>NEDS # _____<br>SITE ID # _____ |
|------------------------------|---|

**I. MAJOR SOURCE APPLICABILITY**

Check appropriate pollutant(s) for which you are a Major Source under Title V. Applicability is based on potential to emit. **If more space is necessary, use additional forms. Please type or print legibly.**

| POLLUTANT                       | MAJOR SOURCE THRESHOLD<br>TOTAL EMISSIONS, TPY | (check if appropriate)   |
|---------------------------------|--|--------------------------|
| VOC                             | 100  | <input type="checkbox"/> |
| PM <sub>10</sub>                | 100  | <input type="checkbox"/> |
| SO <sub>2</sub>                 | 100  | <input type="checkbox"/> |
| NO <sub>x</sub>                 | 100  | <input type="checkbox"/> |
| CO                              | 100  | <input type="checkbox"/> |
| ODC                             | 100  | <input type="checkbox"/> |
| LEAD COMPOUNDS                  | 10   | <input type="checkbox"/> |
| <b>HAZARDOUS AIR POLLUTANTS</b> |  |                          |
| SINGLE HAP                      | 10   | <input type="checkbox"/> |
|                                 |  | <input type="checkbox"/> |
|                                 |  | <input type="checkbox"/> |
| COMBINATION HAP                 | 25   | <input type="checkbox"/> |
|                                 |  | <input type="checkbox"/> |
|                                 |  | <input type="checkbox"/> |
|                                 |  | <input type="checkbox"/> |

**Attach all necessary calculations to this form as applicable.** NOTE: Calculations are only needed if no Emission Inventory is on file with the District

Reference \_\_\_\_\_

Inventory Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Responsible Official

( ) \_\_\_\_\_  
Telephone No. of Responsible Official

\_\_\_\_\_  
Title of Responsible Official

**II. EMISSIONS CALCULATIONS ATTACHED (as needed)**

Yes     No

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**DISTRICT USE ONLY**

**Date Application Received:** \_\_\_\_\_

**Application #** \_\_\_\_\_

**Application Filing Fee:** \_\_\_\_\_

**District Received Stamp:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**Fee Code:** \_\_\_\_\_