



Air Quality
ENVIRONMENTAL QUALITY

ROY COOPER
Governor

MICHAEL S. REGAN
Secretary

MICHAEL A. ABRACZINSKAS
Director

June 18, 2018

Mr. Tracy Swain
President
Renewable Green Inc.
149 Lilly Road
South Mills, NC 27976

**SUBJECT: Receipt of Permit Application
Greenfield Facility
Application No. 1500017.18A
Renewable Green Inc.
Facility ID: 1500017, South Mills, Camden County**

Dear Mr. Swain:

Your air permit application (1500017.18A) for Renewable Green Inc., located in Camden County, North Carolina received by this Division on June 11, 2018 has been deemed to be incomplete. Your air permit application request must include the following items:

A permit application processing fee:

Under the permit application processing fee schedule effective January 1, 2018, your required fee is \$400.00 for a synthetic minor facility. The amount of fee monies received was \$0.00; therefore, the amount due is \$400.00.

Zoning requirement:

For your application to be deemed complete, you must submit documentation demonstrating compliance with the requirements under 15A NCAC 2Q.0113 for property without zoning. You must provide public notification as set out in Rule 2Q .0113 and as outlined below.

- (a) The permit applicant shall publish a legal notice in a newspaper of general circulation in the area where the source is or will be located at least two weeks before submitting the permit application for the source. The notice shall identify:
 - (1) the name of the affected facility;
 - (2) the name and address of the permit applicant; and
 - (3) the activity or activities involved in the permit action.

- (b) The permit applicant shall submit with the permit application to the Division of Air Quality an affidavit and proof of publication (an affidavit is acceptable for proof of publication) that the legal notice was published.

Zoning Consistency Determination

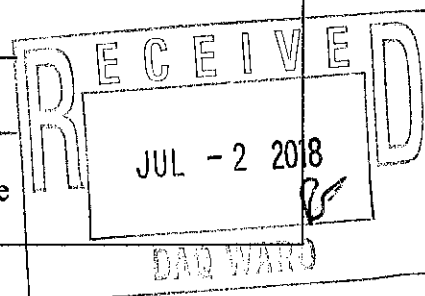
Facility Name RENEWABLE GREEN
Facility Street Address 213 GAILBERLY ROAD
Facility City South Mills NC 27976
Description of Process Agriculture
SIC/NAICS Code _____
Facility Contact TRACY SWAIN
Phone Number 252-333-7350
Mailing Address 149 Lilly Road
Mailing City, State Zip South Mills, NC 27976

Based on the information given above:

- I have received a copy of the air permit application (draft or final) AND...
- There are no applicable zoning ordinances for this facility at this time
- The proposed operation IS consistent with applicable zoning ordinances
- The proposed operation IS NOT consistent with applicable zoning ordinances
(please include a copy of the rules in the package sent to the air quality office)
- The determination is pending further information and can not be made at this time
- Other: Operation is exempt from zoning regulations

Agency Camden County Planning
Name of Designated Official Dan B. Porter
Title of Designated Official Director of Planning
Signature Dan B. Porter
Date 6/27/17

Please forward to the facility mailing address listed above and the air quality office at the appropriate address as checked on the back of this form.





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 | <input type="checkbox"/> Application Fee (if required) |
| <input type="checkbox"/> Responsible Official/Authorized Contact Signature | <input type="checkbox"/> P.E. Seal (if required) | |

GENERAL INFORMATION

Legal Corporate/Owner Name:

Site Name: Renewable Green Inc.

Site Address (911 Address) Line 1: 211 Gallberry Road

Site Address Line 2:

City: South Mills

State: NC

Zip Code: 27976 County: Camden

CONTACT INFORMATION

Responsible Official/Authorized Contact:

Name/Title: Tracy Swain / President

Mailing Address Line 1: 149 Lilly Road

Mailing Address Line 2:

City: South Mills NC

Zip Code: 27976

Primary Phone No.: 252-333-7350

Fax No.: 252-771-3069

Secondary Phone No.: 252-771-8147

Email Address: swain1@centurylink.net

Facility/Inspection Contact:

Name/Title: Tracy Swain / President

Mailing Address Line 1: 149 Lilly Road

Mailing Address Line 2:

City: South Mills NC

State: NC

Zip Code: 27976

Primary Phone No.: 252-333-7350

Fax No.: 252-771-8147

Secondary Phone No.: 252-771-8147

Email Address: swain1@centurylink.net

Invoice Contact:

Name/Title: Tracy Swain

Mailing Address Line 1:

Mailing Address Line 2:

City:

State:

Zip Code:

Primary Phone No.:

Fax No.:

Secondary Phone No.:

Email Address:

Perm/Technical Contact:

Name/Title: Tracy Swain President

Mailing Address Line 1: 149 Lilly Road

Mailing Address Line 2:

City: South Mills NC

Zip Code: 27976

Primary Phone No.: 252-333-7350

Fax No.: 252-771-3069

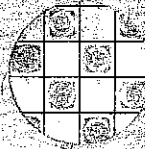
Secondary Phone No.: 252-771-8147

Email Address: swain1@centurylink.net

APPLICATION IS BEING MADE FOR

DOCUMENT INCLUDES VISIBLE FIBERS, CHEMICAL REACTIVE PROPERTIES AND FEATURES A FOIL HOLOGRAM

RENEWABLE GREEN, INC.
149 LILLY ROAD
SOUTH MILLS, NC 27976



Select Bank & Trust

66-1233/531

2609

NUMBER

DATE
Jun 15, 2018

AMOUNT
400.00

PAY Four Hundred and 00/100 Dollars

TO THE
ORDER
OF

NCDEQ
WASHINGTON REGIONAL OFFICE
943 WASHINGTON SQUARE MALL
WASHINGTON, NC 27889



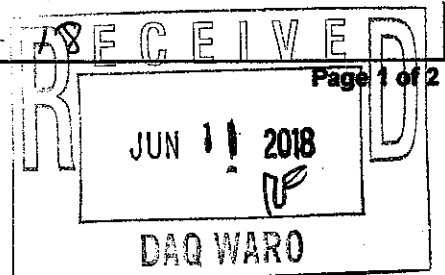
AUTHORIZED SIGNATURE

Memo: Application Fee

X Signature (Blue Ink):

Date:

Attach Additional Sheets As Necessary



Page 1 of 2

WARO PERMIT TRACKING FORM

PERMIT COORDINATOR CHECK LIST

Facility name: Renovable Area 4c

APP # _____

Assign app. To: Betsy

Date assigned: 6/18/19

Fee received: \$ 0

Additional amount needed: \$400

Zoning consistency received: Yes No N/A

Recycling form received: Yes No N/A

Application type: New Renewal Modification Name change Ownership change Admin. Tax Cert.

Rescission Other (specify): _____

Processing schedule: State Title V PSD

Confidential information: Yes No

PE Seal needed? Yes No N/A

Correct number of copies received? Yes No

Send acknowledgment letter: Yes No

Add event to IBEAM: Yes No

Copy of application send to RCO (for P&O review): Yes No N/A

Emission inventory received: Yes No N/A

Air Toxics Modifications: Yes No N/A

AUTHORIZED CONTACT UPDATE: Yes

ADMINISTRATIVE CHECK LIST:

IBEAM loaded: Yes No N/A

Acknowledgment letter sent: Yes No N/A

PERMIT ENGINEER CHECK LIST

Was the last inspection within the previous 12 months (for renewal & modification)? Yes No N/A

Inspector notified about the application: Regional review done (for Title V permit only):

Modeling: A copy has been forwarded to Air Quality Analysis Branch? Yes No N/A

Closeout information:

Permit No. _____ Date: Issued: _____ Effective: _____ Expiration: _____

Permit class info: Before: Small Synthetic Minor Title V General Prohibitory Small

After: Small Synthetic Minor Title V General Prohibitory Small

IBEAM

Permit closed/Comprehensive report printed Permit/Review uploading to DOCUMENTS WORK

Pollutant yearly data (potential only) updated in FEES IBEAM: Facility information updated in FACILITIES

Facility General: NSPS: MACT: Air Program: Pollutant: Compliance:

Permit scanned as PDF-OCR and uploaded to Documents General: Public

Permit Emailed to Authorized Contact:

TECHNICIAN I

IBEAM: Facility information updated in FACILITIES

Facility General: NSPS: MACT: Air Program: Pollutant: Compliance:

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 | <input type="checkbox"/> Application Fee (if required) |
| <input type="checkbox"/> Responsible Official/Authorized Contact Signature | <input type="checkbox"/> P.E. Seal (if required) | |

GENERAL INFORMATION

Legal Corporate/Owner Name:

Site Name: Renewable Green Inc.
Site Address (911 Address) Line 1: 211 Gallberry Road
Site Address Line 2:

City: South Mills **State:** NC
Zip Code: 27976 **County:** Camden

CONTACT INFORMATION

Responsible Official/Authorized Contact:

Name/Title: Tracy Swain / President
Mailing Address Line 1: 149 Lilly Road
Mailing Address Line 2:
City: South Mills NC **Zip Code:** 27976
Primary Phone No.: 252-333-7350 **Fax No.:** 252-771-3069
Secondary Phone No.: 252-771-8147
Email Address: swaint1@centurylink.net

Invoice Contact:

Name/Title: Tracy Swain
Mailing Address Line 1:
Mailing Address Line 2:
City: **State:** **Zip Code:**
Primary Phone No.: **Fax No.:**
Secondary Phone No.:
Email Address:

Facility/Inspection Contact:

Name/Title: Tracy Swain / President
Mailing Address Line 1: 149 Lilly Road
Mailing Address Line 2:
City: South Mills NC **State:** NC **Zip Code:** 27976
Primary Phone No.: 252-333-7350 **Fax No.:** 252-771-8147
Secondary Phone No.: 252-771-8147
Email Address: swaint1@centurylink.net

Permit/Technical Contact:

Name/Title: Tracy Swain President
Mailing Address Line 1: 149 Lilly Road
Mailing Address Line 2:
City: South Mills NC **Zip Code:** 27976
Primary Phone No.: 252-333-7350 **Fax No.:** 252-771-3069
Secondary Phone No.: 252-771-8147
Email Address: swaint1@centurylink.net

APPLICATION IS BEING MADE FOR

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> New Non-permitted Facility/Greenfield | <input type="checkbox"/> Modification of Facility (permitted) | <input type="checkbox"/> Renewal Title V | <input type="checkbox"/> Renewal 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 checked="" type="checkbox"/> Synthetic Minor | <input type="checkbox"/> Title V |
|----------------------------------|--------------------------------|--|---|----------------------------------|

FACILITY (Plant Site) INFORMATION

Describe nature of (plant site) operation(s): Debarkig and chipping hardwood and pine pulpwood. Fumigation of import/export logs and chips with methyl bromide and or phosphine as mandated by USDA or as certified by USDA to foreign governments.

36 30.782 76 19.021

Primary SIC/NAICS Code: **Facility ID No.:**
Current/Previous Air Permit No.: **Expiration Date:**

Facility Coordinates: **Latitude:** 36.513010 **Longitude:** -76.317035

Does this application contain confidential data? YES NO *****If yes, please contact the DAQ Regional Office prior to submitting this application.*** (See Instructions)**

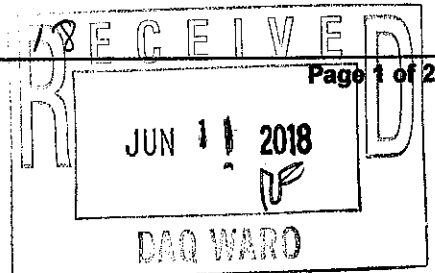
PERSON OR FIRM THAT PREPARED APPLICATION

Person Name: Tracy Swain / President
Mailing Address Line 1: 149 Lilly Road
City: South Mills **State:** NC **Zip Code:** **County:**
Phone No.: 252-333-7350 **Fax No.:** 252-771-3069 **Email Address:**

SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT

Name (typed): **Title:**
X Signature (Blue Ink): *Tracy Swain* **Date:** 6-8-18

Attach Additional Sheets As Necessary



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

EMISSION SOURCE LISTING: New, Modified, Previously Unpermitted, Replaced, Deleted			
EMISSION SOURCE ID NO.	EMISSION SOURCE DESCRIPTION	CONTROL DEVICE ID NO.	CONTROL DEVICE DESCRIPTION
Equipment To Be ADDED By This Application (New, Previously Unpermitted, or Replacement)			
ES1	SPHINE TABLETS EMISSIONS FROM FUMIGATION ACTIV		
ES2	THYL BROMIDE EMISSIONS FROM FUMIGATION ACTIVIT		
ES3	DEBARKER ENGINE -DIESEL		
ES4	CHIPPER ENGINE - DIESEL		
Existing Permitted Equipment To Be MODIFIED By This Application			
Equipment To Be DELETED By This Application			

112(r) APPLICABILITY INFORMATION			A 3
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:			
A. Have you already submitted a Risk Management Plan (RMP) to EPA Pursuant to 40 CFR Part 68.10 or Part 68.150? <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? <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 (1, 2, or 3)	HAZARDOUS CHEMICAL	MAXIMUM INTENDED INVENTORY (LBS)

Attach Additional Sheets As Necessary

FORM B

SPECIFIC EMISSION SOURCE INFORMATION (REQUIRED FOR ALL SOURCES)

REVISED 09/22/16

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

B

EMISSION SOURCE DESCRIPTION: PHOSPHINE & METHYL BROMIDE EMISSIONS FROM FUMIGATION OF EXPORT IN SHIPPING CONTAINERS OR IN BULK.	EMISSION SOURCE ID NO: CONTROL DEVICE ID NO(S):
--	--

OPERATING SCENARIO _____ OF _____	EMISSION POINT (STACK) ID NO(S):
-----------------------------------	----------------------------------

DESCRIBE IN DETAIL THE EMISSION SOURCE PROCESS (ATTACH FLOW DIAGRAM):
 CONTAINERS IS STOCKED ON FENCED YARD, APPLY PHOSPHINE TABLETS INSIDE & SEALED. 72 TO 96 HOURS, CONTAINERS CAN BE TAKEN OFF FOR EXPORT. BULK CARGO IS STACKED ON CONCRETE. MONITORING, FANS & GAS LINES ARE PLACED AMID THE STACKED CARGO. BULK CARGO IS COVERED WITH A PLASTIC TARP & ARE SEALED. METHYLE BROMIDE GAS IS INJECTED INTO THE ENCLOSURES FROM PRESSURIZED CYLINDERS & THEN THE ENCLOSURES ARE HELD FOR AN EXPOSURE PERIOD THAT VARIES FROM 16 TO 72 HOURS OR MORE. AERATION IS ACCOMPLISHED THROUGH DUCT WORK & POWERED BY FANS THAT PULL THE REMNING FUMIGANT OUT OF THE STACKED CARGO & UP A VENTILATION TUBE 30' HIGH. WHEN THE FUMIGANT LEVEL IS ACCEPTABLE, TARPS ARE REMOVED. ONCE THE FUMIGATION EQUIPMENT IS REMOVED, BULK CARGO IS LOADED INTO SEALED CONTAINERS & TAKEN OFF SITE. ALL SEALED FUMIGANT VENTS INTO ATOSPHERE.

TYPE OF EMISSION SOURCE (CHECK AND COMPLETE APPROPRIATE FORM B1-B9 ON THE FOLLOWING PAGES):

<input type="checkbox"/> Coal,wood,oil, gas, other burner (Form B1)	<input type="checkbox"/> Woodworking (Form B4)	<input type="checkbox"/> Manuf. of chemicals/coatings/inks (Form B7)
<input type="checkbox"/> Int.combustion engine/generator (Form B2)	<input type="checkbox"/> Coating/finishing/printing (Form B5)	<input type="checkbox"/> Incineration (Form B8)
<input type="checkbox"/> Liquid storage tanks (Form B3)	<input type="checkbox"/> Storage silos/bins (Form B6)	<input checked="" type="checkbox"/> Other (Form B9)

START CONSTRUCTION DATE:	DATE MANUFACTURED:
MANUFACTURER / MODEL NO.:	EXPECTED OP. SCHEDULE: HR/DAY DAY/WK WK/YR

IS THIS SOURCE SUBJECT TO? NSPS (SUBPARTS?): NESHAP (SUBPARTS?):

PERCENTAGE ANNUAL THROUGHPUT (%): DEC-FEB MAR-MAY JUN-AUG SEP-NOV

CRITERIA AIR POLLUTANT EMISSIONS INFORMATION FOR THIS SOURCE

AIR POLLUTANT EMITTED	SOURCE OF EMISSION FACTOR	EXPECTED ACTUAL		POTENTIAL EMISSIONS			
		(AFTER CONTROLS / LIMITS)		(BEFORE CONTROLS / LIMITS)		(AFTER CONTROLS / LIMITS)	
		lb/hr	tons/yr	lb/hr	tons/yr	lb/hr	tons/yr
PARTICULATE MATTER (PM)							
PARTICULATE MATTER<10 MICRONS (PM ₁₀)							
PARTICULATE MATTER<2.5 MICRONS (PM _{2.5})							
SULFUR DIOXIDE (SO ₂)							
NITROGEN OXIDES (NO _x)							
CARBON MONOXIDE (CO)							
VOLATILE ORGANIC COMPOUNDS (VOC)	100%	50	9.9	50	9.9	50	9.9
LEAD							
OTHER							

HAZARDOUS AIR POLLUTANT EMISSIONS INFORMATION FOR THIS SOURCE

HAZARDOUS AIR POLLUTANT	CAS NO.	SOURCE OF EMISSION FACTOR	EXPECTED ACTUAL		POTENTIAL EMISSIONS			
			(AFTER CONTROLS / LIMITS)		(BEFORE CONTROLS / LIMITS)		(AFTER CONTROLS / LIMITS)	
			lb/hr	tons/yr	lb/hr	tons/yr	lb/hr	tons/yr
PHOSPHINE		50%	25	4.95	25	4.95	25	4.95
METHYL BROMIDE (74-83-9)		50%	25	4.95	25	4.95	25	4.95
			or		or		or	
			2000/wk		2000/wk		2000/wk	

TOXIC AIR POLLUTANT EMISSIONS INFORMATION FOR THIS SOURCE

TOXIC AIR POLLUTANT	CAS NO.	SOURCE OF EMISSION FACTOR	EXPECTED ACTUAL EMISSIONS AFTER CONTROLS / LIMITATIONS		
			lb/hr	lb/day	lb/yr
		N/A			

Attachments: (1) emissions calculations and supporting documentation; (2) indicate all requested state and federal enforceable permit limits (e.g. hours of operation, emission rates) and describe how these are monitored and with what frequency; and (3) describe any monitoring devices, gauges, or test ports for this source.

COMPLETE THIS FORM AND COMPLETE AND ATTACH APPROPRIATE B1 THROUGH B9 FORM FOR EACH SOURCE
Attach Additional Sheets As Necessary

FORM B2

EMISSION SOURCE (INTERNAL COMBUSTION ENGINES/TURBINES/GENERATORS)

REVISED 09/22/16

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

B2

EMISSION SOURCE DESCRIPTION: DEBARKER	EMISSION SOURCE ID NO:
	CONTROL DEVICE ID NO(S):

OPERATING SCENARIO: _____ OF _____	EMISSION POINT (STACK) ID NO(S):
ENGINE SERVICE <input type="checkbox"/> EMERGENCY <input type="checkbox"/> SPACE HEAT <input type="checkbox"/> ELECTRICAL GENERATION	
(CHECK ALL THAT APPLY) <input type="checkbox"/> PEAK SHAVER <input checked="" type="checkbox"/> OTHER (DESCRIBE): DEBARKING	

GENERATOR OUTPUT (KW):	ANTICIPATED ACTUAL HOURS OF OPERATION (HRS/YR):
------------------------	---

ENGINE OUTPUT (HP):			
TYPE ICE: <input type="checkbox"/> GASOLINE ENGINE	<input type="checkbox"/> DIESEL ENGINE UP TO 600 HP	<input type="checkbox"/> DIESEL ENGINE GREATER THAN 600 HP	<input type="checkbox"/> DUAL FUEL ENGINE
<input checked="" type="checkbox"/> OTHER (DESCRIBE): DIESEL (complete below)			

ENGINE TYPE <input type="checkbox"/> RICH BURN <input type="checkbox"/> LEAN BURN
EMISSION REDUCTION MODIFICATIONS <input type="checkbox"/> INJECTION TIMING RETARD <input type="checkbox"/> PREIGNITION CHAMBER COMBUSTION <input type="checkbox"/> OTHER _____

OR <input type="checkbox"/> STATIONARY GAS TURBINE (complete below)		<input type="checkbox"/> NATURAL GAS PIPELINE COMPRESSOR OR TURBINE (complete below)	
FUEL: <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OIL	ENGINE TYPE: <input type="checkbox"/> 2-CYCLE LEAN BURN <input checked="" type="checkbox"/> 4-CYCLE LEAN <input type="checkbox"/> TURBINE	<input type="checkbox"/> 4-CYCLE RICH BURN <input type="checkbox"/> OTHER (DESCRIBE): _____	
<input type="checkbox"/> OTHER (DESCRIBE): _____	CONTROLS: <input type="checkbox"/> COMBUSTION MODIFICATIONS (DESCRIBE): _____	<input type="checkbox"/> NONSELECTIVE CATALYTIC REDUCTION <input type="checkbox"/> SELECTIVE CATALYTIC REDUCTION	
CYCLE: <input type="checkbox"/> COGENERATION <input type="checkbox"/> SIMPLE	<input type="checkbox"/> CLEAN BURN AND PRECOMBUSTION CHAMBER <input type="checkbox"/> UNCONTROLLED		
<input type="checkbox"/> REGENERATIVE <input type="checkbox"/> COMBINED			
CONTROLS: <input type="checkbox"/> WATER-STEAM INJECTION			
<input type="checkbox"/> UNCONTROLLED <input type="checkbox"/> LEAN-PREMIX			
<input type="checkbox"/> OTHER (SPECIFY): _____			

FUEL USAGE (INCLUDE STARTUP/BACKUP FUEL)

FUEL TYPE	UNITS	MAXIMUM DESIGN CAPACITY (UNIT/HR)	REQUESTED CAPACITY LIMITATION (UNIT/HR)

FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)

FUEL TYPE	BTU/UNIT	UNITS	SULFUR CONTENT (% BY WEIGHT)

MANUFACTURER'S SPECIFIC EMISSION FACTORS (IF AVAILABLE)

POLLUTANT	NOX	CO	PM	PM10	VOC	OTHER
EMISSION FACTOR LB/UNIT						
UNIT						

DESCRIBE METHODS TO MINIMIZE VISIBLE EMISSIONS DURING IDLING, OR LOW LOAD OPERATIONS:

COMMENTS:

FORM B2

EMISSION SOURCE (INTERNAL COMBUSTION ENGINES/TURBINES/GENERATORS)

REVISED 09/22/16

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

B2

EMISSION SOURCE DESCRIPTION: CHIPPER	EMISSION SOURCE ID NO:
	CONTROL DEVICE ID NO(S):

OPERATING SCENARIO: _____ OF _____	EMISSION POINT (STACK) ID NO(S):
------------------------------------	----------------------------------

ENGINE SERVICE	<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> SPACE HEAT	<input type="checkbox"/> ELECTRICAL GENERATION
(CHECK ALL THAT APPLY)	<input type="checkbox"/> PEAK SHAVER	<input checked="" type="checkbox"/> OTHER (DESCRIBE): CHIPPING	

GENERATOR OUTPUT (KW):	ANTICIPATED ACTUAL HOURS OF OPERATION (HRS/YR):
------------------------	---

ENGINE OUTPUT (HP):

TYPE ICE:	<input type="checkbox"/> GASOLINE ENGINE	<input type="checkbox"/> DIESEL ENGINE UP TO 600 HP	<input type="checkbox"/> DIESEL ENGINE GREATER THAN 600 HP	<input type="checkbox"/> DUAL FUEL ENGINE
	<input checked="" type="checkbox"/> OTHER (DESCRIBE): DIESEL	(complete below)		

ENGINE TYPE	<input type="checkbox"/> RICH BURN	<input type="checkbox"/> LEAN BURN
-------------	------------------------------------	------------------------------------

EMISSION REDUCTION MODIFICATIONS	<input type="checkbox"/> INJECTION TIMING RETARD	<input type="checkbox"/> PREIGNITION CHAMBER COMBUSTION	<input type="checkbox"/> OTHER
----------------------------------	--	---	--------------------------------

OR <input type="checkbox"/> STATIONARY GAS TURBINE (complete below)	<input type="checkbox"/> NATURAL GAS PIPELINE COMPRESSOR OR TURBINE (complete below)
---	--

FUEL: <input type="checkbox"/> NATURAL GAS	<input type="checkbox"/> OIL	ENGINE TYPE: <input type="checkbox"/> 2-CYCLE LEAN BURN	<input checked="" type="checkbox"/> 4-CYCLE LEAN	<input type="checkbox"/> TURBINE
	<input type="checkbox"/> OTHER (DESCRIBE): _____		<input type="checkbox"/> 4-CYCLE RICH BURN	<input type="checkbox"/> OTHER (DESCRIBE): _____

CYCLE: <input type="checkbox"/> COGENERATION	<input type="checkbox"/> SIMPLE	CONTROLS: <input type="checkbox"/> COMBUSTION MODIFICATIONS (DESCRIBE): _____
	<input type="checkbox"/> REGENERATIVE	<input type="checkbox"/> NONSELECTIVE CATALYTIC REDUCTION
	<input type="checkbox"/> COMBINED	<input type="checkbox"/> SELECTIVE CATALYTIC REDUCTION

CONTROLS: <input type="checkbox"/> WATER-STEAM INJECTION	<input type="checkbox"/> CLEAN BURN AND PRECOMBUSTION CHAMBER	<input type="checkbox"/> UNCONTROLLED
<input type="checkbox"/> UNCONTROLLED	<input type="checkbox"/> LEAN-PREMIX	
<input type="checkbox"/> OTHER (SPECIFY): _____		

FUEL USAGE (INCLUDE STARTUP/BACKUP FUEL)

FUEL TYPE	UNITS	MAXIMUM DESIGN CAPACITY (UNIT/HR)	REQUESTED CAPACITY LIMITATION (UNIT/HR)

FUEL CHARACTERISTICS (COMPLETE ALL THAT ARE APPLICABLE)

FUEL TYPE	BTU/UNIT	UNITS	SULFUR CONTENT (% BY WEIGHT)

MANUFACTURER'S SPECIFIC EMISSION FACTORS (IF AVAILABLE)

POLLUTANT	NOX	CO	PM	PM10	VOC	OTHER
EMISSION FACTOR LB/UNIT						
UNIT						

DESCRIBE METHODS TO MINIMIZE VISIBLE EMISSIONS DURING IDLING, OR LOW LOAD OPERATIONS:

COMMENTS:

FORM D1

FACILITY-WIDE EMISSIONS SUMMARY

REVISED 09/22/16

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

D1

CRITERIA AIR POLLUTANT EMISSIONS INFORMATION - FACILITY-WIDE

AIR POLLUTANT EMITTED	EXPECTED ACTUAL EMISSIONS (AFTER CONTROLS / LIMITATIONS) tons/yr	POTENTIAL EMISSIONS (BEFORE CONTROLS / LIMITATIONS) tons/yr	POTENTIAL EMISSIONS (AFTER CONTROLS / LIMITATIONS) tons/yr
PARTICULATE MATTER (PM)			
PARTICULATE MATTER < 10 MICRONS (PM ₁₀)			
PARTICULATE MATTER < 2.5 MICRONS (PM _{2.5})			
SULFUR DIOXIDE (SO ₂)			
NITROGEN OXIDES (NO _x)			
CARBON MONOXIDE (CO)			
VOLATILE ORGANIC COMPOUNDS (VOC)	9.9	10+	10+
LEAD			
GREENHOUSE GASES (GHG) (SHORT TONS)			
OTHER			

HAZARDOUS AIR POLLUTANT EMISSIONS INFORMATION - FACILITY-WIDE

HAZARDOUS AIR POLLUTANT EMITTED	CAS NO.	EXPECTED ACTUAL EMISSIONS (AFTER CONTROLS / LIMITATIONS) tons/yr	POTENTIAL EMISSIONS (BEFORE CONTROLS / LIMITATIONS) tons/yr	POTENTIAL EMISSIONS (AFTER CONTROLS / LIMITATIONS) tons/yr
PHOSPHINE		4.95	10+	10+
METHYL BROMIDE	74-83-9	4.95	10+	10+

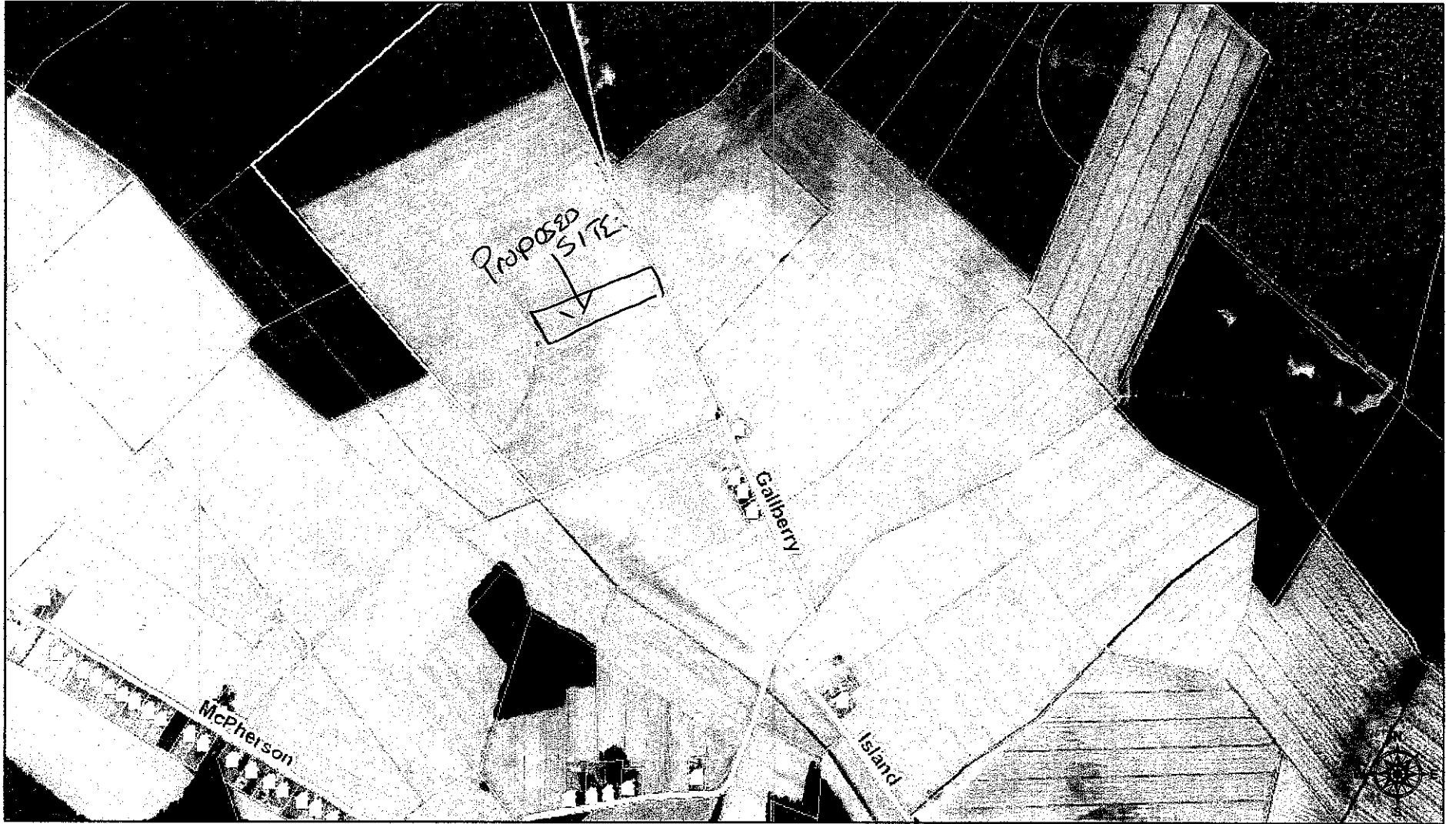
TOXIC AIR POLLUTANT EMISSIONS INFORMATION - FACILITY-WIDE

INDICATE REQUESTED ACTUAL EMISSIONS AFTER CONTROLS / LIMITATIONS. EMISSIONS ABOVE THE TOXIC PERMIT EMISSION RATE (TPER) IN 15A NCAC 2Q .0711 MAY REQUIRE AIR DISPERSION MODELING. USE NETTING FORM D2 IF NECESSARY.

TOXIC AIR POLLUTANT EMITTED	CAS NO.	lb/hr	lb/day	lb/year	Modeling Required ?	
					Yes	No
		N/A				

COMMENTS:

Attach Additional Sheets As Necessary



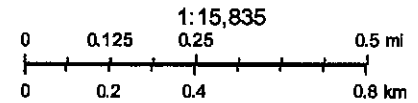
June 8, 2018

Streets

- Streets
- Main Roads

Addresses

- Parcels
- County Boundary



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