4200205.17A

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:

- ☐ Local Zoning Consistency Determination (new or modification only)
- ☐ Appropriate Number of Copies of Application
- ☐ Application Fee (if required)
- ☐ Responsible Official/Authorized Contact Signature
- ☐ P E Seal (if required)

NC Dept of Environmental Quality
NOV 13 2017
Raleigh Regional Office

GENERAL INFORMATION

Legal Corporate/Owner Name: Royal Pest Solutions Inc

Site Name: Josey Lumber Company

Site Address (911 Address) Line 1 [illegible] Meadow Rd

Site Address Line 2

City: Scotland Neck | State: NC

Zip Code: 278874 | County: Halifax

CONTACT INFORMATION

Responsible Official/Authorized Contact:		*Invoice Contact:*	
Name/Title: John Achzet, VP Operations		Name/Title: James Conroy, CFO	
Mailing Address Line 1: 53 McCullough Dr		Mailing Address Line 1: 53 McCullough Dr	
Mailing Address Line 2:		Mailing Address Line 2:	
City: New Castle State: DE	Zip Code: 19720	City: New Castle State: DE	Zip Code: 19720
Primary Phone No: 302-218-6375	Fax No: 302-322-6887	Primary Phone No: 302-613-5240	Fax No: 302-322-6887
Secondary Phone No:		Secondary Phone No.:	
Email Address: John.Achzet@royalpest.com		Email Address: James.Conroy@royalpest.com	

Facility/Inspection Contact:		*Permit/Technical Contact:*	
Name/Title: James Fealey, Regional Manager		Name/Title: Anne Bookout, VP & General Counsel	
Mailing Address Line 1: 4 Shipyard Boulevard		Mailing Address Line 1: 53 McCullough Dr	
Mailing Address Line 2:		Mailing Address Line 2:	
City: Wilmington State: NC	Zip Code: 28412	City: New Castle State: DE	Zip Code: 19720
Primary Phone No: 919-809-2989	Fax No.: 919-343-6291	Primary Phone No: 302-613-5242	Fax No: 302-322-6887
Secondary Phone No:		Secondary Phone No.:	
Email Address: James.Fealey@royalpest.com		Email Address: Anne.Bookout@royalpest.com	

APPLICATION IS BEING MADE FOR

- ☑ New Non-permitted Facility/Greenfield
- ☐ Modification of Facility (permitted)
- ☐ Renewal Title V
- ☐ Renewal Non Title V
- ☐ Name Change
- ☐ Ownership Change
- ☐ Administrative Amendment
- ☐ Renewal with Modification

FACILITY CLASSIFICATION AFTER APPLICATION (Check Only One)

- ☐ General
- ☐ Small
- ☐ Prohibitory Small
- ☑ Synthetic Minor
- ☐ Title V

FACILITY (Plant Site) INFORMATION

Describe nature of (plant site) operation(s): Fumigation of import/export logs in shipping containers with methyl bromide or phosphine as mandated by USDA or as certified by USDA to foreign governments

Facility ID No

RPS ROYAL Fumigation

Regional Service. Global Solutions.

doing business as RPS and as Royal Fumigation

November 8, 2017

By Federal Express Delivery

NC Dept of Environmental Quality

NOV 13 2017

Raleigh Regional Office

Roy P. Butler, Air Quality Regional Supervisor
North Carolina Division of Air Quality
Raleigh Regional Office
3800 Barrett Drive
Raleigh, NC 27609

Re: ***Application for Synthetic Minor Permit***
Fumigation of Import/Export Commodities with Methyl Bromide
476 Lees Meadow Road, Scotland Neck, NC 27874

Dear Mr. Butler:

Enclosed please find Royal Pest Solution's application for a synthetic minor air permit to conduct fumigation operations at the address listed above. I also enclose Royal's check in the amount of $400 in payment of the application fee.

Royal proposes to conduct fumigations of import/export commodities in shipping containers and in bulk at the location using methyl bromide. The containers will be fumigated in groups of 7 to 9 containers as described in the application, or in stacks of logs on the ground that are covered by a plastic sheet secured by weights. After the exposure period is completed emissions will be vented to the atmosphere. The site will be operated approximately 40 hours per week, but much of that will be "down time" as the containers are prepared and stacks assembled, the enclosures are then filled with fumigant and monitored for exposure periods of 16-72 hours, and then they are vented or "aerated" by opening container doors and removing tarps. All of this activity takes place under the direct supervision of USDA APHIS PPQ officers and in accordance with the EPA-approved product labels and the USDA Treatment Manual.

Given the physical capacity of the site for staging the flow of activity, we have calculated that on average 2.5 containers (or 2.5 containers' worth of bulk logs), containing up to 20 lb. of gas each, can be processed per hour. This calculation leads to the emissions information on Form B that 2,000 lbs. of methyl bromide could potentially be used each week, resulting in 50 lbs. per hour of emissions, and all limited to 9.9 tons per year in order to qualify for a synthetic minor permit.

I am not aware of other air permits for fumigation in your region; if there are few or none, I can refer you to Brad Newland in the Wilmington Regional Office. Mr. Newland has worked with us for some years and is familiar with our operations.

I will be available for any follow-up or additional information you may need and urge you to contact me at 302-613-5242 if I can expedite matters at all for you.

Sincerely,

Anne Bookout
Vice President & General Counsel

Enclosures: Air Permit Application
Application Fee Check

FORM A

GENERAL FACILITY INFORMATION

REVISED 09/22/16 | NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate | A

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NC Dept of Environmental Quality
NOV 13 2017
Raleigh Regional Office

GENERAL INFORMATION

Legal Corporate/Owner Name:	Royal Pest Solutions Inc.
Site Name:	Josey Lumber Company
Site Address (911 Address) Line 1:	476 Lees Meadow Rd.
Site Address Line 2:	
City: Scotland Neck	State: N
Zip Code: 278874	County: Halifax

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Mailing Address Line 2:		Mailing Address Line 2:	
City: New Castle State: DE Zip Code: 19720		City: New Castle State: DE Zip Code: 19720	
Primary Phone No.: 302-218-6375	Fax No.: 302-322-6887	Primary Phone No.: 302-613-5240	Fax No.: 302-322-6887
Secondary Phone No.:		Secondary Phone No.:	
Email Address: John.Achzet@royalpest.com		Email Address: James.Conroy@royalpest.com	
Facility/Inspection Contact:		***Permit/Technical Contact:***	
Name/Title: James Fealey, Regional Manager		Name/Title: Anne Bookout, VP & General Counsel	
Mailing Address Line 1: 1 Shipyard Boulevard		Mailing Address Line 1: 53 McCullough dr.	
Mailing Address Line 2:		Mailing Address Line 2:	
City: Wilmington State: NC Zip Code: 28412		City: New Castle State: DE Zip Code: 19720	
Primary Phone No.: 919-809-2989	Fax No.: 919-343-6291	Primary Phone No.: 302-613-5242	Fax No.: 302-322-6887
Secondary Phone No.:		Secondary Phone No.:	
Email Address: James.Fealey@royalpest.com		Email Address: Anne.Bookout@royalpest.com	

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Describe nature of (plant site) operation(s): Fumigation of import/export logs in shipping containers with methyl bromide or phosphine as mandated by USDA or as certified by USDA to foreign governments.

	Facility ID No.
Primary SIC/NAICS Code: 7343/561710	Current/Previous Air Permit No. (none) Expiration Date:
Facility Coordinates: Latitude: 36.1461	Longitude: -77.4080

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: Anne Bookout		Firm Name: Royal Pest Solutions Inc	
Mailing Address Line 1: 53 McCullough Drive		Mailing Address Line 2:	
City: New Castle	State: DE	Zip Code: 19720	County: New Castle
Phone No.: 302-613-5242	Fax No.: 302-322-6887	Email Address: Anne.Bookout@royalpest.com	

SIGNATURE OF RESPONSIBLE OFFICIAL/AUTHORIZED CONTACT

Name (typed): John Achzet	Title: VP Operations
X Signature(Blue Ink):	Date: 9 November 2017

Attach Additional Sheets As Necessary

FORM A (continued, page 2 of 2)

GENERAL FACILITY INFORMATION

SECTION AA1 - APPLICATION FOR NON-TITLE V PERMIT RENEWAL

_____ (Company Name) hereby formally requests renewal of Air Permit No. _____

There have been no modifications to the originally permitted facility or the operations therein that would require an air permit since the last permit was issued.

Is your facility subject to 40 CFR Part 68 "Prevnetion of Accidental Releases" - Section 112(r) of the Clean Air Act? ☐ YES ☐ NO

If yes, have you already submitted a Risk Manage Plan (RMP) to EPA? ☐ YES ☐ NO Date Submitted: _____

Did you attach a current emissions inventory? ☐ YES ☐ NO

If no, did you submit the inventory via AERO or by mail? ☐ Via AERO ☐ Mailed Date Mailed: _____

SECTION AA2- APPLICATION FOR TITLE V PERMIT RENEWAL

In accordance with the provisions of Title 15A 2Q .0513, the responsible official of _____ (Company Name) hereby formally requests renewal of Air Permit No. _____ (Air Permit No.) and further certifies that:

(1) The current air quality permit identifies and describes all emissions units at the above subject facility, except where such units are exempted under the North Carolina Title V regulations at 15A NCAC 2Q .0500;

(2) The current air quality permit cits all applicable requirements and provides the method or methods for determing compliance with the applicable requirements;

(3) The facility is currently in compliance, and shall continue to comply, with all applicable requiremetns. (Note: As provided under 15A NCAC 2Q .0512 compliance with the conditions of the permit shall be deemed compliance with the applicable requirements specifically identified in the permit);

(4) For applicable requirements that become effective during the term of the renewed permit that the facility shall comply on a timely basis;

(5) The facility shall fulfill applicable enhanced monitoring requirements and submit a compliance certification as required by 40 CFR Part 64.

The responsible official (signature on page 1) certifies under the penalty of law that all information and statements provided above, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

SECTION AA3- APPLICATION FOR NAME CHANGE

New Facility Name: _____

Former Facility Name: _____

An official facility name change is requested as described above for the air permit mentioned on page 1 of this form. Complete the other sections if there have been modifications to the originally premitted facility that would requie an air quality permit since the last permit was issued and if ther has been an ownership change associated with this name change.

SECTION AA4- APPLICATION FOR AN OWNERSHIP CHANGE

By this application we hereby request transfer of Air Quality Permit No. _____ from the former owner to the new owner as described below. The transfer of permit responsibility, coverage and liability shall be effective _____ (immediately or insert date.) The legal ownership of the facility described on page 1 of this form has been or will be transferred on _____ (date). There have been no modifications to the originally permitted facility that would require an air quality permit since the last permit was issued.

Signature of New (Buyer) Responsible Official/Authorized Contact (as typed on page 1):

X Signature (Blue Ink): _____

Date:

New Facility Name:

Former Facility Name:

Signature of Former (Seller) Responsible Official/Authorized Contact:

Name (typed or print):

Title:

X Signature (Blue Ink): _____

Date:

Former Legal Corporate/Owner Name:

In lieu of the seller's signature on this form, a letter may be submitted with the seller's signature indicating the ownership change

SECTION AA5- APPLICATION FOR ADMINISTRATIVE AMENDMENT

Describe the requested administrative amendment here (attach additional documents as necessary):

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)			
ES-1	methyl bromide or phosphine emissions from fumigation activities	none	none
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? ☐ Yes ☑ No

If No, please specify in detail how your facility avoided applicability: Chemicals are either not on the Section 68.130 List of substances (i.e., methyl bromide) or are not present in threshold quantity (i.e., phosphine).

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?

☐ Yes ☐ 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?

☐ Yes ☐ 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 A4

SURVEY OF AIR EMISSIONS AND FACILITY - WIDE REDUCTION & RECYCLING ACTIVITIES

DATE: 9 November 20 | Does facility have an environmental mangement system in place? (X) YES ( ) NO If so, is facility ISO 14000 Certified? ( ) YES (X) NO

Facility Name: RPS Fumigation Facility		Permit Number n/a	
Facility ID:	County: Halifax	Environmental Contact:	Anne Bookout
Mailing Address Line 1476 Lees Meadow Rd.		Phone No. (302) 613-5242	Fax No. (302) 322-6887
Mailing Address Line 2:		Zip Code: 27874	County: Halifax
City: Scotland Neck	State: NC	Email Address___	

AIR EMISSIONS SOURCE REDUCTIONS

Any Air Emissions Source Reductions in the past year? ( ) YES ( ) NO

Source Description and ID	Air Pollutant	Enter Code for Emission Reduction Option (See Codes)	Date Reduction Option Implemented (mo/yr)	Quantity Emitted from prior annual report to DAQ (lb/yr)	Quantity Emitted from current annual report to DAQ (lb/yr)	Has reduction activity been discontinued? If so, when was it discontinued? (mo/yr)	Addition detail about source
coal fired boiler ES1 and fleets	NOx	C16 & C10	Jun-04	1.98E+06	1.87E+06	Dec-04	Fleet idling improvements and boiler improvements
			n/a				

Comments:

FACILITY - WIDE REDUCTIONS & RECYCLING ACTIVITIES

Any Reductions or Recycling Activities in the past year? ( ) YES ( ) NO

Source Description or Activity	Pollutant or Recycled or Reduced Material	Enter Code for Emission Reduction Option (See Codes)	Date Reduction Option Implemented (mo/yr)	Quantity Emitted from prior annual report	Quantity Emitted from current annual report	Has reduction activity been discontinued? If so, when was it discontinued? (mo/yr)	Addition detail about source
Energy Conservation and Implemented EMS	Reduced Electric and raw material usage	C14 & C18	Jan-05	500,000 kWh/yr raw materials 100 tons/yr	300,000 kWh/yr raw materials 80 tons/yr	NO	Through implementation of an EMS reduced energy use
			n/a				

Comments:

The requested information above shall be used for fulfilling the requirements of North Carolina General Statute 143-215.108(g). The permit holder shall submit to the Department a written description of current and projected plans to reduce the emissions of air pollutants by source reduction or recycling. The written description shall accompany any application for a new permit, modification of an existing permit and for each annual air quality permit fee payment. Source reduction is defined as reducing the amount of any hazardous substance, pollutant, or contaminant entering any waste stream or otherwise released into the environment (including fugitive emissions) prior to recycling, treatment, or disposal. If no activity has taken place since the previous report, simply indicate so by checking the no box in that section. Once completed, this form should be submitted along with your fee payment. Examples are listed on the first line of each section of the form for your benefit.

N.C. Division of Pollution Prevention and Environmental Assistance

Pollution Prevention Pays

REV-2002 1/07

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: Fumigant emissions from fumigation of import/export commodities in shipping containers	EMISSION SOURCE ID NO:
	CONTROL DEVICE ID NO(S):
OPERATING SCENARIO 1 OF 1	EMISSION POINT (STACK) ID NO(S)

DESCRIBE IN DETAILTHE EMISSION SOURCE PROCESS (ATTACH FLOW DIAGRAM): Shipping containers loaded with commodities are lined up in groups of 7 to 12, fans and monitoring and gas lines are placed inside the containers, and the container doors are closed. Methyl bromide gas is injected into the enclosures from pressurized cylinders, and then the enclosures are held for an exposure period that varies from 16 to 72 hours or more. Aeration is accomplished by opening the container doors. Once the ambient concentration level dictated by the product label is reached, the container doors are closed and sealed, and the containers are drayed to a port for loading onto a ship. All aerated fumigant vents into the atmosphere.

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

- ☐ Coal,wood,oil, gas, other burner (Form B1)
- ☐ Int.combustion engine/generator (Form B2)
- ☑ Liquid storage tanks (Form B3)
- ☐ Woodworking (Form B4)
- ☐ Coating/finishing/printing (Form B5)
- ☐ Storage silos/bins (Form B6)
- ☐ Manuf. of chemicals/coatings/inks (Form B7)
- ☐ Incineration (Form B8)
- ☑ Other (Form B9)

START CONSTRUCTION DATE: Mid-Sep. 2017 DATE MANUFACTURED: n/a

MANUFACTURER / MODEL NO.: n/a EXPECTED OP. SCHEDULE: 8 HR/DAY 5 DAY/WK 52 WK/YR

IS THIS SOURCE SUBJECT TO? ☐ NSPS (SUBPARTS?): no ☐ NESHAP (SUBPARTS?): no

PERCENTAGE ANNUAL THROUGHPUT (%): DEC-FEB 25 MAR-MAY 25 JUN-AUG 25 SEP-NOV 25

CRITERIA AIR POLLUTANT EMISSIONS INFORMATION FOR THIS SOURCE

AIR POLLUTANT EMITTED	SOURCE OF EMISSION FACTOR	EXPECTED ACTUAL (AFTER CONTROLS / LIMITS)		POTENTIAL EMISSIONS (BEFORE CONTROLS / LIMITS)		POTENTIAL EMISSIONS (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 (SO2)							
NITROGEN OXIDES (NOx)							
CARBON MONOXIDE (CO)							
VOLATILE ORGANIC COMPOUNDS (VOC): methyl bromide	100% emitted	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 (AFTER CONTROLS / LIMITS)		POTENTIAL EMISSIONS (BEFORE CONTROLS / LIMITS)		POTENTIAL EMISSIONS (AFTER CONTROLS / LIMITS)	
			lb/hr	tons/yr	lb/hr	tons/yr	lb/hr	tons/yr
Methyl bromide	74-83-9	100% emitted	50	9.9	50	9.9	50	9.9
			or		or		or	
			2000/wk		2000/wk		2000/wk	

These calculations assume a 40-hr. work week, such that 2000 ÷ 40 = 50 lbs./hr of methyl bromide. They also assume 2-3 shipping containers can be processed per hour, with each container being treated with 20 lbs. of methyl bromide. It should be noted that the operation actually involves considerable down-time, as the fumigant is injected into the enclosures and then held for an exposure period of from 16-72 hours or more before the remaining fumigant is aerated.

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 B3

EMISSION SOURCE (LIQUID STORAGE TANK)

REVISED 12/01/01 **NCDENR/Division of Air Quality - Application for Air Permit to Construct/Operate** **B3**

EMISSION SOURCE DESCRIPTION: Fumigant emissions from fumigation of import/export commodities in shipping containers or in bulk.	EMISSION SOURCE ID NO:
	CONTROL DEVICE ID NO(S):
OPERATING SCENARIO: _____1_____ OF _____1_____	EMISSION POINT (STACK) ID NO(S):

EACH STORAGE TANK

DESCRIBE IN DETAIL THE STORAGE TANK (ATTACH FLOW DIAGRAM): Methyl bromide is applied to shipping containers as a gas from 225-lb. cylinders. Once emptied, the cylinders are returned to the distributor.

LIQUID STORED: methyl bromide GAS under pressure (approx. 180 psi)	LIQUID MOLECULAR WEIGHT (LB/LB-MOLE):	
TANK CAPACITY (GAL):	VAPOR MOLECULAR WEIGHT (LB/LB-MOLE):	
AVERAGE LIQUID SURFACE TEMPERATURE (F):	VAPOR PRESSURE AT AVE. LIQUID SURFACE TEMP (PSIA):	
MIN. LIQUID SURFACE TEMP (F):	MAX. LIQUID SURFACE TEMP (F):	MAX. TRUE VAPOR PRESS. (PSIA):
BULK LIQUID TEMPERATURE (F):	BREATHER VENT SETTINGS (PSIG) ____ VACUUM ____ PRESSURE	
SHELL DIAMETER (FT):	SHELL CONDITION: ___ GOOD ___ POOR	IS TANK HEATED: ___ YES _X__ NO
SHELL COLOR:	MAXIMUM THROUGHPUT (GAL/YR):	MAXIMUM TURNOVERS PER YEAR:
WORKING VOLUME (GAL):	ACTUAL THROUGHPUT (GAL/YR):	ACTUAL TURNOVERS PER YEAR:
MAX. FILLS PER DAY:	MAX. FILLING RATE (GAL/MIN):	MIN. DURATION OF FILL (HR/FILL):

VERTICAL FIXED ROOF TANKS

SHELL HEIGHT (FT):	ROOF TYPE: ___ CONE OR ___ DOME	ROOF HEIGHT (FT):
AVERAGE LIQUID HEIGHT (FT):	ROOF CONDITION: _____ GOOD OR _____ POOR	
MAXIMUM LIQUID HEIGHT (FT):	ROOF COLOR:	

HORIZONTAL TANKS

SHELL LENGTH (FT):	IS TANK UNDERGROUND ?: ___ YES ___ NO

FLOATING ROOF TANKS

DESCRIBE PERTINENT TANK DATA SUCH AS DECKS, RIM-SEALS, LIQUID DENSITY @ 60 DEG F:

DESCRIBE ANY MONITORING OR WARNING DEVICES (SUCH AS LEAK AND FUME DETECTION INSTRUMENTATION):

1. Monitoring: Gas concentration readings inside the fumigated containers are taken throughout the exposure period. Permitted devices = Fumiscope® or Spectros ContainIR®
2. Monitoring/Leak detection: MiniRae® is used for spot checks around the fumigation area .
3. Leak detection: Halide detectors may be used around the fumigation area for methyl bromide.

COMMENTS:

Attach Additional Sheets As Necessary

FORM B9

EMISSION SOURCE (OTHER)

REVISED: 12/01/01 NCDENR/Division of Air Quality - Application for Air Permit to Construct/Operate **B9**

EMISSION SOURCE DESCRIPTION: Methyl bromide or phosphine emiisions from fumigation operations	EMISSION SOURCE ID NO:
	CONTROL DEVICE ID NO(S):
OPERATING SCENARIO: 1 OF 1	EMISSION POINT (STACK) ID NO(S):

DESCRIBE IN DETAIL THE PROCESS (ATTACH FLOW DIAGRAM):

Shipping containers loaded with commodities are lined up in groups of 7 to 9, and bulk cargo is stacked on the ground. Fans and monitoring and gas lines are placed inside the containers or amid the stacked cargo; container doors are closed, bulk cargo is covered with a plastic "tarp," and both are sealed. Fumigant gas is injected into the enclosures from pressurized cylinders, and then the enclosures are held for an exposure period that varies from 16 to 72 hours or more. Aeration is accomplished by opening container doors and removing tarps from bulk cargo. When the fumigant level meets the product label requirements, the fumigation equipment is removed, the containers are sealed again and taken off site and the bulk cargo is removed. All aerated fumigant vents into the atmosphere.

MATERIALS ENTERING PROCESS - CONTINUOUS PROCESS		MAX. DESIGN	v
TYPE	UNITS	CAPACITY (UNIT/HR)	LIMITATION(UNIT/HR)

MATERIALS ENTERING PROCESS - BATCH OPERATION		MAX. DESIGN	REQUESTED CAPACITY
TYPE	UNITS	CAPACITY (UNIT/BATCH)	LIMITATION (UNIT/BATCH)
Methyl bromide gas injected into sealed containers	container	2.5 per hr.	40 batches per wk.
Methyl bromide gas injected into a tarped enclosure	enclosure	1 per hr.	2 batches per wk.

MAXIMUM DESIGN (BATCHES / HOUR): See below	
REQUESTED LIMITATION (BATCHES / HOUR): See below	(BATCHES/YR): see below
FUEL USED: n/a	TOTAL MAXIMUM FIRING RATE (MILLION BTU/HR):
MAX. CAPACITY HOURLY FUEL USE:	REQUESTED CAPACITY ANNUAL FUEL USE:

COMMENTS:

The size of a batch and a requested capacity based upon batches per year are not the best determination of the maximum emissions from this operation. All fumigant used is assumed to be emitted, so records of fumigant used are added up and, if it appears that the synthetic minor limit could be reached in any 12-month rolling period, operations will cease or be ramped back to stay within the limit.

Attach Additional Sheets as Necessary

FORM C9

CONTROL DEVICE (OTHER)

REVISED 09/22/16 NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate **C9**

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):
EMISSION POINT (STACK) ID NO(S):	POSITION IN SERIES OF CONTROLS: NO OF UNITS
OPERATING SCENARIO:	
_____ OF _____	P.E. SEAL REQUIRED (PER 2Q .0112)? ☐ YES ☐ NO

DESCRIBE CONTROL SYSTEM:

No control devices are used in these operations.

POLLUTANT(S) COLLECTED:				
BEFORE CONTROL EMISSION RATE (LB/HR):				
CAPTURE EFFICIENCY:	%	%	%	%
CONTROL DEVICE EFFICIENCY:	%	%	%	%
CORRESPONDING OVERALL EFFICIENCY:	%	%	%	%
EFFICIENCY DETERMINATION CODE:				
TOTAL AFTER CONTROL EMISSION RATE (LB/HR):				

PRESSURE DROP (IN. H_2O): _____ MIN _____ MAX	BULK PARTICLE DENSITY (LB/FT^3)
INLET TEMPERATURE (°F): _____ MIN _____ MAX	OUTLET TEMPERATURE (°F): _____ MIN _____ MAX
INLET AIR FLOW RATE (ACFM):	OUTLET AIR FLOW RATE (ACFM):
INLET AIR FLOW VELOCITY (FT/SEC):	OUTLET AIR FLOW VELOCITY (FT/SEC):
INLET MOISTURE CONTENT (%):	☐ FORCED AIR ☐ INDUCED AIR
COLLECTION SURFACE AREA (FT^2):	FUEL USED: / FUEL USAGE RATE:

DESCRIBE MAINTENANCE PROCEDURES:

DESCRIBE ANY AUXILIARY MATERIALS INTRODUCED INTO THE CONTROL SYSTEM:

DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:

ATTACH A DIAGRAM OF THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):

COMMENTS:

Attach manufacturer's specifications, schematics, and all other drawings necessary to describe this control.

Attach Additional Sheets As Necessary

FORM D1

FACILITY-WIDE EMISSIONS SUMMARY

REVISED 12/01/01 NCDENR/Division of Air Quality - Application for Air Permit to Construct/Operate **D1**

CRITERIA AIR POLLUTANT EMISSIONS INFORMATION - FACILITY-WIDE

	EXPECTED ACTUAL EMISSIONS (AFTER CONTROLS / LIMITATIONS)	POTENTIAL EMISSIONS (BEFORE CONTROLS / LIMITATIONS)	POTENTIAL EMISSIONS (AFTER CONTROLS / LIMITATIONS)
AIR POLLUTANT EMITTED	tons/yr	tons/yr	tons/yr
PARTICULATE MATTER (PM)			
PARTICULATE MATTER < 10 MICRONS (PM_{10})			
PARTICULATE MATTER < 2.5 MICRONS ($PM_{2.5}$)			
SULFUR DIOXIDE (SO2)			
NITROGEN OXIDES (NOx)			
CARBON MONOXIDE (CO)			
VOLATILE ORGANIC COMPOUNDS (VOC): Methyl bromide	9.9	10+	10+
LEAD			
OTHER:			

HAZARDOUS AIR POLLUTANT EMISSIONS INFORMATION - FACILITY-WIDE

		EXPECTED ACTUAL EMISSIONS (AFTER CONTROLS / LIMITATIONS)	POTENTIAL EMISSIONS (BEFORE CONTROLS / LIMITATIONS)	POTENTIAL EMISSIONS (AFTER CONTROLS / LIMITATIONS)
HAZARDOUS AIR POLLUTANT EMITTED	CAS NO.	tons/yr	tons/yr	tons/yr
Methyl bromide	74-83-9	9.9	10+	10+

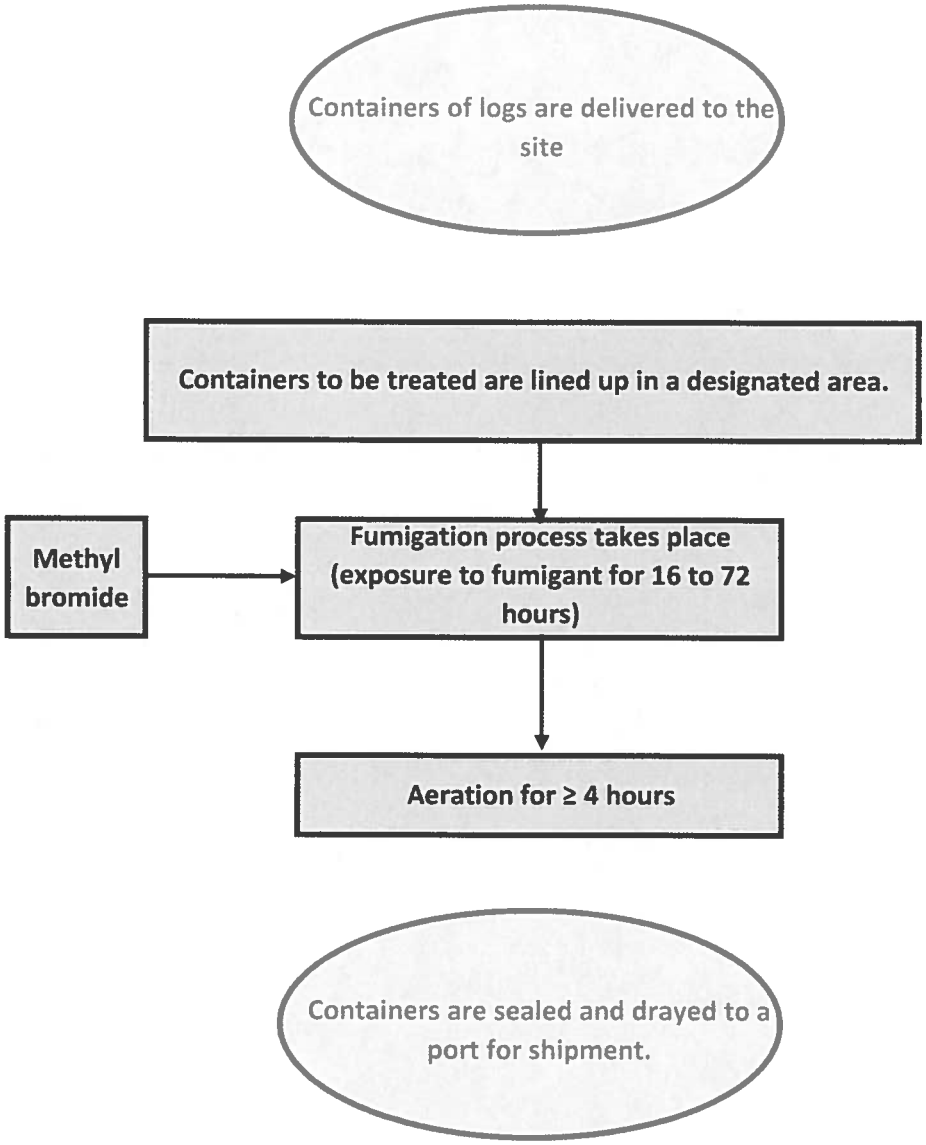
TOXIC AIR POLLUTANT EMISSIONS INFORMATION - FACILITY-WIDE

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.

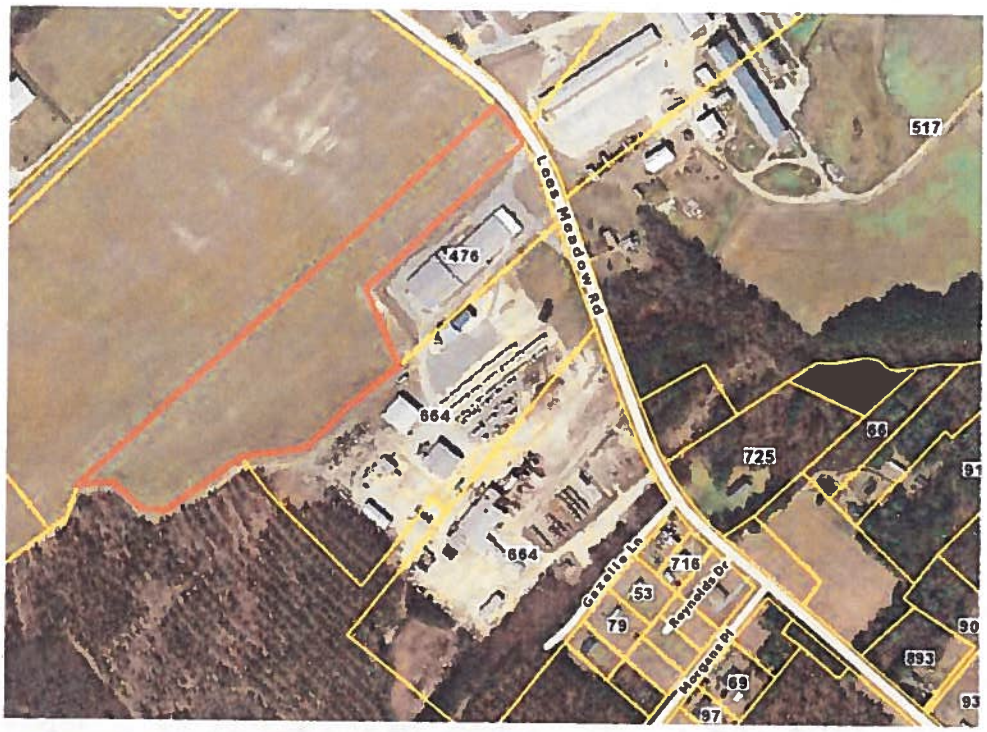
					Modeling Required ?	
TOXIC AIR POLLUTANT EMITTED	CAS NO.	lb/hr	lb/day	lb/year	Yes	No

COMMENTS: Methyl bromide is not a NC state TAP

Process Flow Diagram
Royal Pest Solutions



RPS Fumigation Facility
476 Lees Meadow Road
Scotland Neck, NC



Halifax County GIS map shows the property boundaries (orange) of the parcel that will contain the fumigation facility.

More recent Google Maps aerial photo shows current development, with the fumigation facility area indicated by the red circle.

Zoning Consistency Determination

Facility Name: RPS Log Facility

Facility Street Address: 476 Lees Meadow Road (parcel no. 1103338)

Facility City: Scotland Neck

Description of Process: Fumigation of import/export commodities in shipping containers and in bulk

SIC/NAICS Code: 7343/561710

Facility Contact: Anne Bookout, Vice President & General Counsel

Phone Number: 302-613-5242

Mailing Address: 53 McCullough Drive

Mailing City, State Zip: New Castle, DE 19720

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: _____

Agency _____

Name of Designated Official _____

Title of Designated Official & Phone No. _____

Signature _____

Date _____

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.

Courtesy of the Small Business Environmental Assistance Program
toll free at 1-877-623-6748 or on the web at www.envhelp.org/sb