



**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT**  
 1947 Galileo Court, Suite 103; Davis, CA 95618  
 Phone: (530) 757-3650 Fax: (530) 757-3670

**AOP MODIFICATION APPLICATION**  
**ADDITION OF AN AEU**  
**REPLACEMENT OF AN AEU**  
**SAS RECONFIGURATION**

This application is for current Agricultural Operating Permit (AOP) Holders who wish to modify their permit by adding Agricultural Emission Units (AEUs), replacing AEUs, or reconfiguring the Stationary Agricultural Source (SAS). Failure to adhere to the application instructions may result in an incomplete application and a delay in the processing of the application. For assistance, please call the District Engineering Division at (530) 757-3650.

**1. APPLICATION TYPE: (check all that apply)**

- Addition of Agricultural Emission Units (AEUs)
- Replacement of Agricultural Emission Units (AEUs)
- Reconfiguration of a Stationary Agricultural Source (SAS)

**2. EXISTING AOP NUMBER:** \_\_\_\_\_

**3. FARM / PERMITTEE NAME (exactly as it appears on your Permit):**  
 \_\_\_\_\_

**4. SAS MAILING / BILLING ADDRESS:** \_\_\_\_\_  
**CITY, STATE AND ZIP CODE:** \_\_\_\_\_

**5. PERSON APPLYING FOR PERMIT MODIFICATION:**

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Telephone: ( ) - FAX: ( ) -  
 E-mail Address: \_\_\_\_\_

<b>FOR DISTRICT USE ONLY</b> ( <i>Print. Use blue ink.</i> )	
Date Stamp Received: _____	AOP # Assigned: _____
Filing Fee Received: \$ _____	Invoice #: _____ Receipt #: _____
Hourly processing fee: \$ _____	(See Emission Evaluation Fee Determination Summary)
Expedite Fee: \$ _____	(See Emission Evaluation Fee Determination Summary)
Total to be Invoiced: \$ _____	Invoice #: _____
Comments: _____	

6. **DESCRIPTION OF SAS LOCATION:** \_\_\_\_\_  
 \_\_\_\_\_

7. **SAS ASSESSOR'S PARCEL NUMBER(S):** \_\_\_\_\_  
 \_\_\_\_\_

8. **TOTAL ACREAGE OF SAS (contiguous):** \_\_\_\_\_

9. **CROP(S) GROWN:** \_\_\_\_\_

10. **DISTANCE FROM THE SAS TO THE NEAREST K-12 SCHOOL:**

**\*\*You must check the correct box below, otherwise your application is incomplete\*\***

SAS is within 1,000 feet of a K-12 school

Name of nearest school: \_\_\_\_\_

SAS is NOT within 1,000 feet of a K-12 school

11. **REPLACED / REMOVED AEU's (if applicable):**

List AEU number(s) from permit or write a description of the equipment

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

12. **ADDITIONAL / REPLACEMENT GASOLINE TANKS:**

Attach additional sheets if needed.

Tank Size (gallons)	Annual Throughput (gallons)	Aboveground	Underground
<i>1,000 gallons*</i>	<i>10,000 gallons*</i>	<i>[ x ]*</i>	<i>[ ]*</i>
		[ ]	[ ]
		[ ]	[ ]
		[ ]	[ ]
		[ ]	[ ]

*\*Note: This first row is presented as an example. See instructions for further information.*

**13. ADDITIONAL / REPLACEMENT INTERNAL COMBUSTION ENGINES (>50 BHP):**

Attach additional sheets if needed.

Engine ID	Engine Make	Engine Model	Engine Model Year	HP	Fuel Type	[ x ] if Portable
1A*	Caterpillar*	3504 DIT*	1997*	350*	Diesel*	[ x ]*
						[ ]
						[ ]
						[ ]
						[ ]
						[ ]
						[ ]

\*Note: This first row is presented as an example. See instructions for further information.

**14. OTHER ADDITIONAL / REPLACEMENT EQUIPMENT: Boilers, Silos, Painting, Degreasing, etc.**

Attach additional sheets if needed.

Equipment	Make	Model	Size/Rating	Fuel/Power	Item Stored	Estimated Usage
Boiler*	Cleaver Brooks*	NCB 700-30*	5.25 MMBtu/hr*	Diesel*	N/A*	2,000 hr/yr*
Silo*	N/A*	N/A*	10,000 Gallons*	N/A*	Grain*	500 tons/yr*

\*Note: The first two rows are presented as examples. See instructions for further information.

**15. ACTUAL EMISSION MONITORING PLAN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. **ATTACH SCREENING WORKSHEET:** Attach a completed Screening Worksheet to the end of this application. Applications submitted without the Screening Worksheet or with an incomplete or illegible Screening Worksheet will be considered incomplete and cannot be processed by the District.
17. **PROCESSING FEE:** The application processing fee shall be assessed in accordance with the time and materials labor rate established in Section 307.10 of District Rule 4.1. The initial filing fee shall be equal to two (2) hours at the time and materials labor rate established in Section 307.10 of District Rule 4.1. Therefore, **an initial filing fee of \$180 is due at the time the application is submitted. Additional District processing hours spent on the application will be invoiced to the applicant following completion of the evaluation process.**
18. **SIGNATURE:** This application must be signed by the applicant listed in section 5. By signing this document you are indicating that all information contained in this document and in any attachments are true, accurate and complete to the best of your knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(ORIGINAL SIGNATURE REQUIRED. NO PHOTOCOPIES)*