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YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

1947 Galileo Court, Suite 103; Davis, CA 95618 Phone (530) 757-3650; Fax (530) 757-3670

INITIAL AGRICULTURAL OPERATING PERMIT (AOP) APPLICATION

A separate application must be submitted for each individual **Stationary Agricultural Source (SAS)**. A SAS is generally considered to be <u>agricultural equipment (non-mobile, stationary or portable emission units under common ownership or control, located on contiguous property.</u> Plans and/or drawings submitted with your application cannot exceed 11 in. x 17 in. Failure to adhere to the application instructions may result in an incomplete application and a delay in the processing of the application. For assistance, contact the District Engineering Division at (530) 757-3650. Application must be submitted with correct filing fee.

FARM/ PERMITEE NAME (exactly as it should appear on your Permit):

SAS MAILING/BILLING ADDRESS

| A | ddress | City | State | Zip Code |
|--------------------|-----------------------------------|---|------------------------|----------|
| 3. P | ERSON APPLYING FO | OR PERMIT | | |
| A | pplicant Name | | Title | |
| N | lailing Address (<i>if diffe</i> | erent than above) | | |
| A | ddress | City | State | Zip Code |
| PI | none Number () | Ext. | | |
| Fa | ax Number () | Emai | l Address | |
| | | | | |
| | | | | |
| DISTRICT USE O | NLY (Print. Use blue ink.) | | | |
| e Stamp Received | | AOP : | | |
| ng Fee Received: | | Invoice #: (| | |
| · · | e: \$ | (See Emission Evaluation Fee Determination Summary) | | |
| urly processing fe | | | | |
| • | \$ | (See Emission Evaluation Fee I | Determination Summary) | |

| 4. | DETAILED | DETAILED DESCRIPTION OF SAS LOCATION | | | | | |
|----|---|---|--------------|----------------------|--------------|-----------|-----------------------|
| 5. | SAS COUN | SAS COUNTY ASSESSOR'S PARCEL NUMBER(S) | | | | | |
| 6. | TOTAL ACI | TOTAL ACREAGE OF SAS (Contiguous) | | | | | |
| 7. | CROP(S) G | ROWN (All types | 5) | | | | |
| 8. | DISTANCE FROM THE SAS TO THE NEAREST K-12 SCHOOL (You must check the correct box below, otherwise your application is incomplete) | | | | | | t box |
| | | S is within 1,000 me of nearest so | | | | | |
| | | S is NOT within 1 | | | | | |
| 9. | | L/REPLACEMENT tional sheets if ne | | BUSTION ENGIN | ES (>50 BHP) | | |
| | Engine ID | Engine Make | Engine Model | Engine Model Year | НР | Fuel Type | [x] If Portable |
| | 1A* | Caterpillar* | 3504 DIT* | 1997* | 350* | Diesel* | [x]* |
| | | | | | | | [] |
| | | | | | | | [] |
| | | | | | | | [] |
| | | | | | | | [] |

10. GASOLINE TANKS – DO NOT INCLUDE DIESEL OR LPG/PROPANE TANKS

(Attach additional sheets if needed)

| Tank Size (gallons) | Annual Throughput (gallons) | Aboveground | Underground |
|------------------------|-----------------------------|-------------|-------------|
| 1,000 gallons* | 10,000 gallons* | [x]* | []* |
| | | | |
| | | | |
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| | | | |
| | | | |

^{*}Note: This first row is presented as an example.

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11. OTHER ADDITIONAL/REPLACEMENT NON-MOBILE 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 770-30* | 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: This first row is presented as an example.

| 12. | ACTUAL EMISSION MONITORING PLAN Describe the parameters that will be measured in order to calculate actual emissions from each Agricultural Emission Unit (AEU) (i.e. diesel fuel delivery record-keeping, operation house record-keeping, etc.) | | | | |
|-----|---|--|--|--|--|
| _ | | | | | |
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- **13. 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.
- 14. PROCESSING FEE: The application processing fee shall be assessed in accordance with the time and materials labor rate (see District Master Fee Schedule). The initial filing fee shall be equal to two (2) hours at the time and materials rate, and is due at the time of application. Additional District processing hours spent on the application will be invoiced to the applicant following completion of the evaluation process.
- 15. SIGNATURE: This application must be signed by the applicant listed in section 3. 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. If paying by credit card signed application may be transmitted by facsimile (fax) or electronic mail (email), and any such signature shall have the same legal effect as an original.

| SIGNATURE: | DATE: |
|------------|-------|
| | |