



South Coast Air Quality Management District
Form 500-F1 (Title V)
Title IV - Acid Rain Phase II Facility Information Summary

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

This form shall be completed by Acid Rain facilities ONLY and shall accompany all requests for Phase II permit actions unique to Acid Rain facilities. Also attach a completed Form 500-A2. In addition, if an initial Title V permit, permit renewal, or permit revision is requested, attach Form 500-A1 and any supplemental Acid Rain forms (Forms 500-F2, 500-F3, and 500-F4), as appropriate.

Section I - General Information

1. Facility Name (Business Name of Operator That Appears On Permit): _____

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____

3. ORIS Code (5-Digit): _____

4. This is an application for a (Check all that apply to the facility):

a. Phase II Acid Rain Permit or Revision (Complete Section II of this form)	b. Repowering Extension Plan or Revision (Complete Form 500-F2)
c. New Unit Exemption or Revision (Complete Form 500-F3)	d. Retired Unit Exemption or Revision (Complete Form 500-F4)

5. The requested permit action involves a(n) (Check one):

a. Administrative Permit Revision	b. Significant Permit Revision
c. Fast Track Permit Revision	d. Automatic Permit Revision
e. Other (specify): _____	

6. For all applications requesting a permit revision, provide a general description of the proposed changes (Attach additional sheets as necessary):

Section II - Phase II Acid Rain Device Summary

1. The following information is (Check one): a. New b. Revised

AQMD Device #	EPA Unit #	Will device need a Repowering Extension Plan?		Has device started operations on or after 11/15/90?		Device Operations Start Date (mo/day/yr)	For devices starting-up after 11/15/90, provide date when Monitoring Certification will begin (mo/day/yr)
		Yes	No	Yes	No		
		Yes	No	Yes	No		
		Yes	No	Yes	No		
		Yes	No	Yes	No		
		Yes	No	Yes	No		

To complete this application, type or print the information in the appropriate blanks.

Section I - General Information

1. **Facility Name:** Provide the name of the legal entity that operates the facility.

AQMD Facility ID: Complete only if the facility has been issued a 6-digit identification or ID number by AQMD. If not, leave these boxes blank. An ID number will be assigned when the application is submitted.

ORIS Code: Provide the 5-digit code that has been assigned to facility by Department of Energy.

2. Check all applicable boxes to indicate the type of Acid Rain application filed. If box 1a. is checked, complete Section II of this form. If box 1b. is checked, complete and attach Form 500-F2 - Title IV Phase II Acid Rain Repowering Extension Plan. If box 1c. is checked, complete and attach Form 500-F3 - Title IV Phase II Acid Rain New Unit Exemption Request. If box 1d. is checked, complete and attach Form 500-F4 - Title IV Phase II Acid Rain Retired Unit Exemption Request.
3. Check one box that best represents the type of permit action requested. If box 1e. is checked, in the space provided identify any additional elements regarding the application or the facility that need to be considered during the processing of this application (i.e., Initial Title V Permit Application).
4. If the application is a revision request, describe in general terms the changes that are proposed in the application revision request. Attach additional sheets as necessary.

Section II - Phase II Acid Rain Device Summary

1. Before completing this section, check one box to indicate whether this is a new application or a revision.

AQMD Device #:	Provide the identification number for each AQMD-assigned device subject to Phase II requirements.
EPA Unit #:	Provide the identification number for each EPA-assigned device subject to Phase II requirements.
Will device need a Repowering Extension Plan?:	Indicate with a "yes" or "no" if the device is or will be participating under a Repowering Extension Plan.
Has device started operations on or after 11/15/90?:	Indicate with a "yes" or "no" if the device was source tested or started operating on or after November 15, 1990.
Device Operations Start Date:	Complete this column <u>only</u> if the device was source tested or started operating on or after November 15, 1990. Provide the date (mo/day/yr) when the device started or will start operating. Note: If the date of beginning operations changes, an administrative permit revision application will be required.
For Devices starting-up after 11/15/90, provide date when Monitoring Certification will begin:	Complete this column <u>only</u> if the device was source tested or started operating on or after November 15, 1990. Provide the date (mo/day/yr) when compliance with the monitoring procedures for the device will begin. Refer to 40 CFR Part 75.4 to determine this date. Note: If the monitoring certification date changes, an administrative permit revision application will be required.