



**BASIC OPERATING PERMIT
NOTIFICATION
ST. LOUIS COUNTY SOURCES ONLY**

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SECTION A: GENERAL NOTIFICATION INFORMATION

SECTION A-1: GENERAL INSTALLATION INFORMATION

1. INSTALLATION NAME		2. FIPS 189	3. PLANT NO.	4. DATE STAMP (OFFICE USE ONLY)	
5. YEAR SUBMITTED	6. INSTALLATION TELEPHONE NUMBER () -	7. INSTALLATION FAX NUMBER () -			
8. INSTALLATION MAILING ADDRESS			9. PRIMARY SIC CODE		
10. CITY		STATE MO	11. ZIP CODE		
12. INSTALLATION STREET ADDRESS			13. COUNTY NAME		
14. CITY		STATE MO	15. ZIP CODE		16. MO SENATORIAL DISTRICT NUMBER
17. INSTALLATION CONTACT PERSON <input type="checkbox"/> MR. <input type="checkbox"/> MS.				18. MO REPRESENTATIVE DISTRICT NUMBER	
19. INSTALLATION CONTACT TELEPHONE NO. () -			20. INSTALLATION CONTACT E-MAIL		
21. PARENT COMPANY NAME			22. MAILING ADDRESS		
23. CITY		24. STATE		25. ZIP CODE	
26. PARENT COMPANY CONTACT PERSON <input type="checkbox"/> MR. <input type="checkbox"/> MS.			27. PARENT COMPANY CONTACT TELEPHONE NUMBER () -		
28. PARENT COMPANY CONTACT E-MAIL					

SECTION A-2: TYPE OF BASIC OPERATING PERMIT NOTIFICATION

INITIAL RENEWAL MODIFICATION ADMINISTRATIVE AMENDMENT

SECTION A-3: INSTALLATION DESCRIPTION

29.

SECTION A-4: COMPLIANCE STATUS

30. WILL YOUR INSTALLATION BE IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS AT THE TIME OF NOTIFICATION SUBMITTAL AND CONTINUE TO COMPLY WITH THESE REQUIREMENTS FOR THE DURATION OF THE NOTIFICATION?
 YES NO If no, submit compliance plan

31. WILL YOUR INSTALLATION BE IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS PROMULGATED PRIOR TO THIS NOTIFICATION THAT CONTAIN A COMPLIANCE DEADLINE WITHIN THE TERMS OF THIS NOTIFICATION?
 YES NO If no, submit compliance plan

SECTION A-5: COMPLIANCE PLAN (IF INSTALLATION ANSWERS NO TO ITEMS 31 AND 32 ABOVE)

32. PLEASE SPECIFY WHICH APPLICABLE REGULATIONS THE INSTALLATION IS NOT EXPECTED TO BE IN COMPLIANCE WITH, INCLUDING HOW INSTALLATION SHALL MEET COMPLIANCE AND ENFORCEABLE MEASURES LEADING TO COMPLIANCE.	33. DATE SOURCE EXPECTS TO BE IN COMPLIANCE
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SECTION A-6: CERTIFICATION OF COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS AND APPLICANT'S CERTIFICATION STATEMENT FOR OPERATING PERMIT NOTIFICATION

I hereby certify that, based on information and belief formed after reasonable inquiry, the air contaminant source identified in this application is in compliance with all applicable requirements, except as noted in compliance plan (item 34 above), if applicable. I certify, based on information formed after reasonable inquiry, the statements and information in this document are true, accurate and complete.

34. SIGNATURE OF RESPONSIBLE OFFICIAL OF COMPANY	35. DATE
36. TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL <input type="checkbox"/> MR. <input type="checkbox"/> MS.	37. TITLE OF RESPONSIBLE OFFICIAL