



SAINT LOUIS COUNTY  
 DEPARTMENT OF HEALTH  
 AIR POLLUTION CONTROL PROGRAM  
 111 S. MERAMEC AVE, CLAYTON, MO 63105  
**APPLICATION FOR AUTHORITY TO OPERATE**

OFFICE USE ONLY	
FILING FEE \$	
CHECK NO.	CHECK RECEIVED
CHECK AMOUNT \$	CHECK DATE
PROJECT NUMBER	

**NOTE: Please read all instructions to assist in completing all forms properly.**  
**FORM OP-A01 – Section A**

**A01.00 – GENERAL APPLICATION INFORMATION**

All applications MUST be in triplicate and accompanied by a single \$100 filing fee made payable to MDNR.

1. INSTALLATION NAME		FIPS	PLANT NO.	YEAR SUBMITTED
INSTALLATION STREET ADDRESS			COUNTY NAME	
CITY	STATE MO	ZIP CODE	INSTALLATION TELEPHONE NO. ( ) -	
INSTALLATION MAILING ADDRESS			INSTALLATION FAX NO. ( ) -	
CITY	STATE	ZIP CODE	MO SENATORIAL DISTRICT NO.	
INSTALLATION CONTACT PERSON MR. <input type="checkbox"/> MS. <input type="checkbox"/>			MO REPRESENTATIVE DISTRICT NO.	
CONTACT PERSON TITLE		CONTACT PERSON E-MAIL		
2. PARENT COMPANY NAME		MAILING ADDRESS		
CITY	STATE	ZIP CODE		
PARENT COMPANY CONTACT PERSON MR. <input type="checkbox"/> MS. <input type="checkbox"/>		TELEPHONE NUMBER ( ) -		
PARENT COMPANY CONTACT PERSON TITLE		CONTACT PERSON E-MAIL		

**3. TYPE OF APPLICATION**

PART 70 (MAJOR)

INITIAL                       OFF-PERMIT CHANGE                       MINOR MODIFICATION  
 RENEWAL                       ADMINISTRATIVE AMENDMENT                       SIGNIFICANT MODIFICATION

INTERMEDIATE STATE

INITIAL                       RENEWAL                       AMENDMENT

**4. APPLICANT'S CERTIFICATION STATEMENT**

*"I certify, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete."*

SIGNATURE OF RESPONSIBLE OFFICIAL OF COMPANY		DATE / /
TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		TELEPHONE NUMBER ( ) -
OFFICIAL TITLE OF RESPONSIBLE OFFICIAL	RESPONSIBLE OFFICIAL E-MAIL	

**FORM OP-E01 – COMPLIANCE PLAN/STATUS – SECTION E**

**E01.00 – COMPLIANCE PLAN/STATUS**

INSTALLATION NAME	FIPS	PLANT NO.	YEAR SUBMITTED
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COMPLETION OF THIS FORM OF THE OPERATING PERMIT FORMS PACKAGE IS MANDATORY FOR ALL SOURCES. COMPLETE THIS FORM ONCE FOR EACH APPLICATION.

**1. COMPLIANCE STATUS WITH ALL APPLICABLE REQUIREMENTS EFFECTIVE AT THE TIME OF THE ISSUANCE OF THIS PERMIT.**

WILL YOUR INSTALLATION BE IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS AT THE TIME OF THE PERMIT ISSUANCE AND CONTINUE TO COMPLY WITH THESE REQUIREMENTS FOR THE DURATION OF THE PERMIT?

YES  NO  (IF NO, COMPLETE A COMPLIANCE PLAN AS DESCRIBED IN THE INSTRUCTIONS ON FORM OP-F01.00)

**2. COMPLIANCE STATUS WITH ALL APPLICABLE REQUIREMENTS EFFECTIVE DURING THE PERMIT TERM.**

WILL YOUR INSTALLATION BE IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS TAKING EFFECT DURING THE TERM OF THE PERMIT?

YES  NO  (IF NO, COMPLETE A COMPLIANCE PLAN AS DESCRIBED IN THE INSTRUCTIONS ON FORM OP-F01.00)

**3. COMPLIANCE STATUS WITH ENHANCED MONITORING AND COMPLIANCE CERTIFICATION.**

IS THE INSTALLATION IDENTIFIED IN THIS APPLICATION IN COMPLIANCE WITH ALL APPLICABLE ENHANCED MONITORING AND COMPLIANCE CERTIFICATION REQUIREMENTS?

YES  NO  (IF NO, COMPLETE A COMPLIANCE PLAN AS DESCRIBED IN THE INSTRUCTIONS ON FORM OP-F01.00)

**4. SCHEDULE OF SUBMISSION OF COMPLIANCE CERTIFICATION DURING THE PERMIT TERM.**

FREQUENCY OF SUBMITTALS	BEGINNING DATE / /
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**5. CERTIFICATION STATEMENT FOR PART 70 MINOR PERMIT MODIFICATIONS.**

I HEREBY CERTIFY THAT THIS REQUEST FOR A PERMIT MODIFICATION MEETS THE CRITERIA DESCRIBED IN 10 CSR 10-6.065(5)(E)5.B.(I) FOR MINOR PERMIT MODIFICATIONS, AND REQUEST THAT THE MINOR PERMIT MODIFICATION PROCEDURES BE FOLLOWED.

SIGNATURE OF RESPONSIBLE OFFICIAL OF COMPANY	DATE / /
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**6. CERTIFICATION OF COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS.**

EXCEPT FOR REQUIREMENTS IDENTIFIED IN THE ABOVE STATEMENT FOR WHICH COMPLIANCE IS NOT ACHIEVED, 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.

SIGNATURE OF RESPONSIBLE OFFICIAL OF COMPANY	DATE / /
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TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	OFFICIAL TITLE OF RESPONSIBLE OFFICIAL
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