

**Application for General Air Contaminant Discharge Permit
Grain Elevators**

Form AQGP-113

For DEQ Use Only

Source Number:		Regional Office:	
Application No:		Check number:	
Initial assignment <input type="checkbox"/>	Re-assignment <input type="checkbox"/>	Amount (\$):	Date Received:

1. Company information:

Legal Name:			Other company name (if different from legal name):		
Mailing Address:			Site Address (if different than mailing address):		
City:	State:	Zip Code:	City:	County (required):	Zip Code:
North American Industry Classification System (NAICS):			Number of employees:		

- 2. Source Category Description:** Grain elevators used for intermediate storage with 10,000 tons or more per year throughput located in a Special Control Area.
The following areas are designated as Special Control Areas: The counties within the Willamette Valley, including Benton, Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, Washington and Yamhill Counties; Umpqua Basin; Rogue Basin; and within incorporated cities having a population of 4,000 or more, and within three miles of the corporate limits of any such city. [OAR 340-204-0070]
- Does this description apply to your facility? Yes No
 - Is the facility existing or proposed to be constructed? Existing Proposed to be constructed
 - Date the facility began or is expected to begin operations: _____.
- 3. Other Activities.** Are there any other activities identified in [OAR 340-216-8010](#) Table 1 performed, or expected to be performed, on site? Yes No
- Are there any other activities or equipment that emit air pollutants?** Yes No
If yes, please describe:
- 4. Operation Description.** Provide a detailed description of the existing or proposed process, beginning with when and how material is received, through the production process, concluding with how the materials are shipped off site.

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Grain Elevators

Form AQGP-113

5. Actual or expected production.

- a. Maximum annual tons of grain processed: _____ tons. Actual Expected
- b. Maximum annual tons of grain shipped:
 - i. By Truck: _____ tons. Actual Expected
 - ii. By Railcar: _____ tons. Actual Expected
 - iii. Other (Specify): _____. Tons shipped: _____ tons. Actual Expected

6. New Source Performance Standards subpart DD. If the facility is subject to, or will be when constructed, NSPS DD, you cannot apply for coverage under this General Permit.

- a. Does the facility have a 'grain terminal elevator' that was constructed, modified, or reconstructed after August 3, 1978? Yes No
 - i. Grain terminal elevator means any grain elevator which has a permanent storage capacity of more than 88,100 m³ (ca. 2.5 million U.S. bushels), except those located at animal food manufacturers, pet food manufacturers, cereal manufacturers, breweries, and livestock feedlots.
- b. Does the facility have a 'grain storage elevator' that was constructed, modified, or reconstructed after August 3, 1978? Yes No
 - i. Grain storage elevator means any grain elevator located at any wheat flour mill, wet corn mill, dry corn mill (human consumption), rice mill, or soybean oil extraction plant which has a permanent grain storage capacity of 35,200 m³ (ca. 1 million bushels).
- c. Note that by themselves, the following are not 'modifications' according to (a) or (b) above:
 - i. The addition of gravity loadout spouts to existing grain storage or grain transfer bins.
 - ii. The installation of automatic grain weighing scales.
 - iii. Replacement of motor and drive units driving existing grain handling equipment.
 - iv. The installation of permanent storage capacity with no increase in hourly grain handling capacity.

7. Actual or expected production by activity. If the facility is already constructed and in operation, fill out the following table with data from the most recent 12-month period. If the facility is proposed to be constructed, fill out the following table with expected annual production or throughput data.

Activity/Emission Source	Type of Control	Actual or Expected Production (tons)
Receiving: Straight Truck	None	
Receiving: Hopper truck	None	
Receiving: Railcar	None	
Receiving: Continuous Barge Unloader	None	
Receiving: Barge – Marine Leg	None	
Receiving: Ship	None	
Cleaning	None	
	Cyclone	
Drying: Column Dryer	None	
Drying: Rack Dryer	None	
	Self-cleaning screens (<50 mesh)	
Headhouse and Internal Handling	None	
Shipping: Truck	None	
Shipping: Railcar	None	
Shipping: Barge	None	
Shipping: Ship	None	
Storage Bin (vent)	None	
Screen bunker unloading	None	

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Grain Elevators**

Form AQGP-113

8. Signature

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Name of responsible official (printed or typed)

Title of responsible official and phone number

Signature of responsible official

Date

Submit two copies of the completed application, [A Land Use Compatibility Statement](#) and the applicable annual fee to:

Oregon Department of Environmental Quality
Financial Services – Revenue Section
700 NE Multnomah St., Suite 600
Portland, OR 97232 - 4100

**Application for General Air Contaminant Discharge Permit and Attachments
 Grain Elevators**

1. Company Information:

Legal Name:	Other company name (if different from legal name):
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2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	

5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)

First Name:	Last Name:	Telephone number:	Fax:
Title:		Email address:	
Mailing address:		City, State, Zip Code	