

Application for General Air Contaminant Discharge Permit
Coffee Roasters

Form AQGP-116

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: Facilities and operations which roast 30 or more green tons of coffee beans per year.

- a. Does this description apply to your facility? Yes No
- b. Is the facility existing or proposed to be constructed? Existing Proposed to be constructed
 - a. If the facility is existing, fill out this form with existing equipment and the most recent 12-month production period. If the facility is proposed, fill out this form with what will be constructed/installed and what the maximum projected annual production will be.
- c. 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

- a. **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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5. **Roasting Equipment.** For each individual roaster, fill out one column with the appropriate information. If more than 3 roasters are at the facility, include an additional page of this form with your application.

	Roaster 1	Roaster 2	Roaster 3
Roaster ID			
Manufacturer			
Model Number			
Date Installed			
Fire method (direct or indirect*)			
Destoner (Yes or No)			
Rated design capacity			
Amount roasted (lb/hr)			
Amount roasted (tons/year)			
Afterburner Information			
Manufacturer			
Model Number			
Date Installed			
Design Temperature in chamber (degrees Fahrenheit)			
Rated control efficiency (%)			
Catalytic Oxidizer/Converter Information			
Manufacturer			
Model Number			
Date Installed			
Design Operating Temperature (degrees Fahrenheit)			
Rated control efficiency (%)			

*Direct fired – when the flame touches the coffee beans

*Indirect fired – when only the hot air touches the coffee beans

6. **Annual Production.**

Device/Process	Production	Units
Destoner		Tons of beans
Roaster		Tons of beans
Natural Gas burned/used		Million cubic feet burned/used
Propane burned/used		Gallons burned/used

*Note that the permit will require recordkeeping of production by control device type. For example, if you have two coffee roasters equipped with afterburners and one equipped with a catalytic oxidizer, you will need to monitor how many tons are roasted by the afterburner-equipped roasters and how many tons are roasted by the catalytic oxidizer-equipped roaster.

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7. 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
Coffee Roasters

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	