

**CLASS II OPERATING PERMIT APPLICATION FORM**  
**SOURCE INFORMATION**

- 1) Source ID Number: \_\_\_\_\_
- 2) Source/Company Name: \_\_\_\_\_
- 3) Type of Class II Permit: Initial \_\_\_\_\_ Modification \_\_\_\_\_ Renewal \_\_\_\_\_
- 4) Source Location:  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 5) Corporate/Company Owner:  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 6) Corporate/Company Operator (if different than owner):  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 7) Person submitting the application:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
At (check one): Owner Address \_\_\_\_\_ Operator Address \_\_\_\_\_ Source Address \_\_\_\_\_  
Other (specify) \_\_\_\_\_
- 8) Contact person for this permit:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
At (check one): Owner Address \_\_\_\_\_ Operator Address \_\_\_\_\_ Source Address \_\_\_\_\_  
Other (specify) \_\_\_\_\_
- 9) North American Industry Classification System (NAICS)/Standard Industrial Classification (SIC) Code and description for the facility: \_\_\_\_\_
- 10) Primary product produced (or activity performed) at the source: \_\_\_\_\_

Source ID Number: \_\_\_\_\_

11) Brief description of the proposed operating restrictions which may be used to limit emissions. Include any proposed methods for quantifying such limitations and any proposed methods for monitoring such limitations. If these limitations include any air pollution control equipment, make sure a maintenance plan has been developed according to K.A.R. 28-19-501.

12) Brief description of the source to be permitted (attach additional sheet if necessary):

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Responsible Official

INSTRUCTIONS FOR FILLING OUT KANSAS CLASS II PERMIT APPLICATION FORM

**Source Information**

- 1) **Source ID No.** -- Fill in the source ID number that Kansas Department of Health & Environment (KDHE) has requested be used when corresponding with the Bureau of Air and Radiation (BAR) regarding the air quality program. If there is no number or the number is unknown, leave this line blank.
- 2) **Source/Company Name** - Enter the official name of the business.
- 3) **Type of Class II Permit** - Indicate the type of Class II permit requested. All first-time Class II permits should check “initial”.
- 4) **Source Location** - Fill in the official street address, city, and county where the source is located. Indicate the section, township, and range if a street address for the source is unavailable or is not descriptive of the location.
- 5) **Corporate/Company Owner** - Fill in the owner’s name and mailing address if different from the source’s name or address.
- 6) **Corporate/Company Operator (if different from owner)** - The operator runs the source on a day-to-day basis. If someone other than the owner operates the source, indicate the operator’s name here.
- 7) **Persons submitting the application** - Fill in the name, title, phone number and fax number (if applicable) of the person submitting the application. Indicate which address applies to this person by checking the appropriate box, or complete “other” if it has not been listed previously.
- 8) **Contact-person for this permit** - Fill in the name, title, phone number and fax number (if applicable) of the individual to whom the permit and other permitting correspondence should be sent if different from the person submitting the application. Indicate which address applies to this person by checking the appropriate box, or complete “other” if it has not been listed previously.
- 9) **North American Industry Classification System (NAICS)/Standard Industrial Classification (SIC) Code and description for the source** - Fill in the primary 6-digit NAICS/4-digit SIC code(s) for the source.

SIC information may be obtained from Standard Industrial Classification Manual, 1987 edition. You may contact the Kansas Air Permit Information Coordinator at (785) 296-6422 with questions regarding SIC codes. Copies of the manual should be available at the local library or can be ordered from the National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161 (order number PB 87-1000012).

- 10) **Primary product produced (or activity performed) at the source** - Indicate the primary product or activity at the source.

- 11) **Brief description of permanent, quantifiable, and otherwise enforceable permit limitations, controls, and requirements** - Provide method(s) of reducing the potential-to-emit for this source. These methods can be used singly or in combination. The source must be able to meet its business needs while operating under the conditions required by the permit. Some common methods of reducing the potential-to-emit are:
- \* limiting process rates
  - \* limiting hours of operation
  - \* limiting the amount of material processed
  - \* limiting emissions by adding air emission control equipment
  - \* limiting emission rates
- 12) **Brief description of the source or proposed source to be permitted** - Provide a simple flow diagram of the source and list the pollutants, source type, process or equipment subject to a VOC regulation applicable in Wyandotte or Johnson counties, an NSPS requirement, and/or a NESHAP requirement.
- 13) **Forms** - Attach the appropriate process specific reporting forms to fully describe each operation. The form should be signed by the responsible official.
- 14) **Application Fee** - Enclose with this application, the appropriate application fee as follows:
1. Initial application fee                      \$200.00
  2. Modification application fee              \$100.00
  3. General operating permit fee              \$ 50.00
  4. Permit-by-rule application fee            \$ 50.00
- 15) **Payment** - Make checks/money orders payable to the Kansas Department of Health & Environment (KDHE).
- 16) **Submitting the Application** - Sources located in any county other than Wyandotte County should submit their application to the following:

Kansas Department of Health and Environment  
Bureau of Air  
1000 SW Jackson, Suite 310  
Topeka, Kansas 66612-1366

Sources located in Wyandotte County should submit their application to the following:

Unified Govt. of Wyandotte County-  
Kansas City, Kansas Health Dept.  
619 Ann Avenue  
Kansas City, Kansas 66101