

## **Application for a Prevention of Significant Deterioration Applicability Determination**

## **INSTRUCTIONS**

Use this form when you want Ecology to review the emissions from a project to determine whether it is subject to the Prevention of Significant Deterioration (PSD) Program. The project could be one that you are considering or it could be an actual project covered in an air permitting application filed with a permitting agency.

Complete this form. Attach a check for the \$4,760 initial fee, and mail the **original form and associated materials\*** to:

Department of Ecology Cashiering Unit P.O. Box 47611 Olympia, WA 98504-7611

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For Fiscal Office Use Only:	
001-NSR-216-0299-000404	

Read each statement, then check the box next to it to acknowledge what you have read.

\$4,760 <b>PSD Program applicability determination</b> initial fee covers 40 hours of review. If the number of hours exceeds the 40 hours included in your initial fee, Ecology will send you a bill for that extra time.
Ecology will bill you \$119 per hour for each hour worked beyond the 40 initial hours. You must pay the bill before we will issue a final decision on your request.

## FOR MORE INFORMATION

MengChiu Lim
Department of Ecology Air Quality Program
Engineering and Permitting Section Ecology Headquarters Office

P.O. Box 47600 Olympia, WA 98504-7600 Phone: 360-407-6812

Email: mengchiu.lim@ecy.wa.gov

If you need this document in a format for the visually impaired, call the Air Quality Program at 360-407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

I. Proj	ect, Facility, and Company Information				
a. Pro	ject Name:				
b. Faci	b. Facility Name:				
c. Faci	c. Facility Street Address:				
d. Con	d. Company Legal Name:				
II. Application Contact Information					
Project Manager					
a. Nar	ne:				
b. Mai	ling Address:				
c. Pho	ne Number:	d. Email			
Project Consultant  If you hired a consultant to prepare the application (or materials), check this box and provide the required information  e. Consultant Name:					
f. Con	sultant Mailing Address:				
	sultant Phone Number:	h. Email			
Project Billing Contact  Ecology will send the Project Manager the bills if there are any.  If the Project Billing Contact is different from the Project Manager, check this box and provide the required information.					
	i. Name, Title:				
	ling Address:	T			
k. Pho	ne Number:	l. Email			
III. Responsible Official Certification					
Responsible Official Signature Block					
I certify, based on information and belief formed after reasonable inquiry, the statements and information in this application are true, accurate, and complete.					
Printed	I name	Title			
Signatu	ıre	_Date			

## I.V. Project Information

Please provide the following information, but not limited to:

ECY 070-413 (Rev. June, 2023)

- a. Description of applicability test used to determine that the project is not a major modification for any regulated NSR pollutant.
- b. The baseline actual emissions and the projected actual emissions.
- c. The amount of emissions excluded, and any netting calculations, if applicable.
- d. An aggregation analysis to evaluate if nominally separate projects occurring at the source shall be treated as a single project from PSD standpoint.

Ecology has developed a PSD guidance that can be helpful when conducting PSD applicability analysis. The guidance can be found at <a href="https://fortress.wa.gov/ecy/publications/SummaryPages/1702014.html">https://fortress.wa.gov/ecy/publications/SummaryPages/1702014.html</a>.

Ecology recommends that the applicant provides an electronic copy of the application to Ecology's PSD program.