

RACT/BACT/LAER CLEARINGHOUSE
DATA INPUT FORM (Revised 1/4/12)

Date Submitted _____

Corporate/Company Name: _____

Facility Name: _____

Facility Location: Country: US Canada Mexico County: _____ State/Province: _____ Facility Zip Code: _____
Circle one (default Country is US) XXXXX-XXXX format

Facility Contact Information:

Facility Contact Name: _____

Telephone Number: _____

E-Mail Address: _____

Permit Type: The Source is a: *(circle one)*

- A New/Greenfield Facility
- B Adding new process to an existing facility
- C Modifying an existing process at an existing facility
- D Both B & C
- U Unspecified

Scheduling Information: Date *(circle one)*

Permit Number: _____

Complete Application: _____ / _____ / _____ Estimated/Actual

Permit URL: _____

Final Permit Issued: _____ / _____ / _____ Estimated/Actual

SIC Code: _____

NAICS Code: _____

Federal Registry System (FRS) Number: _____

Permitting Agency _____
(System automatically fills in primary contact information.)

Other Agency Contact Information: _____

Facility Name: _____

Permit Number: _____

Facility-Wide Emissions

Affected Boundary Areas Name

(+) Increase or (-) Decrease Information (rate after control)

Affected Boundary Area Name

Pollutant	Emissions (T/YR)
Carbon Monoxide (CO)	_____
Nitrogen Oxides (NOx)	_____
Particulate Matter (PM)	_____
Sulfur Oxides (SOx)	_____
Volatile Organic Compounds (VOC)	_____

Affected Boundary Area Name	<100km	100km - 250km	>250km

Facility Description:

put an "X" in the appropriate column

Other Permitting Information: (Is there any other information, considerations, or special permitting factors that would be helpful for readers to know?)

Facility Name: _____

Permit Number: _____

Process Information

(PLEASE NOTE: If the pollutant on the page is for the same process, only a distinctive Process Name is required.)

Process Name/Description: _____

RBLC Process Code: _____ Throughput Capacity/Size: _____

Process Notes: _____ Primary Fuel: _____

(Process Notes continued)

Pollutant Information

Pollutant Name: _____ Test Method Info _____

Case-by-Case Basis

(must circle one):

- RACT
- BACT-PSD
- LAER
- MACT
- Other Case-by-Case
- Not Applicable
- BART
- BAT (Non-US only)

Other Applicable Requirements:

(select all that apply)

- NSPS
- NESHAP
- MACT
- SIP
- Operating Permit
- Other
- Not Applicable

Pollution Reduction Method Description:

- Pollution Prevention (P2)
- Add-on Control Device
- Both P2 and Add-on
- No Controls Feasible

Pollution Prevention/Add-on Control Equipment Description: _____

Compliance Verified? Yes No Unknown

Did factors, other than air pollution technology considerations, influence the BACT technology decision? (circle one) (Yes) (No) (Unknown)

Overall % Efficiency

of Control/Prevention System: _____

Emission Limits:

Numeric Limit	Units	Avg. Time/Condition
Emission Limit 1: _____	_____	_____
Emission Limit 2: _____	_____	_____
Standard Emission Limit: _____	_____	_____

Pollutant/Compliance Notes: _____

Pollution Control Cost Info:

Costs verified by Agency? Yes No
 Costs are in _____ dollars.
 (year)
 Cost Effectiveness (\$/T of poll. removed): _____
 Incremental Cost Effectiveness (\$/T of poll. removed): _____