PETITION FOR A HEARING

BEFORE THE HEARING BOARD OF THE

SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

|  |  |  |  |  |  |  |  |
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| [ ]  | Northern Region Office4800 Enterprise WayModesto, CA 95356(209) 557-6440 |  | [ ]  | Central Region Office1990 E. Gettysburg Ave.Fresno, CA 93726(559) 230-5950 |  | [ ]  | Southern Region Office34946 Flyover Court Bakersfield, CA 93308(661) 392-5540 |

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|  TYPE OF HEARING | FEES (Non-Refundable) |

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| [ ]  A. | Regular Variance | $ 958.00 |
| [ ]  B. | Interim & Regular Variance | $1342.00 |
| [ ]  C. | Short Variance (90 Days or Less) | $ 832.00 |
| [ ]  D. | Interim & Short Variance  | $1216.00 |
| [ ]  E. | Appeal Hearing | $ 958.00 |
| [ ]  F. | Extension of Variance | $ 384.00 |
| [ ]  G. | Modification of Variance | $ 384.00 |
| [ ]  H. | Modification of Variance Schedule of Progress | $ 384.00 |
| [ ]  I. | Product Variance | $1278.00 |
| [ ]  J. | Rehearing | $ 958.00 |
| [ ]  K. | Revocation of Variance | $ 384.00 |
| [ ]  L. | Special Hearing | $ 958.00 |

In addition to the filing fee above, a petition fee will be assessed at the conclusion of the variance at $2.50 per pound based on the excess emissions emitted over the duration of the variance period. This will be in addition to any mitigation fee that will be assessed.

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| A. | NAME OF FACILITY: |       |
|  | FACILITY LOCATION: |       |
|  | CITY: |       | STATE: |      | ZIP CODE: |       |
|  | TELEPHONE: |       | FAX: |       |
|  | NAME OF PERSON AUTHORIZED TO RECEIVE NOTICES: |       |
|  | MAILING ADDRESS: |       |
|  | CITY: |       | STATE: |      | ZIP CODE: |       |
|  | TELEPHONE: |       |  | **E-MAIL**: |       |
| B. | TYPE OF ENTITY (Check One) |  |  |
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|  | [ ]  | LLC |  |  |
|  |  |  |  | Please include the name, title, and address of officers if a corporation; |
|  | [ ]  | Partnership |  | partners, if a partnership; or the person(s) in control, if other entity. |
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|  | [ ]  | Corporation |  | (Attach additional sheets, if needed) |
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|  | [ ]  | Other Entity |  |  |

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| NAME | TITLE | ADDRESS |
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|       |       |       |
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In accordance with State Law, the District will provide assistance to small businesses in preparing and filing the petition for the hearing. Small business has the same meaning as defined in the Small Business Administration, except that no stationary source which is a major source can be a small business.

If you plan on having attendees participate via the video teleconferencing system in a region other than that of which you filed the petition, please check the box below for the region they will be participating:

|  |  |  |
| --- | --- | --- |
| [ ]  Bakersfield | [ ]  Fresno | [ ]  Modesto |

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| 1. | Describe the type of business conducted at your facility. |
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| 2. | Describe in detail the equipment or activity that is the subject of this petition, what the |
|  | equipment is used for, and why it is necessary to the operation of your facility. |
|  | Please include all pertinent information necessary to describe the activity including: |
|  | fuels burned, raw materials processed, product produced, true vapor pressure of all |
|  | volatile organic compounds, site diagrams, material flow charts, fuel systems, and |
|  | diagrams of air pollution control systems if necessary. Provide photos as well. |
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| 3. | Please list all the District Permits to Operate and/or Authorities to Construct and the corresponding **permit conditions** for which you are requesting variance protection and **explain** how you are violating, or will violate the condition(s). Please ensure to list the most current version(s). If voluminous, please attach on a separate page. |
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| 4. | List all District Rule numbers, including subsections, for which you are requesting |
|  | variance protection and **explain** how you are violating or will violate the rule(s). |
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| 5. | Why is it beyond your reasonable control to comply with the rule(s) and/or permit |
|  | condition(s)? |
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| 6. | What would be the harm to your business if the variance were not granted? Include |
|  | business closure, economic losses in dollar amounts, breach of contracts, hardships  |
|  | on customers, employee lay-offs, loss of market share to competitors, etc. |
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| 7. | What date, and under what circumstances, did your facility first become aware that it |
|  | would **not** be in compliance? |
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| 8. | What actions have you taken since that time to achieve compliance? |
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| 9. | Explain what options have been evaluated towards curtailment or termination of |
|  | operations in lieu of obtaining a variance. |
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| 10. | Estimate the excess emissions in total pounds over the duration of the variance period. |
|  | *Please estimate the maximum amount of excess emissions that will occur*. |
|  | Pollutant | Pollutant Limit | Actual Emissions | *Excess emissions are those that are in excess of the rules or permit conditions or otherwise lawfully allowed* | Total Estimated Excess Emissions |
|  | VOC |       |       |       |
|  | NOX |       |       |       |
|  | CO |       |       |       |
|  | SOX |       |       |       |
|  | PM10 |       |       |       |
|  | PM2.5 |       |       |       |
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|  | Highest Opacity level anticipated: |       | % |

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| 11. | Please show all calculations and provide references for emission factors used in |
|  | estimating excess emissions. |
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| 12. | Explain how you can reduce or mitigate excess emissions during the variance period. |
|  | (such as shutting equipment down or reducing production to offset excess emissions) |
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| 13. | If there are excessive hazardous or toxic emissions, attach a health risk assessment |
|  | and receptor modeling data. |

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| 14. | Can you monitor or quantify emission levels from the subject equipment or activity |
|  | during the variance period and make such records available to the District? Source tests, engineering tests, or portable emission analyzers can be utilized. |
|  | Yes: | **[ ]**  | No: | **[ ]**  | Provide an explanation of your response. |
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| 15. | How do you intend to achieve compliance with the rules or permit conditions? |
|  | Include a detailed description of any equipment to be installed and/or modifications to |
|  | be made, a listing of the dates by which the actions will be completed, and an estimate |
|  | of the total cost, if available. |
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| 16. | Please state the dates you are requesting the variance to begin and end (the end date |
|  | should be the date you expect to achieve compliance with the rules, regulations, and |
|  | permit conditions). Please overestimate the time needed to allow for any contingencies. |
|  | Begin variance: |       | End variance: |       |

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| 17. | Please also state if you need special time designations. For example: “*We need 15*  |
|  | *non-consecutive days between such and such date*.” |
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| 18. | If a variance, or series of variances, is to extend beyond one year, you must attach a  |
|  | *Schedule of Increments of Progress* which must specify certain dates or milestones to |
|  | be met in achieving compliance. It shall include, as applicable, but not limited to,  |
|  | the following: |
|  | a) | Date of submission of approved final control plans and/or complete Authority |
|  |  | to Construct applications. |
|  | b) | Date of issuance of contracts or purchase orders for process and/or control  |
|  |  | equipment or repairs/maintenance. |
|  | c) | Date of initiation of on-site construction of process and/or control equipment |
|  |  | or repairs/maintenance. |
|  | d) | Date of completion of construction or process and/or control equipment or  |
|  |  | repairs/maintenance. |
|  | e) | Date of final compliance with all Rules, Regulations, and/or permit conditions. |

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| 19. | Please list the names of any District personnel who are familiar with the facility (inspectors, permit engineers, etc.) or with whom facility representatives have had |
|  | contact concerning this variance petition, or any related NOV or NTC. |
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| Based on information and belief formed after reasonable inquiry, the statements and |
| information in the document are true, accurate, and complete: |
| **Date:** |  |  | **\*Signature:** |  |
|  |  |  | **Title:** |       |
|  |  |  | **Print Name:** |       |
| \**must be signed by a responsible official if petitioner is a Title V source* |

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| **The original petition in this format, and any attachments must be submitted to the District. Any attachments that are extraordinarily difficult to reproduce, such as full color photographs, must be submitted as six copies. Petitions which are incomplete, illegible, submitted in the wrong format, or without the necessary filing fee will be returned. If you need assistance completing this Petition and/or developing a compliance schedule, contact the Compliance Department in your region.** |