



South Coast Air Quality Management District

Form 400-A

Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Section A - Operator Information

| | |
|--|---|
| 1. Facility Name (Business Name of Operator to Appear on the Permit): Georgia-Pacific Gypsum LLC | 2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 152857 |
| 3. Owner's Business Name (If different from Business Name of Operator): | |

Section B - Equipment Location Address

4. Equipment Location Is: Fixed Location Various Location
 (For equipment operated at various locations, provide address of initial site.)

1401 Pier D Street
 Street Address

Long Beach, CA 90802
 City Zip

Clarence Jessie Plant Manager
 Contact Name Title

(562) 435-7711 215 (562) 432-5096
 Phone # Ext. Fax #

E-Mail: Clarence.Jessie@gapac.com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:
 Check here if same as equipment location address

1401 Pier D Street
 Address

Long Beach, CA 90802
 City State Zip

Clarence Jessie Plant Manager
 Contact Name Title

(562) 435-7711 215 (562) 432-5096
 Phone # Ext. Fax #

E-Mail: Clarence.Jessie@gapac.com

Section D - Application Type

6. The Facility Is: Not In RECLAIM or Title V In RECLAIM In Title V In RECLAIM & Title V Programs

7. Reason for Submitting Application (Select only ONE):

| | | |
|---|--|--|
| 7a. New Equipment or Process Application: <input type="radio"/> New Construction (Permit to Construct) <input type="radio"/> Equipment On-Site But Not Constructed or Operational <input type="radio"/> Equipment Operating Without A Permit * <input type="radio"/> Compliance Plan <input type="radio"/> Registration/Certification <input type="radio"/> Streamlined Standard Permit | 7c. Equipment or Process with an Existing/Previous Application or Permit: <input type="radio"/> Administrative Change <input type="radio"/> Alteration/Modification <input type="radio"/> Alteration/Modification without Prior Approval * <input type="radio"/> Change of Condition <input type="radio"/> Change of Condition without Prior Approval * <input type="radio"/> Change of Location <input type="radio"/> Change of Location without Prior Approval * <input type="radio"/> Equipment Operating with an Expired/Inactive Permit * | <p style="text-align: center;">Existing or Previous Permit/Application</p> <p>If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number: _____</p> |
| 7b. Facility Permits: <input checked="" type="radio"/> Title V Application or Amendment (Also submit Form 500-A1) <input type="radio"/> RECLAIM Facility Permit Amendment | * A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(i)). | |

8a. Estimated Start Date of Construction (mm/dd/yyyy): _____

8b. Estimated End Date of Construction (mm/dd/yyyy): _____

8c. Estimated Start Date of Operation (mm/dd/yyyy): _____

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):
 Title V renewal

10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each equipment / process) _____

11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less OR a not-for-profit training center) No Yes

12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment? No Yes
 If Yes, provide NOV/NC#: _____

Section E - Facility Business Information

13. What type of business is being conducted at this equipment location?
 Gypsum product manufacturing

14. What is your business primary NAICS Code? (North American Industrial Classification System) **327420**

15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? No Yes

16. Are there any schools (K-12) within 1000 feet of the facility property line? No Yes

Section F - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application are true and correct.

| | | |
|--|---|---|
| 17. Signature of Responsible Official: | 18. Title of Responsible Official: REGIONAL OPERATIONS | 19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="radio"/> No <input checked="" type="radio"/> Yes |
| 20. Print Name: DAVID J. NEAL | 21. Date: 06/08/12 | 22. Do you claim confidentiality of data? (If Yes, see instructions.) <input checked="" type="radio"/> No <input type="radio"/> Yes |

23. Check List: Authorized Signature/Date Form 400-CEQA Supplemental Form(s) (ie., Form 400-E-xx) Fees Enclosed

| | | | | | |
|---------------|----------------------------------|---------------------|-------------------------------|------------------------------|-----------------------|
| AQMD USE ONLY | APPLICATION TRACKING # 539581 | CHECK # 90856115 | AMOUNT RECEIVED \$ 1984.24 | PAYMENT TRACKING # 102964 | VALIDATION 6-19-12 |
|---------------|----------------------------------|---------------------|-------------------------------|------------------------------|-----------------------|

| | | | | | | | | | |
|--------------|------------|------|------------|--------------|------------------|-----------------------------------|-----------|-----------------|---------------------|
| DATE 6/12 | APP REJ | DATE | APP REJ | CLASS III | BASIC CONTROL | EQUIPMENT CATEGORY CODE 555002 | TEAM D | ENGINEER RTH | REASON/ACTION TAKEN |
|--------------|------------|------|------------|--------------|------------------|-----------------------------------|-----------|-----------------|---------------------|

12 JUN 19 19:26

S. O. ENGINEER



South Coast Air Quality Management District
Form 500-A2
Title V Application Certification

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit): Georgia-Pacific Gypsum LLC

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 152857

3. This Certification is submitted with a (Check one):
 a. Title V Application (Initial, Revision or Renewal)
 b. Supplement/Correction to a Title V Application
 c. MACT Part 1

4. Is Form 500-C2 included with this Certification? Yes No

Section II - Responsible Official Certification Statement

Read each statement carefully and check each that applies – You must check 3a or 3b.

1. For Initial, Permit Renewal, and Administrative Application Certifications:
 a. The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1,
 i. except for those requirements that do not specifically pertain to such devices or equipment and that have been identified as "Remove" on Section III of Form 500-C1.
 ii. except for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will not be operating in compliance with the specified applicable requirement(s).
 b. The facility, including equipment that are exempt from written permit per Rule 219, will meet in a timely manner, all applicable requirements with future effective dates.

2. For Permit Revision Application Certifications:
 a. The equipment or devices to which this permit revision applies, will in a timely manner comply with all applicable requirements identified in Section II and Section III of Form 500-C1.

3. For MACT Hammer Certifications:
 a. The facility is subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63), also known as the MACT "hammer." The following information is submitted with a Title V application to comply with the Part 1 requirements of Section 112(j).
 b. The facility is not subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63).

Section III - Authorization/Signature

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statement and information in this document and in all attached application forms and other materials are true, accurate, and complete.

| | |
|---|---|
| 1. Signature of Responsible Official: | 2. Title of Responsible Official: <u>REGIONAL OPERATIONS MANAGER</u> |
| 3. Print Name: <u>DAVID J. NEAL</u> | 4. Date: <u>06/08/12</u> |
| 5. Phone #: <u>404-652-5744</u> | 6. Fax #: <u>404-654-4730</u> |
| 7. Address of Responsible Official: <u>133 PEACHTREE STREET NE</u> <u>ATLANTA</u> <u>GA</u> <u>30303</u> | |
| Street # | City State Zip |

Acid Rain Facilities Only: Please Complete Section IV

Acid Rain facilities must certify their compliance status of the devices subject to applicable requirements under Title IV by an individual who meets the definition of Designated (or Alternate) Representative in 40 CFR Part 72.

Section IV - Designated Representative Certification Statement

For Acid Rain Facilities Only: I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

1. Signature of Designated Representative or Alternate:

2. Title of Designated Representative or Alternate:

3. Print Name of Designated Representative or Alternate:

4. Date:

5. Phone #:

6. Fax #:

7. Address of Designated Representative or Alternate:

Street # _____ City _____ State CA Zip _____