

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY PERMITTING

GENERAL PERMIT REGISTRATION FORM
FOR
RESEARCH AND DEVELOPMENT

**In order to complete the fillable spaces in this document,
the file needs to be opened in Adobe Reader.**

SECTION A: FACILITY PROFILE

Facility ID Number _____ Facility Name _____

Street Address

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____ State _____ Zip _____

Location Description

Mailing Address Check if same as street address above

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City _____ State _____ Zip _____

**Mailing Instructions
and Information:**

Mail Registration Form & Fee to:

Division of Air Quality
Bureau of Stationary Sources
401 E. State Street, 2nd floor,
P.O. Box 420, Mail Code 401-02
Trenton, NJ 08625-0420

Submittal Fee: \$1,090.00

Make check payable to "Treasurer, State of NJ"

For Assistance, please call:

(609) 633-2829

County

County Where Facility Is Located _____

Industry Information

Primary SIC _____

Facility Contact(s)

Contact types for each of the following are mandatory: Fee/ Billing Contact, Air Permit Information Contact and Responsible Official. (Attach additional facility contact sheets if necessary)

Responsible Official Contact

Name _____ Organization _____

Title _____ Organization Type _____

Phone _____

Fax _____ Mailing Address _____

Other _____ Address Line 2 _____

Type _____ Address Line 3 _____

E-mail _____ City _____ State _____ Zip _____

Air Permitting Information Contact

Name _____ Organization _____
Title _____ Organization Type _____
Phone _____
Fax _____ Mailing Address _____
Other _____ Address Line 2 _____
Type _____ Address Line 3 _____
E-mail _____ City _____ State _____ Zip _____

Fee/Billing Contact

Name _____ Organization _____
Title _____ Organization Type _____
Phone _____
Fax _____ Mailing Address _____
Other _____ Address Line 2 _____
Type _____ Address Line 3 _____
E-mail _____ City _____ State _____ Zip _____

SECTION B: REASON FOR APPLYING (Check one)

Unpermitted (new equipment or existing unpermitted equipment)

Permitted (adding a new piece of equipment to existing GP, or modification or replacement of existing pieces of equipment currently listed on an NJDEP permit)

ANY PERMIT NUMBERS WRITTEN BELOW WILL BE SUPERSEDED

Previous Permit Number(s) if any: PCP/GEN – _____

SECTION C: EQUIPMENT INVENTORY

Briefly describe the R&D operation registered under this general permit including a description of the location of the operation:

(Please limit description to 150 characters including spaces and punctuation)

E NJID	Equipment Designation (max of 12 characters)	Equipment Type/Description	Nature of R&D Operation	Control Device (if applicable) CD-Number	Control Device Type (if applicable)	Installation Date (mm/dd/yyyy)
E- _____				CD- _____		
E- _____				CD- _____		
E- _____				CD- _____		

Note: If you need to add more equipment, please attach an additional page.

SECTION D: EMISSION POINT

Note:

1. If the process emits Methylene Chloride and Methyl Chloroform, exceeding the reporting threshold of 0.01 pounds per hour per source, the stack height must be equal to or greater than 30 feet and the distance to property line must be equal to or greater than 100 feet. The hourly emissions of Methylene Chloride or Methyl Chloroform shall not exceed 0.1 pounds per hour.
2. If the process emits Benzene, Carbon Tetrachloride, Chloroform, 1,4 Dioxane, Ethylene Dibromide, Ethylene Dichloride, 1,1,2,2 Tetrachloroethane, and Tetrachloroethylene, exceeding the reporting threshold of 0.01 pounds per hour, per source, the stack height must be equal to or greater than 30 feet and the distance to property line must be equal to or greater than 1,000 feet. The hourly emissions of Benzene, Carbon Tetrachloride, Chloroform, 1,4 Dioxane, Ethylene Dibromide, Ethylene Dichloride, 1,1,2,2 Tetrachloroethane, or Tetrachloroethylene shall not exceed 0.1 pounds per hour.

PT NJID	Facility's Designation (max of 12 characters)	PT Description	Configuration	Stack Diameter (inches)	Stack Height (feet)	Distance to Property Line (feet)	Exhaust Volume (acfm)	Discharge Direction
PT- _____								
PT- _____								

Note: If you need to add more control devices, please attach an additional page.

SECTION E: EMISSION UNIT INVENTORY

U NJID	Facility's Designation	Facility's Description
U-_____	GP-020A R&D	

Note: If you need to add more emission points, please attach an additional page

SECTION F: POTENTIAL TO EMIT**Table A. Emission Limits for GP-020A**

AIR CONTAMINANTS	MAXIMUM ANNUAL EMISSIONS LIMIT (TONS PER YEAR)*¹
CO	
NO_x	
TSP	
PM-10	
PM-2.5	
SO₂	
VOC (Total)	
Other Contaminants (Must be specified in the registration)	
Other Contaminants (Must be specified in the registration)	

¹**Note:** The total emissions for each pollutant in Table A shall be below 5.0 tpy.

Note: If you need to add more air contaminants (per [Subchapter 8](#)), please attach an additional page.

Note: Complete the Table below **if** the hourly emissions from the Toxics, NJHAPs and/or HAPs regulated by GP-020A are above Reporting Thresholds per [Subchapter 17](#).

Table B. Toxics, NJHAPs, and/or HAPs Emission Limits for GP-020A

AIR CONTAMINANTS	MAXIMUM ANNUAL EMISSIONS LIMIT (TONS PER YEAR)*²
Methylene Chloride	
Methyl Chloroform	
Benzene	

Carbon Tetrachloride	
Chloroform	
1,4 Dioxane	
Ethylene Dibromide	
Ethylene Dichloride	
1,1,2,2 Tetrachloroethane	
Tetrachloroethylene	

***2Note:** The total emissions for each pollutant in Table A shall be below annual reporting thresholds in N.J.A.C. 7:27-17.

SECTION G: CERTIFICATION

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Name of Individual
With Direct Knowledge

Title

Signature

Date

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

Name of Responsible Official

Title

Signature

Date

For Department Use Only

PER#

Fee

INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM FOR RESEARCH AND DEVELOPMENT

SECTION A: FACILITY PROFILE

Facility (ID Number & Facility Name) - Enter the New Jersey air pollution facility identification number (ID) followed by the facility name for which the General Permit (GP) is being registered. The facility ID is a five-digit number assigned by the New Jersey Department of Environmental Protection. Your facility name is the one registered with the New Jersey Secretary of State, under which your facility does business.

Street Address - Enter the address of the facility where the equipment to be permitted is physically located.

Mailing Address - Enter the facility's mailing address. If it is the same as the facility location, check the box provided.

Mailing Instructions & Information - Once the General Permit Registration Form has been completed, it should be mailed along with the appropriate fee(s) to the New Jersey Department of Environmental Protection at the address listed on the front page of the Registration form. The submittal fee is **\$1,090.00** per General Permit Registration Form submitted. Make checks payable to: "Treasurer, State of New Jersey".

County - Enter the county in which the facility is located (not the mailing Address County).

Location Description - Describe the facility's location if it is difficult to find using the street address. If you have to give a visitor direction to your facility, consider showing them here. (*Example*: Two miles down the access road that leaves state highway 29 at mile marker 10.)

Industry Information - Enter the facility's three-digit Standard Industrial Classification SIC.

Facility Contact (s) – Complete the entire section for each of the three mandatory contact types: Responsible Official, Air Permitting Information and Fee/Billing Contact.

SECTION B: REASON FOR APPLICATION

New or Existing Unpermitted units (new equipment or existing unpermitted equipment) - Check this box if this application is being filed for a unit(s) for which no current permit exists.

Select "Unpermitted" if **all** of the pieces of Equipment covered by this General Permit are existing equipment that was never covered by an air permit or is new equipment that is going to be installed. Continue to Section C: Equipment Inventory.

Select "Permitted" if **one or more** of the pieces of Equipment covered by this General Permit is existing equipment that is or was covered by an air permit, or new equipment that will replace existing pieces of equipment currently listed on an air permit, or new equipment that will be added into an existing GP. Remember that if you are going to create a new GP, all new and existing sources must be listed in the new GP.

If you are unsure the equipment listed in Section C: Equipment Inventory has ever been issued an air permit, please refer to your list of all permits at <https://dep.nj.gov/boss/> under "Reports- Approved PCP permits".

SECTION C: EQUIPMENT INVENTORY

Equipment NJID # - Leave this blank and the Department will assign an appropriate identification number for the equipment operation covered by this General permit.

Equipment Designation - Enter a name by which you can identify the equipment. The limit on the designation of equipment name is a maximum 12 characters.

Equipment Type/Description – Select the equipment type/description using the drop down menu. If other, enter the type/description of equipment.

Nature of R&D Operation – Choose the nature of the Research & Development Operation using the drop down menu.

Control Device NJID (if applicable) – Leave this blank and the Department will assign an appropriate identification number for the control device covered by this General Permit.

Control Device Type (if applicable) – Enter the type of control device used in the drop down menu.

Installation Date – Enter the installation date of the piece of equipment.

SECTION D: EMISSION POINT

Emission Point NJID # - Leave this blank and the Department will assign an appropriate identification number for the emission point(s) covered by this General Permit.

Facility's Designation- Enter a name by which you can identify the emission point. The limit on the designation of the emission point is a maximum of 12 characters.

PT Description – Enter a name by which you can describe the emission point.

Configuration – Select the configuration of the emission point using the drop down menu.

Stack Diameter – Enter the stack diameter in inches.

Stack Height – Enter the stack height in feet.

Distance to Property Line – Enter the Distance to Property Line in feet.

Exhaust Volume – Enter the Exhaust Volume in actual cubic feet per minute (acfm).

Discharge Direction – Select the discharge direction as either down, horizontal or up using the drop down menu.

SECTION E: EMISSION UNIT INVENTORY

Emission Unit NJID # - Leave this blank and the Department will assign an appropriate identification number for the emission unit covered by this General Permit.

Facility's Designation -- Enter a name by which you can identify the emission unit. The limit on the designation of the emission unit is a maximum of 12 characters.

Facility Description – Enter a name by which you can describe the emission unit.

SECTION F: POTENTIAL TO EMIT

The Potential to Emit (PTE) for the criteria pollutants and other contaminants regulated by GP-020A will be limited by the limit entered in Table A above, which is included in section VI of the Potential-to-Emit Options of the General Permit.

The PTE limit for the criteria pollutants for individual equipment are based on applicable regulatory requirements, which are listed in Section VIII of the Compliance Plan.

The individual TXS (Group I, II, III, or any combination thereof), NJHAPs and/or HAPs hourly and annual emissions of each piece of equipment covered under this General Permit must be less than the reporting threshold specified in N.J.A.C. 7:27-17.9 (<https://dep.nj.gov/wp-content/uploads/aqm/sub17.pdf>), before, or after control, if applicable, except the following:

1. Only hourly emissions of Methylene Chloride and Methyl Chloroform, per source, may exceed the reporting threshold of 0.01 pounds per hour if the stack height is equal to or greater than 30 feet and the distance to property line is equal to or greater than 100 feet. In this case, the hourly emissions of Methylene Chloride or Methylene Chloroform shall not exceed 0.1 pounds per hour.
2. Only hourly emissions of Benzene, Carbon Tetrachloride, Chloroform, 1,4-Dioxane, Ethylene, Dibromide, Ethylene Dichloride, 1,1,2,2-Tetrachloroethane, and Tetrachloroethylene, per source, may exceed the reporting threshold of 0.01 pounds per hour if the stack height is equal to or greater than 30 feet and the distance to property line is equal to or greater than 1,000 feet. In this case, the hourly emissions of Benzene, Carbon Tetrachloride, Chloroform, 1,4-Dioxane, Ethylene, Dibromide, Ethylene Dichloride, 1,1,2,2-Tetrachloroethane or Tetrachloroethylene may not exceed 0.1 pounds per hour.

Table A – For criteria pollutants and other Air Contaminants—Complete this table if the criteria pollutants and other contaminants are above reporting thresholds. No air contaminants meeting the State of the Art levels (5.0 tpy or greater) are allowed in this GP.

Maximum Annual Emissions Limit – Enter the annual emissions for all the criteria pollutants: CO, NO_x, TSP, PM-10, PM_{2.5}, SO₂, and VOC (Total).

Other Air Contaminant -- Enter air contaminant other than the criteria pollutants.

Table B – For Toxics, NJHAPs and/or HAPs Emissions—Complete Table B, ONLY if the hourly emissions from the Toxics, NJHAPs and/or HAPs regulated by GP-020A are above reporting thresholds per Subchapter 17. The annual emissions from the reported contaminants must be below the annual reporting thresholds in Sub 17.

SECTION G: CERTIFICATION

Print or type the name and title of person, submit with original signature, and date the application in the spaces provided.

Individual with Direct Knowledge - Individual listed as the contact person or any person with direct knowledge of and responsibility for the information contained in the General Permit Registration Form. This may or may not be the same person who signs as the Responsible Official defined below.

Responsible Official - Any company executive charged with environmental responsibilities. A Responsible Official as defined in N.J.A.C. 7:27-1.4 is as follows:

- | | |
|-----------------------------------|--|
| For a corporation: | A president, secretary, treasurer, or vice-president of the corporation; any other person who performs similar policy or decision making functions for the corporation; or a duly authorized representative responsible for the overall operation of a facility (plant manager, etc.). |
| For a partnership: | A general partner. |
| For a sole proprietorship: | The proprietor |
| For a government agency: | Either a principal executive officer or ranking elected official |