

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
AIR QUALITY PERMITTING

GENERAL PERMIT REGISTRATION FORM
FOR
INDOORS FUMIGATION OPERATIONS OF COCOA BEAN PRODUCTS

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)

Facility Contact Responsible Official

Name _____ Organization _____

Title _____ Organization Type _____

Phone _____

Fax _____ Mailing Address _____

Other _____ Address Line 2 _____

Type _____ Address Line 3 _____

E-mail _____ City _____ State _____ Zip _____

Facility Contact	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 _____

Facility Contact	Fee/Billing
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 APPLICATION (Check one)

Unpermitted (new equipment or existing unpermitted equipment)

Permitted (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ANY PERMIT NUMBERS WRITTEN BELOW WILL BE SUPERSEDED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

Equipment NJID	Equipment Designation (max of 12 characters)	Equipment Description	Installation Date mm/dd/yyyy
E-_____	Fumigation		

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

SECTION D: EMISSION POINT

Note: List the emission point(s) where the fumigation activities will be designated.

PT NJID	Facility's Designation (max of 12 characters)	PT Description	Configuration	Stack Diameter (inches)	Stack Height	Distance to Property Line	Exhaust Volume (acfm)	Discharge Direction is UP?
PT- _____					I certify the stack height is 18 feet or higher. YES	I certify the Distance to Property Line is 10 feet or greater. YES	Select one Check box: If Diameter is 4 inches, I certify the exhaust volume is greater than or equal to 300 acfm. YES OR If Diameter is 18 inches, I certify the exhaust volume is greater than or equal to 5,000 acfm. YES	YES
PT- _____					I certify the stack height is 18 feet or higher. YES	I certify the Distance to Property Line is 10 feet or greater. YES	Select one Check box: If Diameter is 4 inches, I certify the exhaust volume is greater than or equal to 300 acfm. YES OR If Diameter is 18 inches, I certify the exhaust volume is greater than or equal to 5,000 acfm. YES	YES

PT- _____					I certify the stack height is 18 feet or higher. YES	I certify the Distance to Property Line is 10 feet or greater. YES	Select one Check box: If Diameter is 4 inches, I certify the exhaust volume is greater than or equal to 300 acfm. YES OR If Diameter is 18 inches, I certify the exhaust volume is greater than or equal to 5,000 acfm. YES	YES
--------------	--	--	--	--	---	---	---	-----

SECTION E: CONTROL DEVICE INVENTORY (if applicable)

CD NJID	Control Device Designation (max of 12 characters)	Control Device Description	Control Device Type
CD-_____			

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

SECTION F: EMISSION UNIT INVENTORY

U NJID	Facility's Designation (max of 12 characters)	Facility Description	Sulfuryl Fluoride Daily	Sulfuryl Fluoride Yearly
U-_____	Fumigation	Indoor Fumigation Operations of Cocoa Bean Products	The amount of Sulfuryl Fluoride does not exceed 300 pounds per day. YES	The amount of Sulfuryl Fluoride does not exceed 9,000 pounds per year. YES

SECTION G: POTENTIAL TO EMIT

1. The Potential to Emit (PTE) for all fumigation operations covered under this General Permit shall be below than or equal to 4.5 ton of Sulfuryl Fluoride per year (9,000 pounds per year).

SECTION H: 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 INDOORS FUMIGATION OPERATIONS OF COCOA BEAN PRODUCTS

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 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 **\$1090.00** 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 four-digit Standard Industrial Classification SIC. Commonly used SIC Code for this General Permit:

Description	SIC
Chocolate and Cocoa Products	2066
Crop Preparation Services for Market	0723

Facility Contact (s)- Check the box(es) indicating a Fee/ Billing Contact, Air Permit Information Contact and Responsible Official at the facility. Complete the entire section for each of the three mandatory contact types

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 were 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.

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 – “Fumigation” as default.

Equipment Description – Enter a name or description process that describes the equipment.

Installation Date – Enter the date of installation in month/day/year format.

SECTION D: EMISSION POINT

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

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

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

Configuration – Identify the configuration of the emission point: rectangle, round or square in the drop down menu.

Stack Diameter – Identify the stack diameter: 4 inches or 18 inches in the drop down menu.

Stack Height – Certify whether the stack height is 18 feet or higher.

Distance to Property Line – Certify whether the distance to property line is 10 feet or greater.

Exhaust Volume – Certify the exhaust volume dependent on the stack diameter. If the diameter is 4 inches, the exhaust volume is greater than or equal to 300 acfm. If the diameter is 18 inches, the exhaust volume is greater than or equal to 5,000 acfm.

Discharge Direction – Identify if the discharge direction is up.

SECTION E: CONTROL DEVICE INVENTORY (if applicable)

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

Control Device Designation – Enter a name by which you can identify the control device. The limit on the control device designation name is a maximum 12 characters.

Control Device Description – Enter a name by which you can describe the control device.

Control Device Type – Enter the type of control device used.

SECTION F: EMISSION POINT UNIT INVENTORY

Emission Point 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 – “Fumigation” set as default.

Facility Description – “Indoor Fumigation Operations of Cocoa Bean Products” set as default.

Sulfuryl Fluoride Daily – Certify that the amount of Sulfuryl Fluoride used daily does not exceed 300 pounds per day.

Sulfuryl Fluoride Yearly – Certify that the amount of Sulfuryl Fluoride used yearly does not exceed 9,000 pounds per year.

SECTION G: POTENTIAL TO EMIT

From General Permit (GP-021A) text:

1. The Potential to Emit (PTE) for all fumigation operations covered under this General Permit shall be below than or equal to 4.5 ton of Sulfuryl Fluoride per year (9,000 pounds per year).

SECTION H: 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