

Emissions Minimization Plan

Regulation 12, Miscellaneous Standards of Performance, Rule 13
Foundry and Forging Operations

Facility Name
District Site #
Address
Address

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I, as the Responsible Manager of this facility, hereby certify that as of this date, this Emissions Minimization Plan contains all elements and information required of a complete EMP pursuant to District Regulation Section 12-13-403 and that the information contained in this EMP is accurate.

Certified by: _____

Dated: _____

Title

Responsible Manager

Company Description

Company Organizational Chart and Schedule of Management Operators

12-13-403.1.3

- A. *Company Organizational Chart*- Attach a copy of the organizational chart of the company, which describes the business structure and includes the name of the facility's Responsible Official.
- B. *Schedule of Management Operators* - Provide the names and contact information of the Onsite Responsible Manager(s) and Onsite Alternate Contact(s) and their duty schedule.

A. Company Organizational Chart

B. Schedule of Management Operators

Onsite Responsible Manager(s)

Name:
Title:
Phone:
Email:
Schedule/Shift:

Name:
Title:
Phone:
Email:
Schedule/Shift:

Onsite Alternate Contact(s)

Name:
Title:
Phone:
Email:
Schedule/Shift:

Name:
Title:
Phone:
Email:
Schedule/Shift:

Name:
Title:
Phone:
Email:
Schedule/Shift:

Contents of the EMP

12-13-403

The owner or operator of the foundry or forge subject to Section 12-13-401 shall prepare a complete and accurate EMP that details the management practices, measures, equipment and procedures that are employed or scheduled to be implemented to minimize fugitive emissions of particulate matter and odorous substances for the operations subject to the EMP.

A. Operations Subject to EMP and Schedule of Operations

B. Description of Operations - Facilities with operations under 12-13-402 must list and provide description of all process equipment, material usages, abatement and control equipment and monitoring parameters to reduce fugitive emissions of particulates and odors. Please provide information for all the following operations that apply.

C. Management Practices to Reduce Fugitive Emissions- Facilities with operations under 12-13-402 must list and provide descriptions of all preventative maintenance activities, pollution prevention and source reduction measures to reduce fugitive emissions of particulates and odors. Provide schedules of activities conducted.

D. Description of Abatement and Control Equipment- Facilities must provide a comprehensive list of all abatement and control equipment for operations subject to 12-13-402 and name the source(s) of operation in which it abates.

A. Operations Subject to EMP and Schedule of Operations

The EMP shall address all of the following operations that are conducted at a foundry or forge per 12-13-402.

Please check all facility operations that apply and provide the schedule of operation.

Operation	Schedule of Operations
<input type="checkbox"/> 402.1 Mold and Core Making Operations	
<input type="checkbox"/> 402.2 Metal Management	
<input type="checkbox"/> 402.3 Furnace Operations, including tapping and pouring	
<input type="checkbox"/> 402.4 Forging Operations	
<input type="checkbox"/> 402.5 Casting and Cooling Operation	
<input type="checkbox"/> 402.6 Shake Out Operations	
<input type="checkbox"/> 402.7 Finishing Operations	
<input type="checkbox"/> 402.8 Sand Reclamation	
<input type="checkbox"/> 402.9 Dross and Slag Management	

402.1 Mold and Core Making Operations

B. Description of Operations - MOLD AND CORE MAKING OPERATIONS

Section #	Equipment Name and Manufacturer /Model #	District S# and Applicable NESHAPs Section	NAME OF MATERIALS USED IN MOLDING OPERATIONS					ABATEMENT					
			Binders	Coatings	Adhesives	Mold Release Agents	Other	Source abated	Abatement Required by Permit	A#	Type of Abatement and Purpose of Abatement	Abatement Monitored	Monitoring Parameters
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Description of Operations – MOLD AND CORE MAKING OPERATIONS

Provide information on binders used in mold and core making operations.

Section #	Name of Binder	Binder Mix Ratio	Name of Source(s) and/or District S# Where Binder Is Used	Product Specification per MSDS
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):
				VOC CONTENT (%): PHENOL CONTENT (%):

C. Management Practices to Reduce Fugitive Emissions – MOLD AND CORE MAKING OPERATIONS

Provide description of preventative maintenance (PM) activities including PM schedules and work practice standards for each abatement device for core and mold making operations.

Section #	Name of Abatement Device and Manufacturer/Model #	Description of Preventative Maintenance Activity and Work Practice Standards	Schedule of PM

C. Management Practices to Reduce Fugitive Emissions – MOLD AND CORE MAKING OPERATIONS

Provide description of other housekeeping measures to abate and/or minimize fugitive emissions of odors and/or particulate matter at sources or source areas.

Section #	Description of Housekeeping Measure	Purpose of Activity	Schedule of Activity

402.2 Metal Management

B. Description of Operations - Metal Management

Section #	Name of Non-Exempt Metal or Metal Alloy Used for Production	Metal Type	Method of Verification for Determining Chemical Composition
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	
		<input type="checkbox"/> Ferrous <input type="checkbox"/> Non-Ferrous	

B. Description of Operations - Metal Management

Describe the facility's metal inspection program, work practice standards and material acquisition plan/procedures upon receipt of scrap or unprocessed metal. Include any pollution prevention management practices and source reduction measures to ensure the metal received is clean.

C. Management Practices to Reduce Fugitive Emissions– Metal Management

Describe control measures to minimize fugitive emissions from scrap or unprocessed metal.

402.3 Furnace Operations

B. Description of Operations - FURNACE OPERATIONS

Section #	Furnace Name and Manufacturer/ Model #	District S# and Applicable NESHAPs Section	Type of Operation	Source abated	Type of Abatement Device	District A#	Purpose of Abatement	Abatement Monitored	Monitoring Parameters
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Melting <input type="checkbox"/> Heat Treating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Management Practices to Reduce Fugitive Emissions- FURNACE OPERATIONS

Provide description of preventative maintenance (PM) activities including PM schedules and work practice standards for each abatement device for furnace operations.

Section #	Abatement Device and Manufacturer/Model #	Description of Preventative Maintenance Activity and Work Practice Standards	Schedule of PM

402.4 Forging Operations

B. Description of Operations - FORGING OPERATIONS

Section #	Equipment Name and Manufacturer/ Model #	District S# and Applicable NESHAPs Section	Description of Use	Name of Lubricants and/or Oils	Other Materials Used	Source abated	Type of Abatement Device	Purpose of Abatement	Abatement Monitored	Monitoring Parameters
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Management Practices to Reduce Fugitive Emissions - FORGING OPERATIONS

Provide description of preventative maintenance (PM) activities including PM schedules and work practice standards for each abatement device for forging operations.

Section #	Abatement Device and Manufacturer/Model #	Description of Preventative Maintenance Activity and Work Practice Standards	Schedule of PM

C. Management Practices to Reduce Fugitive Emissions - FORGING OPERATIONS

Provide description of other housekeeping measures to abate and/or minimize fugitive emissions of odors and/or particulate matter at sources or source areas.

Section #	Description of Housekeeping Measure	Purpose of Activity	Schedule of Activity

402.5 Casting and Cooling Operations

B. Description of Operations - CASTING AND COOLING OPERATIONS

Section #	Name of Pouring and Cooling Operations and Manufacturer/ Model #	District S# and Applicable NESHAPs Section	Cooling Time of Product or Source	Designated Locations of Cooling Operation	Source Abated	Type of Abatement Device	Purpose of Abatement	Abatement Monitored	Monitoring Parameters
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Management Practices to Reduce Fugitive Emissions - CASTING AND COOLING OPERATIONS

Describe the method to verify adequate cooling times are achieved to ensure minimization of fugitive emissions of particulates and odors prior to commencing shake out operations.

C. Management Practices to Reduce Fugitive Emissions - CASTING AND COOLING OPERATIONS

Provide description of preventative maintenance (PM) activities including PM schedules and work practice standards for each abatement device for casting and cooling operations.

Section #	Abatement Device and Manufacturer/Model #	Description of Preventative Maintenance Activity and Work Practice Standards	Schedule of PM

C. Management Practices to Reduce Fugitive Emissions - CASTING AND COOLING OPERATIONS

Provide description of other housekeeping measures to abate and/or minimize fugitive emissions of odors and/or particulate matter at sources or source areas.

Section #	Description of Housekeeping Measure	Purpose of Activity	Schedule of Activity

402.6 Shake Out Operations

B. Description of Operations - SHAKE OUT OPERATIONS

Section #	Name of Shakeout Operations and Manufacturer/ Model #	District S# and Applicable NESHAPs Section	Describe Location of Shake Out Operation	Source Abated	A#	Type of Abatement Device	Purpose of Abatement	Abatement Monitored	Monitoring Parameters
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	

402.7 Finishing Operations

B. Description of Operations - FINISHING OPERATIONS

Section #	Type of Operation	District S# and Applicable NESHAPs Section	Describe Location of Finishing Operation	Number of Machines	Abated Source	A#	Type of Abatement Device	Purpose of Abatement	Abatement Monitored	Monitoring Parameters
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Grinding <input type="checkbox"/> Welding <input type="checkbox"/> Other:			GRINDERS: WELDERS: OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Management Practices to Reduce Fugitive Emissions - FINISHING OPERATIONS

Provide description of other housekeeping measures to abate and/or minimize fugitive emissions of odors and/or particulate matter at sources or source areas.

Section #	Description of Housekeeping Measure	Purpose of Activity	Schedule of Activity

402.7 Sand Reclamation

B. Description of Operations - SAND RECLAMATION

Section #	Name of Sand Reclamation Equipment and Manufacturer/Model #	District S# and Applicable NESHAPs Section	Describe Type of Sand Reclamation Equipment	Abated Source	A#	Type of Abatement Device	Purpose of Abatement	Abatement Monitored	Monitoring Parameters
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Management Practices to Reduce Fugitive Emissions - SAND RECLAMATION

Provide description of other housekeeping measures to abate and/or minimize fugitive emissions of odors and/or particulate matter at sources or source areas.

Section #	Description of Housekeeping Measure	Purpose of Activity	Schedule of Activity

402.9 Dross and Slag Management

B. Description of Operations - DROSS AND SLAG MANAGEMENT

Section #	Material	Describe Location for Cooling of Material	Abated Source	A#	Type of Abatement Device	Purpose of Abatement	Abatement Monitored	Monitoring Parameters	Material Disposition
1	Dross		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Offsite Recycling <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Reprocessing
2	Slag		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Offsite Recycling <input type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Reprocessing

C. Management Practices to Reduce Fugitive Emissions - DROSS AND SLAG MANAGEMENT

Provide description of other housekeeping measures to abate and/or minimize fugitive emissions of odors and/or particulate matter at sources or source areas.

Section #	Description of Housekeeping Measure	Purpose of Activity	Schedule of Activity

Technical Data

12-13-403.1

- A. Process Flow Diagram* – Facilities must indicate all operations in Section 12-13-402, the flow of materials used and identify all monitoring of processes, abatement and controls to minimize emissions beginning from material receipt to achievement of final product. Identify all abatement and control devices by District source numbers according to District Permit or as exempt from District Permit.
- B. Facility Layout / Floor Plan* - Facilities must indicate all relative locations of processing equipment and monitoring and controls, all permitted and exempt sources identified in the process flow diagram per Section 12-13-403.1.1 and any other source(s) that may contribute to particulates and odors. Include all building walls, partitions, doors, windows, vents and openings and indicate all areas that have abatement for particulates and odors. Identify all metal melting and processing equipment by District source numbers according to District Permit or as exempt from District Permit.

A. Process Flow Diagram

B. Facility Layout / Floor Plan

Fugitive Emissions Reductions Previously Realized

12-13-403.2

Facilities must provide a description of the equipment, processes and procedures installed or implemented within the last five years to reduce fugitive emissions. Include the purpose for implementation and detail any employee training that was conducted for that equipment, process or procedure and the frequency of any ongoing training.

12-13-403.2 FUGITIVE EMISSIONS PREVIOUSLY REALIZED

Section #	Identify Type of Operation per Section 12-13-402	Description of Equipment, Processes or Procedures Previously Realized	Implementation Date	Purpose of Implementation	Employee Training Conducted	Description of Employee Training and Frequency of Training
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Schedule for the Implementation of the EMP Elements

12-13-403.3

- A.* Provide a list of existing or current EMP elements in place pursuant to and under a District Authority to Construct as of the initial date of EMP submittal (on or before May 1, 2014). Include a description, the purpose and schedule of the element(s).

- B.* Provide a list of new or future EMP elements to be implemented following APCO approval of the EMP. Include a description, the purpose and schedule of the element(s) to be implemented.

A. 12-13-403.3.1 SCHEDULE FOR THE IMPLEMENTATION OF THE EMP ELEMENTS (on or before May 1, 2014)

Section #	Identify Type of Operation per Section 12-13-402	List Specific Elements to be Implemented on or before May 1, 2014	Implementation Date	Description of Elements to be Implemented	Purpose of Implementation

Compliance Schedule for the EMP

12-13-404

- A. *Determination of Completeness* – After facility submits the initial EMP, District APCO will make a completeness determination. If EMP is determined to be “complete,” additional revisions to EMP for completeness determination is not required. If EMP is deemed “not complete,” facility must address APCO’s “Basis for Determination and Required Correction Action” and submit revisions to the EMP. Include the date, description of the revision and corresponding page number(s) and section number(s) of the EMP where the revision can be located.
- B. *APCO Recommendations to EMP and Determination of Approvability*– Acknowledge acceptance or rejection of each of the APCO’s recommendations. For each of the accepted recommendations, describe the measures to be implemented and include the date of proposed implementation. If the facility rejects a recommendation, provide a detailed basis for that rejection.

A. Determination of Completeness (12-13-404)

Date of EMP: _____

Date of Initial EMP Submittal	(FOR APCO USE ONLY) APCO Determination of Completeness	(FOR APCO USE ONLY) Basis for Determination of Completeness and Required Corrective Action
	<input type="checkbox"/> Yes, EMP is complete <input type="checkbox"/> No, EMP is not complete. Facility must detail and submit revisions below.	

TO BE COMPLETED IF EMP SUBMITTAL IS DEEMED "NOT COMPLETE" BY APCO.
 List all EMP revisions submitted to the District for completeness determination.
 Include the date and description of the revision and corresponding page number(s) and section number(s) of the EMP where the revision can be located.

Section #	Date of Submission of Proposed Changes	Description of Revisions	Corresponding Page and Section number(s) in EMP	(FOR APCO USE ONLY) APCO Determination of Revision
1				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
2				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions. Basis:
3				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
4				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:

A. Determination of Completeness (12-13-404)

Date of EMP: _____

TO BE COMPLETED IF EMP SUBMITTAL IS DEEMED "NOT COMPLETE" BY APCO. List all EMP revisions submitted to the District for completeness determination. Include the date and description of the revision and corresponding page number(s) and section number(s) of the EMP where the revision can be located.				
Section #	Date of Submission of Proposed Changes	Description of Revisions	Corresponding Page and Section number(s) in EMP	(FOR APCO USE ONLY) APCO Determination of Revision
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions. Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions. Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:

B. APCO Recommendations to EMP and Determination of Approvability (12-13-405)

Date of EMP: _____

Provide determination of acceptance to APCO recommendations. Include the determination of acceptance by the facility's Responsible Manager and the basis for rejecting any APCO recommendations. If recommendation is accepted, include measures to implement APCO recommendation and the proposed date of implementation.

Section #	Date of APCO Recommendation	(FOR APCO USE ONLY) APCO Recommendation	Acceptance of APCO Recommendation	If NO:	If YES:	Proposed Date of Implementation	(APCO USE ONLY) Implementation Verified by APCO
				Basis for Rejecting APCO Recommendation	Measures to Implement Recommendation		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

B. APCO Recommendations to EMP and Determination of Approvability (12-13-405)

Date of EMP: _____

Provide determination of acceptance to APCO recommendations. Include the determination of acceptance by the facility's Responsible Manager and the basis for rejecting any APCO recommendations. If recommendation is accepted, include measures to implement APCO recommendation and the proposed date of implementation.

Section #	Date of APCO Recommendation	(FOR APCO USE ONLY) APCO Recommendation	Acceptance of APCO Recommendation	If NO:	If YES:	Proposed Date of Implementation	(APCO USE ONLY) Implementation Verified by APCO
				Basis for Rejecting APCO Recommendation	Measures to Implement Recommendation		
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix #

Reference to Page # , Section #