



**Gila River Indian Community
Department of Environmental Quality
Air Quality Program**

P.O. Box 2139
168 Skill Center Rd.
Sacaton, Arizona 85147
Phone: (520) 562-2234
www.gricdeq.org

**INSTRUCTIONS
NON-TITLE V AIR QUALITY PERMIT RENEWAL APPLICATION**

Use this form to apply for a renewal of Non-Title V air quality permit for an entire facility. Do not use it to apply for a new permit, amend prior applications, add additional pieces of equipment to an existing permitted facility, or transfer a current air quality permit from one person to another. Separate application packages are available for those purposes.

The submitted application and documents become the property of the Gila River Indian Community (GRIC) DEQ and will not be returned. All submitted documents will be available to the public unless a notice of confidentiality has been submitted by the applicant and agreed upon by the Director in accordance with Part II, Section 10 of the GRIC Air Quality Management Plan (AQMP). If confidentiality is granted, a fully completed application with confidential information clearly identified along with a separate copy of the application for public review without the confidential information must be submitted.

Applications can be mailed to the **Department of Environmental Quality (DEQ)** at PO Box 2139, Sacaton, AZ 85147, submitted in-person at 168 Skill Center Rd., Sacaton, AZ 85147, or emailed to air@gric.nsn.us. For a permit renewal application, an application fee is not required. An annual administrative fee will be charged per the AQMP.

Complete items 1-14. If necessary, attach additional sheets to the application to provide all required information. Submit the application by completing the attached original forms. **All applicants must complete items 1 through 14 or the application will be deemed incomplete.**

The GRIC AQMP (air pollution control regulations) is available at the above address or may be viewed and/or downloaded from our web site at www.gricdeq.org. You may also contact the Department by telephone at (520) 562-2234 to obtain a hard copy or electronic copy of the GRIC AQMP.

If you need help completing the application package or to schedule a pre-application meeting with permitting staff, please see our website or contact the Air Quality Program Manager at air@gric.nsn.us / (520) 796-3781.

RENEWAL APPLICATION FOR NON-TITLE V AIR QUALITY PERMIT

(As required by Gila River Indian Community Air Quality Management Plan Title 17 Chapter 9)

READ INSTRUCTIONS FIRST. COMPLETE ITEMS 1 THROUGH 14. RENEWAL APPLICATIONS MUST BE SUBMITTED AT LEAST SIX MONTHS, BUT NOT MORE THAN 18 MONTHS, PRIOR TO THE DATE OF PERMIT EXPIRATION.

1. EXISTING PERMIT NUMBER: _____	PERMIT EXPIRATION DATE: _____
2. WILL THERE BE ANY CHANGES TO THE OPERATING SCENARIO(S) FROM THAT DEFINED IN THE EXISTING PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES , SUBMIT AN APPLICATION FOR NON-TITLE V PERMIT (IN ADDITION TO THIS RENEWAL APPLICATION). REFER TO PART II, SECTION 5.4 AND 5.5 OF THE AIR QUALITY MANAGEMENT PLAN (AQMP) AND CONDITION 16 OF THE EXISTING PERMIT TO DETERMINE WHETHER A MINOR OR SIGNIFICANT REVISION IS NEEDED.
3. WILL THERE BE ANY NEW, MODIFIED, OR RECONSTRUCTED STATIONARY SOURCES OR AIR POLLUTION CONTROL EQUIPMENT FROM THAT DEFINED IN THE EXISTING PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. ARE THERE ANY EMISSIONS PRESENT THAT HAVE NOT BEEN CORRECTLY IDENTIFIED AND DEFINED IN THE CURRENT PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. WILL THERE BE ANY CHANGES THAT TRIGGER ANY OTHER NEW APPLICABLE REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
6. HAS THE OWNERSHIP OF THIS FACILITY CHANGED SINCE THE PERMIT WAS LAST ISSUED OR TRANSFERRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
7. BUSINESS NAME: _____	
8. ADDRESS OF SITE: _____	
CITY: _____	STATE: AZ ZIP CODE: _____
9. CONTACT PERSON AT SITE: _____	a. TELEPHONE: _____
	b. EMAIL: _____
10. NAME AND ADDRESS OF OWNERSHIP OR LEGAL ENTITY: _____	
11. OWNERSHIP CONTACT: _____	a. TELEPHONE: _____
	b. FAX: _____
12. SEND ALL CORRESPONDENCE INCLUDING INVOICE AND PERMIT TO: _____	
COMPANY NAME: _____	ADDRESS: _____
CITY: _____	STATE: _____ ZIP CODE: _____
ATTN: _____	

13. THE AUTHORIZED CONTACT PERSON REGARDING THIS APPLICATION IS:

NAME: _____ TELEPHONE: _____

TITLE: _____ FAX: _____

COMPANY: _____ E-MAIL: _____

14. I CERTIFY THAT I AM FAMILIAR WITH THE OPERATIONS REPRESENTED ON THIS APPLICATION AND THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS: _____ DATE: _____

TYPE OR PRINT NAME AND TITLE: _____