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| **PLEASE TYPE OR PRINT** |
| **1. Facility Information** |
| Facility or Pipeline**Facility or Pipeline** | Agency Interest (AI) Number**000000** |
| Owner**Owner** | Permit Number (If Applicable)**0000-00000-00** |
| Operator (If Operator Is Responsible Party)**Operator** |
| Federal Tax ID**000000** |
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| **2. Physical Location** |
| Nearest Town (In the Same Parish As the Facility)**Town** | Parish**Parish** |
| Latitude of Flaring Event: |       Deg |       Min |       Sec |       Hun |
| Longitude of Flaring Event: |       Deg |       Min |       Sec |       Hun |
| Physical Address or Driving Directions**Physical Address or Driving Directions** |
| Map Attached? [ ]  Yes  |
|  |
| **3. Contact Information** |
| Name**Name** | Title**Title** |
| Company**Company** | Address (Including Suite, Mail Drop, or Division)**Address** |
| City**City** | State**State** | Zip**00000** |
| Business Phone**000.000.0000** | Cell Phone (Optional)**000.000.0000** | E-mail (Optional)**E-mail** |
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| **4. Fee Information** |
| Check Date**00/00/0000** | Check Number**0000** | Amount**$000.00** |
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| **5. Date(s) and Expected Duration of Flaring Event** |
| Date Operations Scheduled To Commence**00/00/0000** | Expected Duration of Flaring Event**Duration** |
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| **6. Identification of the Material to Be Flared**  |
| Gaseous material to be flared: | **Material** |
| Approximate heating value of the material to be flared (HHV): | **000 Btu/scf** |
| Volume of gaseous material to be flared (in scf): | **000 MM scf** |
| Will the material to be flared be supplemented with natural gas: | [ ]  Yes [ ]  No |
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| **7. Reason for the Flaring Event** |
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| **8. Equipment Involved** |
| **ID No.** | **Description** | **Maximum Operating Rate or Tank Capacity** |
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| **9. Emissions** |
| Calculations Attached? [ ]  Yes  |
| Criteria Pollutant Emissions: | Tons | Greenhouse Gas (GHG) Emissions: | Tons |
| Particulate matter (PM10): | **0.00** | GHGs (as CO2 equivalents, or CO2e): | **0** |
| Particulate matter (PM2.5): | **0.00** |  |  |
| Sulfur dioxide (SO2): | **0.00** | Toxic Air Pollutant (TAP) Emissions: | Tons |
| Nitrogen oxides (NOX): | **0.00** | TAP (specify): | **0.00** |
| Carbon monoxide (CO): | **0.00** | TAP (specify): | **0.00** |
| Volatile organic compounds (VOC): | **0.00** | TAP (specify): | **0.00** |
| (including toxic air pollutants) |  | TAP (specify): | **0.00** |
|  |  | Add additional rows as necessary. |  |
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| **10. LAC 33:I.1701 Requirements** |
| Does the owner or operator have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in Louisiana in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.) [ ]  Yes [ ]  No |
| If yes, list States: |  |
| Do you owe any outstanding fees or final penalties to the Department?  | [ ]  Yes [ ]  No | If yes, explain below. |
|  |
| Is your company a corporation or limited liability company? | [ ]  Yes [ ]  No |
| If yes, attach a copy of the owner or operator’s Certificate of Registration and/or Certificate of Good Standing from the Secretary of State. The appropriate certificate(s) should be attached to this notification form. |
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| **11. Certification by Responsible Official** |
| Submittal of this notification for a regulatory permit constitutes notice that the entity identified in Section 1 of this form requests authorization to flare a gaseous material other than natural gas (e.g., propane, ethylene, propylene, ammonia) resulting from a metering, purging, and/or maintenance activity. Submittal of the notification also constitutes notice that the entity identified in Section 1 of this form has read, understands, and meets the eligibility conditions of this regulatory permit; agrees to comply with all applicable terms and conditions of the regulatory permit; and understands that continued authorization under the regulatory permit is contingent upon maintaining eligibility for coverage. In order to be granted coverage, all information required on this registration form must be completed. **Two copies of the completed notification** (one original and one copy) should be mailed to the following address:Louisiana Department of Environmental QualityOffice of Environmental ServicesP.O. Box 4313Baton Rouge, Louisiana 70821-4313Operations may commence upon notification by the department that this application has been determined complete. |
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| I certify, under provisions in Louisiana and United States law which provide criminal penalties for false statements, that based on information and belief formed after reasonable inquiry, the statements and information contained in this Regulatory Permit Notification Form, including all attachments thereto, are true, accurate, and complete. I understand that authorization from LDEQ does not relieve my obligation to comply with other applicable federal, state, and/or local requirements. |
| Name**Name** | Title**Title** |
| Company**Company** | Address (Including Suite, Mail Drop, or Division)**Address** |
| City**City** | State**State** | Zip**00000** | Business Phone**000.000.0000** |
| Signature | Date |