

FACILITY NAME:

FACILITY ID:

“ DISTRICT USE ONLY ”

Application #: _____

Application Received: _____

Application Filing Fee: _____

Application Deemed Complete: _____

I. FACILITY IDENTIFICATION

1. Facility Name: _____
2. Four digit SIC Code: _____ EPA Plant ID: _____
3. Parent Company (if different than Facility Name): _____
4. Mailing Address: _____
5. Street Address or Source Location: _____
6. UTM Coordinates (if required): _____
7. Source Located within 50 miles of the state line: Yes No
8. Source Located within 1000 feet of a school: Yes No
9. Type of Organization Corporation Sole Ownership Government
 Partnership Utility Company
10. Legal Owner's Name: _____
11. Owner's Agent name (if any): _____
12. Responsible Official: _____
13. Plant Site Manager/Contact: _____ Telephone #: _____
14. Type of Facility: _____
15. General description of processes/products: _____

16. Is a Federal Risk Management Plan pursuant to Section 112(r) required? Yes No
(If application is submitted after Risk Management Plan due date, attach verification that the plan is registered with the appropriate agency.)