

FORM A

(Rules 4 and 5)

AIR POLLUTION RULES, 2014

SOURCE EMITTER REGISTRATION FORM

GENERAL INSTRUCTIONS:

- This form must be completed in **Print or Type**.
- **All fields must be completed.** Tick (✓) the appropriate box where provided and mark N/A (not applicable) in fields that do not apply. Any form with blank fields will be considered incomplete [Rule 6(2)(a)] and may result in the refusal of this application (Rule 15).
- Refer to the Instructional Booklet and the Completed Sample Form for detailed item descriptions and instructions.
- **Two hard copies and one soft copy (in PDF format)** of the completed form must be submitted along with the proof of payment.

NOTE: According to the Air Pollution (Fees) Regulation, 2014, the Registration Fee payable is subject to Rule 2(4) and therefore, the Environmental Management Authority reserves the right to determine the facility size and amount payable based on the Rule.

Declaration

I declare that the information provided on this application form and supporting documents is true and correct to the best of my knowledge, information and belief. I hereby acknowledge that any wilfully false or fraudulent statement made by me makes me liable to prosecution to the full extent of the law.

Registrant/ Principal
Executive Officer:

PRINT NAME

SIGNATURE

Official Title/ Position: _____

Mailing Address (number, street, village/ city): /P.O. Box No. _____

Telephone No.: _____

Fax No.: _____

Mobile No.: _____

Email: _____

Date: _____

(DD/MM/YYYY)

FOR OFFICIAL USE ONLY						
Date Application Received:			Received by			
	(Day/Month/Year)					
Amount Received:			Amount Payable (based on annual sales value):			
Receipt Number:						
Source Emitter Reference Number:	APR	Major Group Code according to Standard Industrial Classification (SIC) Systems:	ISIC			
			NAICS			
Region / Parish Name			Region / Parish ID			
Facility Size:	Mini & Micro <input type="checkbox"/>	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>		

ENVIRONMENTAL MANAGEMENT AUTHORITY

1. Application Type

Status of the facility for which the application for Registration is made: EXISTING PROPOSED

Indicate proposed Start Date (if applicable): _____

2. Name of Parent Facility (if applicable)

3. Name of Emitter Facility (If different from **Item 2** above)

4. Facility Contact

Name (*first, last*): _____

Official Position: _____

Mailing Address (*number, street, village/ city*)/ P.O. Box No.: _____

Email Address:	Fax No.:
Telephone No. (office):	Telephone No. (mobile):

5a. Copies of the most recent audited financial statement attached? Yes No

If no audited financial statements are available, provide an explanation: _____

5b. Asset value (*check only one*)

< \$250,000 \$250,000 - \$1,500,000 \$1,500,000 - \$5,000,000 > \$5,000,000

5c. Sales per annum (*check only one*)

< \$250,000 \$250,000 - \$5,000,000 \$5,000,000 - \$10,000,000 > \$10,000,000

6. Number of employees (*check only one*)

≤ 5 6 - 25 26 - 50 > 50

11a. Permits/Certificates/Licences/Approvals

List all Permits, Certificates, Licences and approvals granted or required that are currently in effect or have been in effect at any time within 5 years prior to the date on which this form is submitted.

Issuing Agency	Type of Permit, Certificate or Licence or Approval	Reference No.	Date Issued DD/MM/YY	Expiration Date DD/MM/YY

11b. Copies of permits/certificates/licences/approvals attached

12a. Annual Water Use

Actual Estimated

12b. Annual Energy Use

Actual Estimated

Type of supply	Quantity	<input type="checkbox"/> m ³ <input type="checkbox"/> US Gallons <input type="checkbox"/> Imp. Gallons
WASA		
OTHER		

Type of supply	Quantity	<input type="checkbox"/> KWh <input type="checkbox"/> MWh
TTEC		
OTHER		

13a. Facility category (check the box that represents the core business of the emitter facility)

- 1. Food & Agriculture
- 2. Stationary Fuel Combustion
- 3. Wood Products
- 4. Petroleum & Related Industries
- 5. Chemical Products Industries
- 6. Metal Processing
- 7. Health Sector
- 8. Polymers & resins
- 9. Inorganic Chemical Manufacturing
- 10. Industrial Cooling
- 11. Industrial/ Commercial Electroplating
- 12. Industrial/ Commercial Cleaning
- 13. Coating
- 14. Waste Handling
- 15. Laboratories

OTHER (PLEASE SPECIFY): _____

Provide any additional information about the type of facility for which this application is being sought:

13b. Provide a description of the facility’s operations and activities that generate or are expected to generate air pollutants *(attach additional sheets if necessary to provide further details such as flow charts, process maps, pictures, sketches, brochures, product lists etc.):*

Process	Age of major components	Raw Materials	Products & By-products	Wastes and Emissions	Location of Emission	Frequency of emission (i.e. continuous or intermittent and if intermittent, describe)

13c. Planned/Scheduled Maintenance/ Shutdown

Provide the dates and details of all planned/scheduled maintenance/ shutdown. Identify the affected areas of the process and impact on emissions characteristics.

Name/Title	Scheduled Date	Details	Affected Processes	Impacts on Emissions Characteristics

14a. Ambient Air Quality Data Complete one table for each sample point (use additional sheets if necessary).

AMBIENT AIR QUALITY DATA			
Date of testing		Sample Point/ ID	
UTM Coordinates (WGS84, Zone 20N)	Eastings (mE)	Period of Sampling	Start date:
	Northings (mN)		End date:

SUBSTANCE/ PARAMETER	SHORT-TERM VALUE		LONG-TERM VALUE	
	Concentration * ($\mu\text{g}/\text{m}^3$)	Averaging Time	Concentration ($\mu\text{g}/\text{m}^3$)	Averaging Time
Total Suspended Particulate (TSP)		24 hours		
*PM ₁₀		24 hours		1 year
*PM _{2.5}		24 hours		1 year
Carbon monoxide (CO)		15 minutes		
		30 minutes		
		1 hour		
		8 hours		
Nitrogen Dioxide (NO ₂)		1 hour		1 year
Sulfur dioxide (SO ₂)		10 minutes		1 year
		24 hours		
Ozone (O ₃)		8 hours		
Sulfuric acid (H ₂ SO ₄)		30 minutes		
Hydrogen sulphide (H ₂ S)		30 minutes		
Ammonia (NH ₃)		30 minutes		
Total fluoride		24 hours		90 days
Hydrogen chloride (HCl)		30 minutes		
Chlorine (Cl) and its compounds		30 minutes		
Asbestos (fibres >5 μm in length)	fibres/cm ³	24 hours		
Asbestos (total)		30 minutes		
Cadmium (Cd) and its compounds (total Cd in free and combined form)		30 minutes		
Mercury (Hg) and its compounds (total alkyl Hg compounds)		30 minutes		
Mercury (Hg) and its compounds (total Hg in free and combined form)		30 minutes		
Antimony (Sb) and its compounds (total Sb in free and combined form)		30 minutes		
Beryllium (Be) compounds		24 hours		
Lead (Pb)		30 minutes		3 months
				1 year
Biphenyl (C ₆ H ₅) ₂		1 hour		

ENVIRONMENTAL MANAGEMENT AUTHORITY

SUBSTANCE/ PARAMETER	SHORT-TERM VALUE		LONG-TERM VALUE	
	Concentration * ($\mu\text{g}/\text{m}^3$)	Averaging Time	Concentration ($\mu\text{g}/\text{m}^3$)	Averaging Time
Carbon disulfide (CS_2)		24 hours		
Ethylbenzene ($\text{C}_6\text{H}_5\text{C}_2\text{H}_5$)		24 hours		
Formaldehyde (CH_2O)		24 hours		
Mercaptan (as Methyl Mercaptan CH_3SH)		1 hour		
Polychlorinated biphenyls (PCBs)		24 hours		1 year
Xylenes ($\text{C}_6\text{H}_4(\text{CH}_3)_2$) (isomers and mixture)		24 hours		
Total dioxins and furans	pg TEQ/ m^3	24 hours		
Other (please specify)				

*All values are in $\mu\text{g}/\text{m}^3$ unless otherwise specified. * PM_{10} means Particulate Matter with an aerodynamic diameter of less than $10\mu\text{m}$.

* $\text{PM}_{2.5}$ means Particulate Matter with an aerodynamic diameter of less than $2.5\mu\text{m}$.

14b. Data Records

Attach the quality assurance/control documents in support of the data supplied. Include the qualifications of the person/s who conducted the sampling and analyses, calibration records for the instruments used and the certification of the laboratory where the analyses were conducted, if applicable

15a. Stack Release Emissions Data Complete one table for each stack release (use additional sheets if necessary).

STACK RELEASE CHARACTERISTICS			
Date of testing		Plant Operating Condition	
Emission Name/ ID		Emission Rate	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Volumetric Flow rate _____
UTM Coordinates (WGS84, Zone 20N)	Eastings (mE)		
	Northings (mN)		
Period of Sampling			
Method of Release		Frequency of Emission	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
Receiving Environment			
SUBSTANCE/ PARAMETER		CONCENTRATION/ VALUE (mg/Nm ³)	
Particulate Matter			
Opacity			
Sulfur dioxide (SO ₂)			
Oxides of Nitrogen (NO _x)			
Carbon monoxide (CO)			
Sulfuric acid (H ₂ SO ₄) mist or sulphur trioxide (SO ₃)			
Hydrogen sulphide (H ₂ S)			
Ammonia (NH ₃)			
Fluorine (F) and its compounds			
Acids and acid gases as hydrogen chloride (HCl)			
Chlorine (Cl) and its compounds			
Lead (Pb) and its compounds			
Antimony (Sb) and its compounds			
Arsenic (As) and its compounds			
Cadmium (Cd) and its compounds			
Mercury (Hg) and its compounds			
Heavy metals (other)			
Volatile Organic Compounds (VOCs)			
Dioxins			ng TEQ/Nm ³
Furans			ng TEQ/Nm ³
Other <i>(please specify)</i>			

15b. Data Records

Attach the quality assurance/control documents in support of the data supplied. Include the qualifications of the person/s who conducted the sampling and analyses, calibration records for the instruments used and the certification of the laboratory where the analyses were conducted, if applicable.

16. Air Pollutants. *If emissions data is not currently available, then based on the nature of the activities conducted at the facility, indicate which of the pollutants listed below are most likely to be emitted from your facility. Note: this does not negate the requirement to provide air quality data characterising the facility's emissions [Rule 5(1)(k)].*

- Total Suspended Particulate (TSP)
 - PM₁₀
 - PM_{2.5}
 - Ammonia (NH₃)
 - Antimony (Sb) and its compounds
 - Asbestos fibres
 - Beryllium (Be) Compounds
 - Biphenyl (C₆H₅)₂
 - Cadmium (Cd) and its compounds
 - Carbon disulfide (CS₂)
 - Carbon monoxide (CO)
 - Chlorine (Cl) and its compounds
 - Dioxins
 - Ethylbenzene (C₆H₅C₂H₅)
 - Formaldehyde (CH₂O)
 - Furans
 - Hydrogen chloride (HCl)
 - Hydrogen sulphide (H₂S)
 - Lead (Pb)
 - Mercaptan (as Methyl Mercaptan- CH₃SH)
 - Mercury (Hg) and its compounds
 - Nitrogen dioxide (NO₂)
 - Polychlorinated Biphenyls (PCBs)
 - Sulfur dioxide (SO₂)
 - Sulfuric acid (H₂SO₄)
 - Total fluoride
 - Volatile Organic Compounds (VOCs)
 - Xylenes (C₆H₄(CH₃)₂) (isomers and mixture)

 - Other** (please specify)
-
-

17. Air Pollution Management Programme

Is there an air pollution management programme or are any measures in place to reduce or prevent air pollutants from entering into the atmosphere?

Yes

No

If yes, please describe (attach additional sheets if necessary):

18. Confidentiality Claim

If any information provided is considered to be a trade secret, confidential business information and/or if disclosed, would be contrary to the public interest; attach a Confidentiality Claim (Form W) and proof of payment of the prescribed fee.

Confidentiality Claim (Form W) and proof of payment are attached:

Yes

No

19. List of attachments

In the table below, list all the attachments included with the application, the number of pages in each attachment and the number of copies.

Attachment Name/Description	Number of Pages	Number of Copies
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		