Engineering Division

Bay Area Air Quality Management District 375 Beale Street, Ste# 600, San Francisco, CA 94105 415-771-6000

Synthetic Minor Operating Permit Form SMOP-ES

| Page of | | | | | | | |
|--|---|--|--|---|---|---|--|
| BUSINESS NAME: PLANT #: | | | | | | NT #: | |
| | | PERMITTEI | SOURCES | S and MAXIMUM | I EMISSIONS | | |
| emissions in the maximusynthetic m | n tons per month ım annual emissi inor permit mus | and in tons per year. ions.) Use one line for e t accompany this form. | (NOTE: the max each pollutant. M If the basis of the | ximum monthly emissions Ionthly and annual emiss | l emissions for each source o s, when multiplied times twe sion calculations for each sou for a source differs from th type of print legibly. | lve, do not need to equal arce to be covered by the | |
| | | | ABATED BY | POLLUTANTS(S) | MONTHLY EMISSIONS | ANNUAL EMISSIONS | |
| SOURCE # | SOURCE DESCRIPTION | | DEVICE# | (one line for each) | (abated, tons/month) | (abated, tons/year) | |
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| ABATEMENT DEVICES List all abatement devices in numeric order. Give equipment description including manufacturer and model number if applicable. If device is abated by a subsequent abatement device, please specify. If more space is required, use additional forms. Please type or print legibly. | | | | | | | |
| ABATEMENT DEVICE # ABAT | | | EMENT DEVICE DESCRIPTION | | ABATED BY DEVIC | ABATED BY DEVICE # (IF APPLICABLE) | |
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| Attach all necessary emissions calculations. | | | | | | | |
| Signature of Responsible Official Print Name of Responsible Official | | | | | | ible Official | |
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| Title of Responsible Official and Company Name Date: F:\Title V Forms 2010\smop-es.doc 5/18/20 | | | | | | | |