



FORM PTO: PERMIT TO OPERATE

Please see instructions on reverse side.

FACILITY INFORMATION

1. Company/Facility Name 2) Facility Number
3. Facility Name (if different than #1)
4. Facility Permit Contact
Position Title
Email Address Phone Number
5. Person Permit Should Be Sent to (if different than #4):
Preference Email Postal Mail
Email Address Mailing Address
City State Zip Code

EMISSION UNIT (PROCESS) INFORMATION

6. Emission Unit Name
7. Emission Unit (EU) ID
8. Emission Point (EP) ID
9. Installation Completion Date (1)
10. Authorization to Install #
(1) or Date of Ownership Change

COMPLIANCE DEMONSTRATION(S)

COMPLETE ONLY IF A STACK TEST WAS REQUIRED (SEE SECTION 2 OF THE ATI PERMIT)

11. Date(s) of Test
12. Submittal of Test Report WITH PTO APPLICATION SUBMITTED PREVIOUSLY ON:
13. Preliminary Test Results* PASS FAIL
*Department will review test report for final compliance demonstration determination

CERTIFICATION

I certify that based on information and belief formed after reasonable inquiry, the enclosed documents, including the attachments are true, accurate, and complete. I certify that making a false statement, representation, or certification of electronic submissions for which I am the signatory may result in civil or criminal penalties.

14. Responsible Official's Name Mr. Ms. Dr.
Responsible Official's Position Title
Address
City State Zip Code

15. Responsible Official Signature Date

Instructions for Form PTO: Permit to Operate

- **One (1) Form PTO is required for each emission source which obtained an Authorization to Install permit.**
- **Application Fee:** Make checks payable to "Linn County Treasurer".

<input type="checkbox"/> Standard Fee \$45	
<input type="checkbox"/> As-Built ⁽¹⁾ - \$67.50 for every year the EP was in operation without a permit. Provide the year the emission unit was installed: _____ <i>Ex. Source in operation for 5 years. (5 x \$67.50) = \$337.50 "as-built" PTO fee</i>	<input type="checkbox"/> Transfer of Ownership \$45

⁽¹⁾ "As-built" is an emission source which has initiated construction prior to obtaining an Authorization to Install permit.

Understanding the PTO Form: Each number provides an explanation for the corresponding field on the form.

1. **Company/Facility Name:** Name of the company or organization applying for the permit.
2. **Facility Number:** Provide the Facility Number listed in the ATI permit. If this application is for an "as-built" emission unit, you may leave this question blank.
3. **Facility Name:** Name of the facility, if different from #1.
4. **Contact Person:** Provide the name and contact information for the person within the company who should be contacted regarding questions or other pertinent information related to the permit application. This is also the person to whom the permit will be emailed, unless otherwise specified in #5.
5. **Person Permit should be mailed to:** Provide the name, mailing preference, and address where the permit should be sent to, if different than #4.
6. **Emission Unit Name:** Provide the name of the emission unit as listed in the ATI permit.
7. **Emission Unit (EU) ID:** Provide the emission unit ID listed in the ATI permit.
8. **Emission Point (EP) ID:** Provide the emission point ID listed in the ATI permit.
9. **Installation Completion Date:** Provide the date in which the installation was completed. In the case of a change in ownership, provide the date the transfer of ownership was completed.
10. **Authorization to Install #:** Provide the ATI number of the emission point specified in #8.
11. **Date(s) of Test:** Provide the date(s) the stack test was completed.
12. **Submittal of Test Results:** Provide whether or not the report is being submitted with this PTO application or was previously submitted.
13. **Preliminary Test Results:** Provide whether or not the test report indicates compliance with the emission limits established in the ATI permit for the pollutant(s) tested. If more than one pollutant was tested and one or more pollutants indicate noncompliance, check "FAIL" box.
14. **Responsible Official's Name:** Provide the name and contact information of the Responsible Official associated with this permit.
15. **Signature of Responsible Official:** The person designated as the Responsible Official must provide their signature on this form and date it was signed.