

Appendix 1B. Documentation of Synthetic Area Source Status

ICR ID:*	FRS ID:*
Facility Name on the Letter from the EPA	
Corrected Facility Name (if applicable)	
Address	
Contact Name	
Phone Number	

*IDs are available in the letter received from the EPA.

<input type="checkbox"/> I certify that the facility listed above is a synthetic area source of hazardous air pollutant (HAP) emissions that is not subject to the PCWP NESHAP (40 CFR part 63, subpart DDDD). * Documentation confirming the synthetic area source status is attached, including a valid operating permit and, if applicable, any stack test report(s) for air emissions testing used to verify HAP emissions reductions achieved by any PCWP process unit air pollution control devices (APCDs) or PCWP process changes used to achieve synthetic area source status.
I certify that the following federally-enforceable conditions limit the facility's potential to emit HAP emissions to below major source thresholds: <hr/> <input type="checkbox"/> Limit on the production rate for the process units listed below: <hr/> <input type="checkbox"/> Continuous operation of one or more APCD(s) installed to reduce HAP emissions; applicable APCD/process units listed below: <hr/> <input type="checkbox"/> Continuous operation of technology or process change other than an APCD, as described below:

*If the PCWP NESHAP applies according to your permit, you must complete the full survey.

Signature: _____

Printed name: _____

After completing the form, please print and sign it before emailing to: pcwpicr@epa.gov