

# Form 4: Minor General Permit (MG9) – Facility Operating Report Form

## Facility Information

Stationary Source: \_\_\_\_\_ Permit No.: AQ \_\_\_\_\_

Facility Name: \_\_\_\_\_

Reporting Period:  11/1/\_\_\_\_\_ to 3/31/\_\_\_\_\_  4/1/\_\_\_\_\_ to 10/31/\_\_\_\_\_

Did this plant operate during this reporting period?

Yes (please complete form)  No (complete the “Certification” section only)

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## Certification (Condition 5.2)

Certification Statement Signed by a Responsible Official (at end of form)

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## Relocation Reporting Requirements (Condition 2)

Would the Permittee like to add any new pre-approved locations to Table B since the previous FOR?

Yes  No

If yes, for each new location attach Relocation Notification form (Form 1) or equivalent form with maps.

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## Equipment Operated (Condition 4)

Was new equipment added or existing equipment removed?  Yes  No

Was any part of this facility rented or leased?  Yes  No

Form 9 or equivalent attached for equipment operated  Form 11 or equivalent attached for equipment rentals.

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## Visible Emissions - Rock Crusher (Condition 6.1)

Emissions Point observed: \_\_\_\_\_ (please describe)

Method 9 Observations Summary:

Number of Observations	
Highest 6-consecutive-minute Average	
Number of Observations >20%	

All Method 9 Observation forms attached

Visible Emission training certificates for all observers attached

Excess Emissions/Permit Deviation Forms attached for failure to monitor or for observations of opacity >20%.

Was this Facility co-located with an additional asphalt plant or rock crusher:  Yes  No

If yes, attach the 12 Month rolling total of criteria emissions for both facilities.

Permit Numbers for co-located Facilities \_\_\_\_\_

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**Visible Emissions – Diesel Engines (Condition 6.2)**

Method used:  Smoke/No Smoke Plan  Method 9  Both

Smoke/No Smoke Plan Summary:

Number of Observations	
Number of Days Smoke Observed	

- Complete Smoke/No Smoke Log attached
- Summary of Smoke/No Smoke corrective actions attached

Method 9 Observations Summary:

Number of Observations	
Highest 6-consecutive-minute Average	
Number of Observations >20%	

- All Method 9 Observation forms attached
  - Visible Emission training certificates for all observers attached  Excess Emissions/Permit Deviation Forms attached for failure to monitor or for observations of opacity observed as greater than 20%.
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**Sulfur Compound Emissions (Condition 7)**

Was ULSD the ONLY fuel used for the entire reporting period?

- Yes, this statement is certified by Responsible Official at the end of this form.
  - No, list of diesel deliveries and fuel analysis or certification from supplier showing fuel sulfur content attached.
  - Highline power used. Statement certified by Responsible Official attached.
  - Natural gas used. Statement certified by Responsible Official attached.
  - North Slope topping plant fuel used. If checked, attach a copy of fuel analysis.
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**Pollution Control Equipment Breakdowns (Condition 8)**

Where there any control equipment breakdowns during this reporting period?  Yes  No

- If Yes,  Permit Deviation forms attached
- Summary of breakdowns attached
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**Excess Emissions and Permit Deviations (EE/PD) (Condition 9)**

Where there any EE/PDs during this reporting period?  Yes  No

- If Yes,  EE/PD forms attached
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**Complaint Summary (Condition 10)**

Did you receive any public complaints about emissions during this reporting period?  Yes  No

- If Yes,  Complaint Summary attached.
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**Nonroad Engines (Condition 11)**

Are there engines classified as nonroad engines at this facility?

- Yes, Nonroad Engine Location Log attached.
  - No.
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**Source Testing (Condition 19)**

Where any source tests conducted during this reporting period?

Yes, on date: \_\_\_\_\_  No.

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**Certification (Condition 5.2)**

*Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.*

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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*Send completed report to: Compliance Technician, ADEC Air Permits Program, 610 University Avenue, Fairbanks, AK 99709-3643.*