



Serving Island, Skagit & Whatcom Counties

Application for a 112(j) MACT Determination

Part 1

Agency Use Only
ID No.

Name of plant or establishment

Date of application

Date Received

____/____/____

Mailing address (street address or P.O. Box)

City, State Zip Code

Physical location of source (street address)

City, State Zip Code

Provide a brief description of the major source and identify the relevant source category.
Reference: 40 CFR 63.53(a)(2).

Identify the types of emission points belonging to the relevant source category.
Reference: 40 CFR 63.53(a)(3).

Identify any affected sources for which a case-by-case MACT determination has been made under Section 112(g), according to 40 CFR 63.40 through 63.44. Reference: 40 CFR 63.53(a)(4).

I certify, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

Signature of responsible official

Title

Typed or printed name of responsible official

Date

Note: If additional space is required, complete on a blank page and attach to this form