



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

## GENERAL PLAN APPROVAL APPLICATION

### General Plan Approval BAQ-GPA-24: Pharmaceutical and Specialty Chemical Manufacturing

SECTION A. APPLICATION USAGE INFORMATION	
<b>This application is for:</b> <input type="checkbox"/> New authorization <span style="margin-left: 200px;"><input type="checkbox"/> Extension</span> <small>(Sections F, G, H I, J, K, and L of the application are not necessary for extensions)</small>	
SECTION B. OWNER INFORMATION	
<b>Owner's Name &amp; Tax ID</b>	
Address Line1	
Address Line2	
City State Zip+4	Phone
SECTION C. OPERATOR INFORMATION (if different than Owner)	
Operator	
Address Line 1	
Address Line 2	
City State Zip+4	Phone
SECTION D. CONTACT INFORMATION	
Contact Name	
Contact Title	
Address Line1	
Address Line2	
City State Zip+4	Phone
SECTION E. FACILITY INFORMATION	
Plant Name	
Address Line 1	
Address Line 2	
Municipality	County
SECTION F. TITLE V OPERATING PERMIT INFORMATION	
Title V Operating Permit #	
Title V Permit Issue Date	
<b>Total allowable VOC emission limit (PAL) in tons/year</b> <small>(PAL - Plantwide Applicability Limit)</small>	

**SECTION G. DESCRIPTION OF EQUIPMENT, VOC & HAP CHANGES**

(Attach extra sheets as needed)

Describe the process changes (equipment and/or relevant chemical changes) being made as part of this general plan approval (attach a flow diagram of the process). Indicate (on diagram) all raw materials being charged to the process equipment and the points where contaminants are being controlled. Describe fully the facilities provided to monitor and to record process operating conditions, which may affect the emission of air contaminants.

Complete an equipment information table for each new or modified equipment item included in this General Plan Approval Application. Include information on any VOC and/or HAP changes. There are only five entry tables provided. Attach additional sheets as necessary.

**Equipment Information Entry #1**

EQUIPMENT ID: \_\_\_\_\_

Equipment Type	Manufacturer & Model	Capacity (gallons)	Expected Operating Schedule (Hours/Year)	Emission Controls* (TVOP Source ID & Name)
<b>VOC or HAP</b> (List the name of each HAP)	<b>Total Potential Uncontrolled Emissions (pounds/day)</b>	<b>Total Potential Controlled Emissions ( lbs/hr)</b>	<b>Total Potential Controlled Emissions (tons/yr)</b>	<b>Calculation/ Estimation Method</b>
<input type="checkbox"/> VOC <input type="checkbox"/> HAP				
<input type="checkbox"/> VOC <input type="checkbox"/> HAP				
<input type="checkbox"/> VOC <input type="checkbox"/> HAP				
<input type="checkbox"/> VOC <input type="checkbox"/> HAP				

\*Note: All items listed in the "Emission Controls" section should be listed again in Section H or I below.

### Equipment Information Entry #2

**EQUIPMENT ID:** \_\_\_\_\_

Equipment Type	Manufacturer & Model	Capacity (gallons)	Expected Operating Schedule (Hours/Year)	Emission Controls* (TVOP Source ID & Name)	
<b>VOC or HAP</b> (List the name of each HAP)		<b>Total Potential Uncontrolled Emissions (pounds/day)</b>	<b>Total Potential Controlled Emissions ( lbs/hr)</b>	<b>Total Potential Controlled Emissions (tons/yr)</b>	<b>Calculation/ Estimation Method</b>
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					

\*Note: All items listed in the "Emission Controls" section should be listed again in Section H or I below.

### Equipment Information Entry #3

**EQUIPMENT ID:** \_\_\_\_\_

Equipment Type	Manufacturer & Model	Capacity (gallons)	Expected Operating Schedule (Hours/Year)	Emission Controls* (TVOP Source ID & Name)	
<b>VOC or HAP</b> (List the name of each HAP)		<b>Total Potential Uncontrolled Emissions (pounds/day)</b>	<b>Total Potential Controlled Emissions ( lbs/hr)</b>	<b>Total Potential Controlled Emissions (tons/yr)</b>	<b>Calculation/ Estimation Method</b>
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					

\*Note: All items listed in the "Emission Controls" section should be listed again in Section H or I below.

### Equipment Information Entry #4

**EQUIPMENT ID:** \_\_\_\_\_

Equipment Type	Manufacturer & Model	Capacity (gallons)	Expected Operating Schedule (Hours/Year)	Emission Controls* (TVOP Source ID & Name)	
<b>VOC or HAP</b> (List the name of each HAP)		<b>Total Potential Uncontrolled Emissions (pounds/day)</b>	<b>Total Potential Controlled Emissions ( lbs/hr)</b>	<b>Total Potential Controlled Emissions (tons/yr)</b>	<b>Calculation/ Estimation Method</b>
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					

\*Note: All items listed in the "Emission Controls" section should be listed again in Section H or I below.

### Equipment Information Entry #5

**EQUIPMENT ID:** \_\_\_\_\_

Equipment Type	Manufacturer & Model	Capacity (gallons)	Expected Operating Schedule (Hours/Year)	Emission Controls* (TVOP Source ID & Name)	
<b>VOC or HAP</b> (List the name of each HAP)		<b>Total Potential Uncontrolled Emissions (pounds/day)</b>	<b>Total Potential Controlled Emissions ( lbs/hr)</b>	<b>Total Potential Controlled Emissions (tons/yr)</b>	<b>Calculation/ Estimation Method</b>
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					
<input type="checkbox"/> VOC <input type="checkbox"/> HAP					

\*Note: All items listed in the "Emission Controls" section should be listed again in Section H or I below.

**EMISSION CHANGE SUMMARY:**

Total Potential VOC Emissions (tons/yr) due to Equipment Changes:

Total Potential HAP Emissions (tons/yr) due to Equipment Changes:

- VOC and/or HAP emission increases above existing established BAT emission limits:

Total Potential *Site* VOC Emissions After Changes (Must be less than PAL limit):

**NOTE: Introduction of new HAP emissions must be modeled using the risk analysis tools identified in Section K of this application.**

Will the new or modified equipment and associated processes use stable hold points during processing to allow for back-up controls?  Yes  No

If YES, attach a list of stable hold points for the associated equipment. Complete the information required on any related back-up controls in Section I.

Will the changes covered by this application increase emissions from other sources at the facility? If so, describe and quantify.

**SECTION H. PRIMARY OPERATING SCENARIO  
COMBUSTION DEVICE & SCRUBBER INFORMATION**  
Use extra pages to describe additional unit (s)

Title V Source ID & Source Name	Type	Manufacturer & Model No.	Capacity	Destruction Removal Efficiency (DRE)

Describe how the changes being made in this general plan approval impact each combustion control device and scrubber listed above (i.e. loading or exhaust flow characteristics). Demonstrate that these impacts do not require further stack testing and that the operational limits required in your Title V permit (e.g. temperature, scrubber flow rate, pH, normality, etc.) are still adequate at the new loading and/or exhaust flow (attach any additional sheets as necessary).

Will listed units be operated per existing requirements in Title V permit?  Yes  No

If NO is selected, describe below how the devices will be operated differently (e.g. different coolant temperature, flow, pH, etc.). Attach any necessary drawings or design papers as necessary.

**SECTION I. SECONDARY OPERATING SCENARIO**  
**VENT CONDENSER DEVICE INFORMATION**  
 Use extra pages to describe additional unit (s)

Title V Source ID & Source Name	Type	Manufacturer & Model No.	Vapor Pressure of Material Being Condensed (psi)	Temperature (°C)
<input type="checkbox"/> Back-up Control				<input type="checkbox"/> Coolant Inlet <input type="checkbox"/> Coolant Outlet <input type="checkbox"/> Exhaust
<input type="checkbox"/> Back-up Control				<input type="checkbox"/> Coolant Inlet <input type="checkbox"/> Coolant Outlet <input type="checkbox"/> Exhaust
<input type="checkbox"/> Back-up Control				<input type="checkbox"/> Coolant Inlet <input type="checkbox"/> Coolant Outlet <input type="checkbox"/> Exhaust
<input type="checkbox"/> Back-up Control				<input type="checkbox"/> Coolant Inlet <input type="checkbox"/> Coolant Outlet <input type="checkbox"/> Exhaust

Will listed units be operated per existing requirements in Title V permit?     Yes         No

If NO is selected, describe below how the devices will be operated differently (e.g. different coolant temperature, flow, pH, etc.). Attach any necessary drawings or design papers as necessary.

Describe how the changes being made in this general plan approval impact each condenser listed above. Demonstrate that these impacts meet the temperature requirements of 25 Pa Code Section 129.68 as related to total vapor load, total flow rate, and compound vapor pressure (attach any design sheets as necessary).

## SECTION J. AIR CONCENTRATION MODELING FOR NEW HAZARDOUS AIR POLLUTANTS (HAPs)

If new HAP emissions are generated as part of the general plan approval application or there is a change in HAP emission characteristics, it will be necessary to conduct risk modeling of the emissions. Provide a brief summary of the modeling results below. Show that results of the modeled *one-hour maximum* ambient air concentration for each HAP, resulting from the aggregation of emissions from all sources of release, do not exceed the appropriate endpoint criterion STEL/40, C/10, 3 x TWA/20, IDLH/20, or LC50/100. Show that the results of the modeled *maximum annual average air concentration* for each HAP resulting from the aggregation of emissions from all sources of release do not exceed the appropriate endpoint criterion of a 1-in-1 million risk and a hazard quotient (HQ) of 1. In addition, show that the results of the modeled maximum annual average air concentration for the hazard index and cumulative risk do not exceed the appropriate end point criterion of 1 and 1-in-1 million cancer risk. **Attach a compact disk containing the modeling data to this application.**

**NOTE: THE EMISSIONS MODELING PROTOCOL MUST BE PRE-APPROVED FOR USE WITH THIS GENERAL PLAN APPROVAL PRIOR TO SUBMISSION OF THE RESULTS WITH THE GP-24 APPLICATION.**

**SECTION K. ATTACHMENTS**

**Number and list all attachments submitted with this application below:**

**SECTION L. PERMITS INFORMATION**

**Request for Confidentiality**

Do you request any information on this application to be treated as "Confidential" as defined by 25 PA Code 127.12(d)?

Yes     No

If yes, include justification for confidentiality. Place such information on separate pages marked "**confidential**".

**SECTION M. APPLICANT'S CHECKLIST**

**Check the following list to make sure that all the required documents are included.**

- Compliance Review Form
- Permit Fees



**SECTION N. AFFIDAVIT**

I certify that, subject to the penalties of Title 18 Pa. C.S.A. Section 4904 and 35 P.S. Section 4009(b)(2), I am the responsible official having primary responsibility for the design and operation of the facilities to which this application applies and that the information provided in this application is true, accurate and complete to the best of my knowledge, information and belief formed after reasonable inquiry. I further certify that the facility will be operated in conformity with all limitations and conditions of the Pharmaceutical and Specialty Chemical General Plan Approval (BAQ-GPA-24).

**Signature**

**Date**

**Typed/Printed Name**