STATIONARY SOURCE SUMMARY
 FORM 1101-A1

DISTRICT: Butte County Air Quality Management District

COMPANY NAME:

DISTRICT USE ONLY

Application #: ____________________________
Application Filing Fee: ______________________
Application Received: ______________________
Application Deemed Complete: _______________

I. FACILITY IDENTIFICATION

1. Facility: ____________________________________________
   Name: ____________________________________________
2. Four digit SIC Code: _________________________________
   EPA Plant ID: ______________________________________
3. Parent Company (if different than Facility Name): ___________________________________________________________________
4. Mailing: ____________________________________________
   Address: ____________________________________________
5. Street Address or Source Location: ________________________________
6. UTM Coordinates (if required): ________________________________
7. Source located within:
   50 miles of the state line [ ] Yes [ ] No
   50 miles of a Native American Nation [ ] Yes [ ] No [ ] Not Applicable
8. Type of Organization: [ ] Corporation [ ] Sole Ownership [ ] Government [ ] Partnership [ ] Utility Company
9. Legal Owner's Name: __________________________________________
10. Owner's Agent Name (if any): ____________________________________
11. Responsible Official: __________________________________________
12. Plant Site Manager/Contact: ________________________________
    Telephone #: ______________________________________
13. Type of facility: ____________________________________________
15. Does your facility store, or otherwise handle, greater than threshold quantities of any substance on the Section 112(r) List of
   Substances and their Thresholds (see attachment A)? [ ] Yes [ ] No
16. Is a Federal Risk Management Plan [pursuant to Section 112(r)] required? [ ] Not Applicable [ ] Yes [ ] No
   (If yes, attach verification that Risk Management Plan is registered with appropriate agency or description of status of Risk
   Management Plan submittal.)
STATIONARY SOURCE SUMMARY  
(FORM 1101-A2)

II. TYPE OF PERMIT ACTION

<table>
<thead>
<tr>
<th>Type of Permit Action</th>
<th>CURRENT PERMIT (permit number)</th>
<th>EXPIRATION (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Title V Application</td>
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<tr>
<td>Permit Renewal</td>
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<tr>
<td>Significant Permit Modification</td>
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<tr>
<td>Minor Permit Modification</td>
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<tr>
<td>Administrative Amendment</td>
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</tbody>
</table>

III. DESCRIPTION OF PERMIT ACTION

1. Does the permit action requested involve: 
   a: [ ] Portable Source  [ ] Voluntary Emissions Caps  
      [ ] Acid Rain Source  [ ] Alternative Operating Scenarios  
      [ ] Source Subject to MACT Requirements [Section 112]
   b: [ ] None of the options in 1.a. are applicable

2. Is source operating under Compliance Schedule?  
   [ ] Yes  [ ] No

3. For permit modifications, provide a general description of the proposed permit modification:  
   ______________________________________________________  
   ______________________________________________________  
   ______________________________________________________  
   ______________________________________________________  
   ______________________________________________________  
   ______________________________________________________  
   ______________________________________________________  
   ______________________________________________________