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APR 23 2007

DEPARTMENT OF ENVIRONMENTAL QUALITY

April 17, 2007

EXPRESS MAIL
Mr. William Rogers
Regional Permit Program Coordinator
Idaho Department of Environmental Quality
1410 North Hilton
Boise, ID 83706

Subject: Application for Permit-to-Construct
Biopol Laboratory, Inc.
Post Falls, Idaho
IES Project No. EHS07308.01

Dear Mr. Rogers:

On behalf of Biopol Laboratory, Inc. (Biopol), IES Engineers (IES) is pleased to submit the enclosed application for a Permit-to-Construct for the new allergen purification facility to be constructed in Post Falls, Kootenai County, Idaho. We have also enclosed a CD containing all of the application files. As we have discussed, we would like to incorporate a Facility Emission Cap in this permit, pursuant to IDAPA 58.01.01.175.

As you will recall, Mr. Michael Sawatzky, of Biopol, and I met with you on January 31, 2007, to discuss this project. Since that time, we have determined that we will not be pursuing a Tier II permit or the Pre-Permit Construction (construction at risk) option available under IDAPA 58.01.01.213.

In the enclosed application, we have included future buildings that will house Spanish Mites, Birch, and Ragweed pollen purification processes, even though the process equipment associated with that operation has not yet been identified.

The enclosed application includes the following documents:

FORMS:

Form CS	Cover Sheet
Form GI	General Information
Form EU0	Emission Units - General
Form EU1	Industrial Engine
Form EU5	Boilers (we are using this form for the boilers, water heaters, air handling unit pre-heaters, and air handling unit humidifiers)
Form BCE	Baghouses Control Equipment (we are reporting the HEPA filter on this form because no specific form exists for HEPA filters)

Form SCE	Scrubbers Control Equipment (similarly, we are using this form because no form exists for vent condensers)
Form EI-CP1	Facility-wide Emission Inventory – Point Sources
Form EI-CP2	Facility-wide Emission Inventory – Fugitive Sources
Form PP	Plot Plan (with attachment)
Form MI-1	Modeling Information – Impact Analysis
Form MI-2	Modeling Information – Point Source Stack Parameters
Form MI-4	Modeling Information – Buildings and Structures
Form FRA	Federal Requirements Applicability

ATTACHMENTS:

Attachment 1	Process Description
Attachment 2	Emission Calculations
Attachment 3	Dispersion Screening Modeling Report
Attachment 4	Facility Emission Cap Discussion
Attachment 5	Regulatory Applicability – Federal and Idaho Air Quality Regulations

CHECKLISTS:

AQ-CH-P005	Exemption Criteria and Reporting Requirements for Toxic Air Pollutant (TAP) Emissions Checklist
AQ-CH-P006	Toxic Air Pollutant (TAP) Preconstruction Compliance Application Completeness Checklist
AQ-CH-P008	Minor Source Permit-to-Construct Application Completeness Checklist

Pursuant to IDAPA 58.01.01.224, we have enclosed a check payable to the Idaho Department of Environmental Quality, in the amount of $1,000, which represents the Permit-to-Construct Application Fee. It is our understanding that the Department will invoice Biopol for the Permit-to-Construct/Facility Emission Cap Processing Fee at the time the permit is issued; the amount of this fee, is determined by summing the emission rates of all regulated air pollutants.

As confirmed with Mr. Jonathan Pettit, we have not included Forms EI-CP3 (Point Source Emission Increase) and EI-CP4 (Fugitive Source Emission Increase) because Biopol does not operate an existing facility in Idaho. We have also not included Form MI-3 (Modeling Information – Fugitive Source Parameters), as it is not applicable to our dispersion modeling analysis.

Working closely with Mr. Kevin Schilling, we conducted a refined dispersion modeling analysis, using AERMOD (Version 07026), to (i) establish the emission caps for NO_2 and PM_{10}; and (ii) predict the annual average ambient concentration of tetrachloroethylene (perchloroethylene), the only toxic air pollutant for which emissions exceed the Screening Emission Level established in IDAPA 58.01.01.586. The modeling report, including input and output data, is presented in

Attachment 3. This analysis followed the modeling guidance provided on the Department's web site and was based on conservative assumptions to ensure that we have identified the worst case scenario from an ambient air quality perspective.

As you know, this project is critical to Biopol's business interest. We would appreciate the Department's most expeditious review of this application. We are available at any time, by meeting or conference call, to answer any questions you may have. Please do not hesitate to contact me or Mr. Sawatzky at (509) 456-7794.

Very truly yours,

Robert W. Schlosser
Robert W. Schlosser, P.E.
Senior Project Manager

Enclosures
cc: S. Sonde, Biopol
M. Sawatzky, Biopol
E. Tannebaum, IPS
E. Flagg, IPS
A. Soni, IES

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APPLICATION FOR PERMIT TO CONSTRUCT

ALLERGEN PURIFICATION FACILITY
POST FALLS, IDAHO

RECEIVED
APR 23 2007
DEPARTMENT OF ENVIRONMENTAL QUALITY
STATE A Q PROGRAM

PREPARED FOR:

BIOPOL LABORATORY, INC.
327 EAST PACIFIC AVENUE
SPOKANE, WASHINGTON

SUBMITTED TO:

IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR QUALITY PROGRAM OFFICE
BOISE, IDAHO

IES PROJECT NO. EHS07308.01
APRIL 2007

TABLE OF CONTENTS

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CHECKLISTS:

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AQ-CH-P006	Toxic Air Pollutant (TAP) Preconstruction Compliance Application Completeness Checklist
AQ-CH-P008	Minor Source Permit to Construct Application Completeness Checklist

PERMIT TO CONSTRUCT

APPLICATION FORMS

DEQ AIR QUALITY PROGRAM
1410 N. Hilton, Boise, ID 83706
For assistance, call the
Air Permit Hotline – 877-5PERMIT

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Please see instructions on page 2 before filling out the form.

DEQ USE ONLY
Date Received RECEIVED APR 23 2007 DEPARTMENT OF ENVIRONMENTAL QUALITY STATE AIR PROGRAM
Project Number
Payment / Fees Included? Yes ☑ No ☐ $1,000.00
Check Number 9034 pah

COMPANY NAME, FACILITY NAME, AND FACILITY ID NUMBER

1. Company Name	**Biopol Laboratory, Inc.**		
2. Facility Name	**Post Falls Facility**	3. Facility ID No.	**N.A. – new facility**
4. Brief Project Description - One sentence or less	**Construction of Allergen Purification Facility**		

PERMIT APPLICATION TYPE

5. ☒ New Facility ☐ New Source at Existing Facility ☐ Unpermitted Existing Source
☐ Modify Existing Source: Permit No.:___ Date Issued:___
☐ Required by Enforcement Action: Case No.:___

6. ☒ Minor PTC ☐ Major PTC

FORMS INCLUDED

Included	N/A	Forms	DEQ Verify
☒	☐	Form GI – Facility Information	☐
☒	☐	Form EU0 – Emissions Units General	☐
☒	☐	Form EU1 - Industrial Engine Information Please Specify number of forms attached: 1	☐
☐	☒	Form EU2 - Nonmetallic Mineral Processing Plants Please Specify number of forms attached: ___	☐
☐	☒	Form EU3 - Spray Paint Booth Information Please Specify number of forms attached: ___	☐
☐	☒	Form EU4 - Cooling Tower Information Please Specify number of forms attached: ___	☐
☒	☐	Form EU5 – Boiler Information Please Specify number of forms attached: 10	☐
☐	☒	Form HMAP – Hot Mix Asphalt Plant Please Specify number of forms attached: ___	☐
☐	☒	Form CBP - Concrete Batch Plant Please Specify number of forms attached: ___	☐
☒	☐	Form BCE - Baghouses Control Equipment	☐
☒	☐	Form SCE - Scrubbers Control Equipment	☐
☒	☐	Forms EI-CP1 - EI-CP4 - Emissions Inventory– criteria pollutants (Excel workbook, Only EI-CP1 and EI-CP2)	☐
☒	☐	PP – Plot Plan	☐
☒	☐	Forms MI1 – MI4 – Modeling (Excel workbook, all 4 worksheets)	☐
☒	☐	Form FRA – Federal Regulation Applicability	☐

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PERMIT TO CONSTRUCT APPLICATION

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Please see instructions on page2 before filling out the form.

All information is required. If information is missing, the application will not be processed.

IDENTIFICATION	
1. Company Name	**Biopol Laboratory, Inc.**
2. Facility Name (if different than #1)	**Post Falls Facility**
3. Facility I.D. No.	**N.A. – new facility**
4. Brief Project Description:	**Construction of Allergen Purification Facility**
FACILITY INFORMATION	
5. Owned/operated by: (√ if applicable)	☐ Federal government ☐ County government ☐ State government ☐ City government
6. Primary Facility Permit Contact Person/Title	**Sharad Sonde, Director of Engineering**
7. Telephone Number and Email Address	**(509) 456-7794; ssonde@allergy-antigen.com**
8. Alternate Facility Contact Person/Title	**Michael Sawatzky, EH&S Manager**
9. Telephone Number and Email Address	**(509) 456-7794; msawatzky@allergy-antigen.com**
10. Address to which permit should be sent	**327 East Pacific Ave.**
.1. City/State/Zip	**Spokane, WA 99202**
12. Equipment Location Address (if different than #9)	**Lochsa Street and Clearwater Loop**
13. City/State/Zip	**Post Falls, ID 83854**
14. Is the Equipment Portable?	☐ Yes ☒ No
15. SIC Code(s) and NAISC Code	Primary SIC: **2836** Secondary SIC (if any): NAICS: **325414**
16. Brief Business Description and Principal Product	**Purification of allergens for subsequent production of vaccines at other locations.**
17. Identify any adjacent or contiguous facility that this company owns and/or operates	**None**
PERMIT APPLICATION TYPE	
18. Specify Reason for Application	☒ New Facility ☐ New Source at Existing Facility ☐ Modify Existing Source: Permit No.:____ Date Issued: ____ ☐ Unpermitted Existing Source: ☐ Required by Enforcement Action: Case No.:____
CERTIFICATION	
IN ACCORDANCE WITH **IDAPA 58.01.01.123 (RULES** FOR THE CONTROL OF AIR POLLUTION IN IDAHO), I CERTIFY BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION IN THE DOCUMENT ARE TRUE, ACCURATE, AND COMPLETE.	
19. Responsible Official's Name/Title	**Michael Sawatzky, EH&S Manager**
20. RESPONSIBLE OFFICIAL SIGNATURE	Michael Sawatzky — Date: 4/19/07
21. ☒ Check here to indicate you would like to review a draft permit prior to final issuance.	

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**House Vacuum System - Administration**
2. EU ID Number:	**A-5**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**The Spencer Turbine Co. (or equivalent)**
5. Model:	**Industravac B-Series (or equivalent)**
6. Maximum Capacity:	**500 scfm**
7. Date of Construction:	**April 2007**
8. Date of Modification (if any)	**N.A. – new facility**
9. Is this a Controlled Emission Unit?	☒ No ☐ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

0. Control Equipment Name and ID:	**N.A. – integral to vacuum system**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☐ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☐No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Birch Building -- Fluidized Bed Dryer**
2. EU ID Number:	**B-30**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**Niro (or equivalent)**
5. Model:	**MP2 or MP3 (or equivalent)**
6. Maximum Capacity:	**100 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

'0. Control Equipment Name and ID:	**Secondary Cyclones (C-30) and HEPA Filter (C-30A)**		
11. Date of Installation:	**May 2007**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**Cyclones: Niro MP2 or MP3 (or equivalent)** **HEPA filter: Flanders (or equivalent)**		
14. ID(s) of Emission Unit Controlled:	**B-30**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**99%**	**99%**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**House Vacuum System –Birch**
2. EU ID Number:	**B-31**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**Spencer Turbine Co. (or equivalent)**
5. Model:	**Industravac B-Series (or equivalent)**
6. Maximum Capacity:	**500 scfm**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A. – new facility**
9. Is this a Controlled Emission Unit?	☒ No ☐ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**N.A. – integral to vacuum system**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☐ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☐No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 day/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Birch Building -- Defatting**
2. EU ID Number:	**B-34**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**Vent Condenser (C-34)**		
11. Date of Installation:	**May 2007**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**TBD**		
14. ID(s) of Emission Unit Controlled:	**B-34**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**99% (TAP only)**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Birch Building – Pneumatic conveyor release**
2. EU ID Number:	**B-36**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**N.A.**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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Please see instructions on page 2 before filling out the form.

IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**U.S. Mites/SSM Building Exhaust – see EU0B for list of equipment**
2. EU ID Number:	**P-1**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**14,970 cfm**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

'0. Control Equipment Name and ID:	**N.A.**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

EU0B

Emission Sources	Installation Date
US Mites - 5' Hood	May 2007
US Mites - 5' Hood	May 2007
FEI/EPI CMN-1048, 8' Hood	May 2007
FEI/EPI CMN-1084, 6' Hood	May 2007
Vacuum Pump Mech. Room	May 2007
EPI CMN 1091, 6' Hood	May 2007
Sterile Filter CMN 1092, 6'CL2	May 2007
PRS CMN 1082, 6' Hood 1	May 2007
PRS CMN 1082, 5' Hood 2	May 2007
PRS CMN 1082, 6' Hood 3	May 2007
PRS CMN 1082, 5' Hood 4	May 2007
Filter Qn/Siever CMN 1086, 6' Hood	May 2007
Filter Qn/Siever CMN 1086, 6' Hood	May 2007
SF 2001 Hood 8'	May 2007
SF 2001 Hood 5'	May 2007

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Process Development Laboratory – see EU0A for equipment list**
2. EU ID Number:	**P-2**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**5,000 cfm**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**N.A.**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

EU0A

Emission Sources	Installation Date
PD 2006 6' Hood 1	May 2007
PD 2006 6' Hood 2	May 2007
PD 2006 6' Hood 3	May 2007
PD 2006 6' Hood 4	May 2007
PD 2006 Pan Dryer	May 2007
PD 2007 Wet Sieve (tent)	May 2007
Process Development Lab A – Fluid Bed Dryer	May 2007
Process Development Lab B – Fluid Bed Dryer	May 2007
Process Development Lab C – Pan Dryer	May 2007
QC Lab 6' Hood	May 2007
QC Lab 6' Hood	May 2007

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION	
1. Emissions Unit (EU) Name:	**Ragweed Building -- Fluidized Bed Dryer**
2. EU ID Number:	**R-27**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**Niro (or equivalent)**
5. Model:	**MP2 or MP3 (or equivalent)**
6. Maximum Capacity:	**100 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT			
'0. Control Equipment Name and ID:	**Secondary Cyclones (C-27) and HEPA Filter (C-27A)**		
11. Date of Installation:	**May 2007**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**Cyclones: Niro MP2 or MP3 (or equivalent)** **HEPA filter: Flanders (or equivalent)**		
14. ID(s) of Emission Unit Controlled:	**R-27**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**99%**	**99%**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)	
18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS	
20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**House Vacuum System –Ragweed**
2. EU ID Number:	**R-28**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**Spencer Turbine Co. (or equivalent)**
5. Model:	**Industravac B-Series (or equivalent)**
6. Maximum Capacity:	**500 scfm**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A. – new facility**
9. Is this a Controlled Emission Unit?	☒ No ☐ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**N.A. – integral to vacuum system**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☐ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☐No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 day/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Ragweed Building -- Defatting**
2. EU ID Number:	**R-33**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

.0. Control Equipment Name and ID:	**Vent Condenser (C-33)**		
11. Date of Installation:	**May 2007**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**TBD**		
14. ID(s) of Emission Unit Controlled:	**R-33**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**99% (TAP only)**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Ragweed Building – Pneumatic conveyor release**
2. EU ID Number:	**R-39**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

.0. Control Equipment Name and ID:	**N.A.**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Spanish Mites Washing**
2. EU ID Number:	**SM-23**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**Vent Condenser (C-23)**		
11. Date of Installation:	**May 2007**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**TBD**		
14. ID(s) of Emission Unit Controlled:	**SM-23**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**99%**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**House Vacuum System –Spanish Mites**
2. EU ID Number:	**SM-25**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**Spencer Turbine Co. (or equivalent)**
5. Model:	**Industravac B-Series (or equivalent)**
6. Maximum Capacity:	**500 scfm**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A. – new facility**
9. Is this a Controlled Emission Unit?	☒ No ☐ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**N.A. – integral to vacuum system**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☐ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☐No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 day/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Spanish Mites Building – Pneumatic conveyor release**
2. EU ID Number:	**SM-38**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**N.A.**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION	
1. Emissions Unit (EU) Name:	**Spanish Mites Building – Media Prep Room**
2. EU ID Number:	**SM-40**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source – Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**N.A.**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT			
10. Control Equipment Name and ID:	**N.A.**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**99.9%**	**99.9%**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)	
18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS	
20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Timothy Building -- Defatting**
2. EU ID Number:	**T-20**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**Vent Condenser (C-20)**		
11. Date of Installation:	**May 2007**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**TBD**		
14. ID(s) of Emission Unit Controlled:	**T-20**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**99% (TAP only)**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**Timothy Building -- Fluidized Bed Dryer**
2. EU ID Number:	**T-21**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**Niro (or equivalent)**
5. Model:	**MP2 or MP3 (or equivalent)**
6. Maximum Capacity:	**100 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

'0. Control Equipment Name and ID:	**Secondary Cyclones (C-21) and HEPA Filter (C-21A)**		
11. Date of Installation:	**May 2007**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**Cyclones: Niro MP2 or MP3 (or equivalent)** **HEPA filter: Flanders (or equivalent)**		
14. ID(s) of Emission Unit Controlled:	**T-21**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**99%**	**99%**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **See Attachment ?**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION

Company Name:	Facility Name:	Facility ID No:
Biopol Laboratory, Inc.	**Post Falls Facility**	**N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION

1. Emissions Unit (EU) Name:	**House Vacuum System -Timothy**
2. EU ID Number:	**T-22**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**Spencer Turbine Co. (or equivalent)**
5. Model:	**Industravac B-Series (or equivalent)**
6. Maximum Capacity:	**500 scfm**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A. – new facility**
9. Is this a Controlled Emission Unit?	☒ No ☐ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT

10. Control Equipment Name and ID:	**N.A. – integral to vacuum system**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☐ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☐No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency. **N.A.**

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)

18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 day/week, 52 weeks/year**

REQUESTED LIMITS

20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EMISSIONS UNIT (PROCESS) IDENTIFICATION & DESCRIPTION	
1. Emissions Unit (EU) Name:	**Timothy Building – Pneumatic conveyor release**
2. EU ID Number:	**T-37**
3. EU Type:	☒ New Source ☐ Unpermitted Existing Source ☐ Modification to a Permitted Source -- Previous Permit #: Date Issued:
4. Manufacturer:	**TBD**
5. Model:	**TBD**
6. Maximum Capacity:	**200 pounds**
7. Date of Construction:	**May 2007**
8. Date of Modification (if any)	**N.A.**
9. Is this a Controlled Emission Unit?	☐ No ☒ Yes If Yes, Complete the following section. If No, go to line 18.

EMISSIONS CONTROL EQUIPMENT			
.0. Control Equipment Name and ID:	**N.A.**		
11. Date of Installation:	**N.A.**	12. Date of Modification (if any):	**N.A.**
13. Manufacturer and Model Number:	**N.A.**		
14. ID(s) of Emission Unit Controlled:	**N.A.**		
15. Is operating schedule different than emission units(s) involved?:	☐ Yes ☒ No		
16. Does the manufacturer guarantee the control efficiency of the control equipment?	☐Yes ☒No (If yes, attach and label manufacturer guarantee)		

	Pollutant Controlled					
	PM	PM10	SO_2	NOx	VOC	CO
Control Efficiency	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**	**N.A.**

17. If manufacturer's data is not available, attach a separate sheet of paper to provide the control equipment design specifications and performance data to support the above mentioned control efficiency.

EMISSION UNIT OPERATING SCHEDULE (hours/day, hours/year, or other)	
18. Actual Operation	**8 hours/day, 5 days/week, 52 weeks/year**
19. Maximum Operation	**24 hours/day, 7 days/week, 52 weeks/year**

REQUESTED LIMITS	
20. Are you requesting any permit limits?	☐ Yes ☒ No (If Yes, check all that apply below)
☐ Operation Hour Limit(s):	
☐ Production Limit(s):	
☐ Material Usage Limit(s):	
☐ Limits Based on Stack Testing	Please attach all relevant stack testing summary reports
☐ Other:	
21. Rationale for Requesting the Limit(s):	**N.A.**

EU1

Emission Units – Industrial Engine Information **Form EU1**

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please refer to IDAPA 58.01.01.222.01.c and d for a list of internal combustion engines that are exempt from the Permit to Construct requirements. *

ENGINE (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Unit ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #: Date Issued:		
2. Use of Engine: ☐ Normal Operation ☒ Emergency ☐ Back-up ☐ Other:		
3. Engine ID Number: **CU-3**	4. Rated Power: **1,000** ☐ Brake Horsepower(bhp) ☒ **Kilowatts (kW)**	
5. Construction Date: **May 2007**	6. Manufacturer: **Caterpillar (or equivalent)**	7. Model: **C32 ATAAC, or equivalent**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10 Control Device (if any): **N.A.**

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☒ Diesel Fuel (#) (gal/hr)	☐ Gasoline Fuel (gal/hr)	☐ Natural Gas (cf/hr)	☐ Other Fuels (unit:)
12. Full Load Consumption Rate	**100 gal/hr**	**N.A.**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**50 gal/hr (typical)**	**N.A.**	**N.A.**	**N.A.**
14. Sulfur Content wt%	**500 ppm initially (15 ppm by 10/1/10)**	**N.A.**	**N.A.**	**N.A.**

OPERATING LIMITS & SCHEDULE
15. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **Engine is expected to operate no more than 200 hours per year, for emergency power generation and periodic readiness testing. However, modeling analysis was based on 500 hours per year, to be conservative.**
16. Operating Schedule (hours/day, months/year, etc.): **Emergency power generation – as needed; readiness testing – approximately 1 hour per week**

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit Preheater**		
3. Boiler ID Number: **AHU-1 (USM Inoculation Area)**	4. Rated Capacity: ☒ **0.066 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **May 2007**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**63**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**13**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**
STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**
Note: Although the pre-heater is not a boiler, Form EU5 form is used to present the required information.
*** Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit – Pre-heater**		
3. Boiler ID Number: **AHU-2 (USM Process/Support)**	4. Rated Capacity: ☒ **0.055 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **May 2007**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**52**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**11**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**
STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**
Note: Although the pre-heater is not a boiler, Form EU5 is used to present the required information.
*** Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit Preheater**		
3. Boiler ID Number: **AHU-3 (SSM Pollen Lab)**	4. Rated Capacity: ☒ **0.723 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **May 2007**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**689**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A**	**145**	**N.A**	**N.A**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A**	**1,050 BTU/cf**	**N.A**	**N.A**
15. Sulfur Content wt%	**N.A**	**Negligible**	**N.A**	**N.A**
16. Ash Content wt%	**N.A**	**N.A**	**N.A**	**N.A**

STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A**	**N.A**	**N.A**	**N.A**
19. Steam Pressure (psi)	**N.A**	**N.A**	**N.A**	**N.A**
20. Steam Type	**N.A**	**N.A**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**
Note: Although the pre-heaters are not boilers, Form EU5 is used to present the required information.
** Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Vaccine Manufacturing Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit Preheater**		
3. Boiler ID Number: **AHU-4 (Product Development QC Lab)**	4. Rated Capacity: ☒ **0.628 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **May 2007**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**598**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**126**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	N/A	**N.A.**	**N.A.**

STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**
Note: Although the pre-heater is not a boiler, Form EU5 is used to present the required information.
*** Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Manufacturing Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☐ Other: **4 identical boilers for space heating and process needs**		
3. Boiler ID Number: **See Attachment EU5A**	4. Rated Capacity: ☒ **4 @ 6.25 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **See Attachment EU5A**	6. Manufacturer: **State (or equivalent)**	7. Model: **SBN85310NE (or equivalent)**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**4 @ 5,952**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**4 @ 1,488**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**

STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**
**** Note: These sources meet the exemption criterion in IDAPA 58.01.01.02(c).***

EU5A

Boiler ID Number	Unit Description	Installation Date
HB-1	Boiler 1	May 2007
HB-2	Boiler 2	May 2007
HB-3	Boiler 3	(future)
HB-4	Boiler 4	(future)

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION

Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS

1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:

2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit Preheater**

3. Boiler ID Number: **AHU-6 (Administration Building)**	4. Rated Capacity: ☒ **0.084 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **May 2007**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS

11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**80**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**16**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**

STEAM DESCRIPTION AND SPECIFICATIONS

17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE

21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**

22. Operating Schedule (hours/day, months/year, etc.): **N.A.**

Note: Although the preheater is not a boiler, Form EU5 is used to present the required information.

* ***Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit Preheater**		
3. Boiler ID Number: **AHU-7, 8 & 9** **(See Attachment EU5B)**	4. Rated Capacity: ☒ **0.619 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **Future**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**590**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**124**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**
STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**

Note: Although the pre-heater is not a boiler, Form EU5 is used to present the required information.

*** Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

EU5B

ID No.	Unit Description	Installation Date
AHU-7	Air Handling Unit –Timothy Pollen	Future
AHU-8	Air Handling Unit - Ragweed	Future
AHU-9	Air Handling Unit – Birch	Future

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit Preheater**		
3. Boiler ID Number: **AHU-10 (Spanish Mites)**	4. Rated Capacity: ☒ **1.060 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **Future**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**1010**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**212**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**

STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**

Note: Although the pre-heater is not a boiler, Form EU5 is used to present the required information.

*** Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.*

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process ☐ % Used For Space Heat ☐ % Used For Generating Electricity ☒ Other: **Air Handling Unit Preheater**		
3. Boiler ID Number: **AHU-11 (SSM Expansion)**	4. Rated Capacity: ☒ **0.723 Million British Thermal Units Per Hour (MMBTU/hr)** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **Future**	6. Manufacturer: **AAON (or equivalent)**	7. Model: **TBD**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**689**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**145**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**

STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**
Note: Although the pre-heater is not a boiler, Form EU5 is used to present the required information.
*** Note: This source meets the exemption criterion in IDAPA 58.01.01.02(c).***

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IDENTIFICATION		
Company Name: **Biopol Laboratory, Inc.**	Facility Name: **Post Falls Facility**	Facility ID No: **N.A. – new facility**
Brief Project Description:	**Construction of Allergen Purification Facility**	

EXEMPTION
Please see IDAPA 58.01.01.222 for a list of industrial boilers that are exempt from Permit to Construct requirements.

Boiler (EMISSION UNIT) DESCRIPTION AND SPECIFICATIONS		
1. Type of Request ☒ New Unit ☐ Unpermitted Existing Unit ☐ Modification to a unit with Permit #:		
2. Use of Boiler: ☐ % Used For Process **100** % Used For Space Heat ☐ % Used For Generating Electricity ☐ Other:		
3. Boiler ID Number: **SB-2**	4. Rated Capacity: ☒ **2.5 Million British Thermal Units Per Hour (MMBTU/hr)*** ☐ 1,000 Pounds Steam Per Hour (1,000 lb steam/hr)	
5. Construction Date: **Future**	6. Manufacturer: **Cleaver Brooks (or equivalent)**	7. Model: **CBR (or equivalent)**
8. Date of Modification (if applicable): **N.A.**	9. Serial Number (if available): **N.A.**	10. Control Device (if any): **N.A.** Note: Attach applicable control equipment form(s)

FUEL DESCRIPTION AND SPECIFICATIONS				
11. Fuel Type	☐ Diesel Fuel (#) (gal/hr)	☒ Natural Gas (cf/hr)	☐ Coal (unit: /hr)	☐ Other Fuels (unit: /hr)
12. Full Load Consumption Rate	**N.A.**	**2,381**	**N.A.**	**N.A.**
13. Actual Consumption Rate	**N.A.**	**2,381**	**N.A.**	**N.A.**
14. Fuel Heat Content (Btu/unit, LHV)	**N.A.**	**1,050 BTU/cf**	**N.A.**	**N.A.**
15. Sulfur Content wt%	**N.A.**	**Negligible**	**N.A.**	**N.A.**
16. Ash Content wt%	**N.A.**	**N.A.**	**N.A.**	**N.A.**

STEAM DESCRIPTION AND SPECIFICATIONS				
17. Steam Heat Content	**N.A.**	**N.A.**	**N.A.**	**N.A.**
18. Steam Temperature (°F)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
19. Steam Pressure (psi)	**N.A.**	**N.A.**	**N.A.**	**N.A.**
20. Steam Type	**N.A.**	**N.A.**	☐ Saturated ☐ Superheated	☐ Saturated ☐ Superheated

OPERATING LIMITS & SCHEDULE
21. Imposed Operating Limits (hours/year, or gallons fuel/year, etc.): **N.A.**
22. Operating Schedule (hours/day, months/year, etc.): **N.A.**

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IDENTIFICATION

Company Name: **Biopol Laboratory, Inc.** | Facility Name: **Post Falls Facility** | Facility ID #: **N.A. – new facility**

Brief Project Description: **Construction of Allergen Purification Facility**

IDENTIFICATION				BAGHOUSE			BAGS			
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
Emission Unit	**EU ID No.**	**CE ID No.**	**Stack ID No.**	**Baghouse Manufacturer**	**Baghouse Model No.**	**Type**	**Type**	**Size (Dia x Ht)**	**No. of Bags**	**Air to Cloth**
Timothy Building Fluidized Bed Dryer	T-19	C-19	S-19	Niro (or equivalent)	MP2 or MP3	Cyclone	N.A.			
Timothy Building Fluidized Bed Dryer	T-19	C-19A	S-19	Flanders (or equivalent)	T.B.D.	0.1 micron HEPA filter	N.A.			
Ragweed Building Fluidized Bed Dryer	R-27	C-27	S-27	Niro (or equivalent)	MP2 or MP3	Cyclone	N.A.			
Ragweed Building Fluidized Bed Dryer	R-27	C-27A	S-27	Flanders (or equivalent)	T.B.D.	0.1 micron HEPA filter	N.A.			
Birch Building Fluidized Bed Dryer	B-30	C-30	S-30	Niro (or equivalent)	MP2 or MP3	Cyclone	N.A.			
Birch Building Fluidized Bed Dryer	B-30	C-30A	S-30	Flanders (or equivalent)	T.B.D.	0.1 micron HEPA filter	N.A.			
PD Lab Fluidized Bed Dryer	PD-A	C-PDA	S-PDA	Flanders (or equivalent)	T.B.D.	0.1 micron HEPA filter	N.A.			
PD Lab Fluidized Bed Dryer	PD-B	C-PDB	S-PDB	Flanders (or equivalent)	T.B.D.	0.1 micron HEPA filter	N.A.			
PD Lab Fluidized Bed Dryer	PD-C	C-C	S-PDC	Flanders (or equivalent)	T.B.D.	0.1 micron HEPA filter	N.A.			

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IDENTIFICATION									
Company Name:	**Biopol Laboratory, Inc.**			Facility Name:	**Biopol Laboratory, Inc.**		Facility ID #:	**N.A. – new facility**	
Brief Project Description:	**Construction of Allergen Purification Facility**								
IDENTIFICATION				SCRUBBER					
1.	2.	3.	4.	5.	6.	7.	8.	9	10.
Emission Unit	**EU ID No.**	**CE ID No.**	**Stack ID No.**	**Manufacturer Name**	**Model No.**	**Type**	**Dimensions In Feet (Ht x Dia x L)**	**Water Flow (gpm)**	**Pressure Drop (in H_2O)**
Timothy Building De-fatting	T-20	C-20	S-20	TBD	TBD	Vent Condenser	N.A.	N.A.	N.A.
Spanish Mites Building Washing	SM-23	C-23	S-23	TBD	TBD	Vent Condenser	N.A.	N.A.	N.A.
Ragweed Building De-fatting	R-33	C-33	S-33	TBD	TBD	Vent Condenser	N.A.	N.A.	N.A.
Birch Building De-fatting	B-34	C-34	S-34	TBD	TBD	Vent Condenser	N.A.	N.A.	N.A.