

# Emissions Minimization Plan

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Regulation 6, Particulate Matter, Rule 4:  
Metal Recycling and Shredding Operations

Facility Name

Address

City

Site #

# Table of Contents

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*I, as the Responsible Manager of this facility, hereby certify that as of this date, this Emissions Minimization Plan contains all elements and information required of a complete EMP pursuant to District Regulation Section 6-4-403 and that the information contained in this EMP is accurate.*

*Certified by:* \_\_\_\_\_

*Dated:* \_\_\_\_\_

Title

*Responsible Manager*

# Designation of Confidential Business Information

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Specify the information you designate is "CONFIDENTIAL" and include specific section(s) and corresponding page number(s). Describe the basis, e.g. the information is trade secret or otherwise exempt under law from public disclosure.

Name of Section / Page Number(s)	Description of Confidential Information

# Company Description

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# Company Organizational Chart and Schedule of Management Operators

## 6-4-403.1.3

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- A. Company Organizational Chart- Attach a copy of the organizational chart of the company, which describes the business structure and provides the titles of the positions within the organization.
- B. Schedule of Management Operators - Provide the names and contact information of the Onsite Responsible Manager(s) and Onsite Alternate Contact(s) and their duty schedule.

## A. Company Organizational Chart

## B. Schedule of Management Operators

### **Onsite Responsible Manager(s)**

Name:  
Title:  
Phone:  
Email:  
Schedule/Shift:

Name:  
Title:  
Phone:  
Email:  
Schedule/Shift:

### **Onsite Alternate Contact(s)**

Name:  
Title:  
Phone:  
Email:  
Schedule/Shift:

Name:  
Title:  
Phone:  
Email:  
Schedule/Shift:

Name:  
Title:  
Phone:  
Email:  
Schedule/Shift:

# Operations Subject to EMP

## 6-4-402

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The EMP shall address all of the following operations that are conducted at a metal recycling and shredding facility per 6-4-402 to reduce fugitive emissions.

Please check all facility operations that apply.

402.1	Roadways and Other Trafficked Surfaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No
402.2	Metal Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
402.3	Shredder Residue (SR) Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
402.3	Depollution Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# Contents of the EMP

## 6-4-403

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The owner or operator of the metal recycling and shredding facility subject to Section 6-4-401 shall prepare a complete and accurate EMP that details the management practices, measures, equipment and procedures that are employed or scheduled to be implemented to minimize fugitive emissions for the operations subject to the EMP.

### ***A. Metal Recycling and Shredding Operations***

- I. **Metal Management**- List and provide a description of all process equipment, materials received, processed or stored, abatement and control equipment and monitoring parameters to reduce fugitive emissions. Include a comprehensive list of all abatement and control equipment for operations subject to 6-4-402 and specify the source(s) that it abates.
- II. **Shredder Residue (SR) Management**- Identify the equipment or structures that are used in the management of shredder residue, including the treatment process used to reduce the leaching potential of residual soluble metals in the residue.
- III. **Depollution Operations**- Describe policies and procedures pertaining to: 1) the safe removal of materials from major appliances and vehicles that require special handling prior to crushing or transferring to balers or shredders for recycling; and 2) special handling of these materials if discovered during the recycling process.

***B. Scrap Acceptance Policy (6-4-403.3)***- Provide and attach a copy of the facility's scrap acceptance policy.

***C. Management Practices to Reduce Fugitive Emissions***- List and provide descriptions of all management practices conducted to include preventative maintenance activities, pollution prevention, housekeeping and source reduction measures to reduce fugitive emissions of particulates. Include the frequencies or circumstances when these measures and practices are undertaken (schedule of activity).

### ***D. Description of Onsite Management and Schedule of Facility***

***Operations*** - Describe the onsite management practices of metal recycling and shredding operations to reduce fugitive emissions, including those during business hours and after the close of business. Provide the approximate schedule of operations.

# *Metal Recycling and Shredding Operations*

## **I. Metal Management**

**METAL MANAGEMENT**

Provide a description of metal management operations which include the receipt, on-site transport, collection, sorting, segregation, separation, compilation, crushing, shredding, and storage of metals, metal-containing materials, and non-metallic materials at a metal recycling and shredding facility. Include all abatement and monitoring parameters that are employed.

Section #	Operation	District S#	Description of Operation	Source Abated	District A#	Abatement Required by Permit	Type of Abatement	Abatement Monitored	Monitoring Parameters
	Receipt			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Transport			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Collection			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Segregation			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Separation			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Compilation			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Crushing			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Shredding			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Storage of metals			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



**METAL MANAGEMENT**

Identify the storage piles and the types of metal and metal-containing material being stored. Include whether any monitoring is conducted and detail the monitoring parameters and equipment used to minimize fugitive emissions.

Section #	Description of Material	MONITORING			
		Monitoring Conducted	Monitoring Parameters	Monitoring Equipment	If Yes: Identify Monitoring Equipment Used
<b>Storage of Delivered Scrap</b>					
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Storage of Unprocessed Material</b>					
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Storage of In-process Material</b>					
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Storage of Finished Product</b>					
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Storage of Shredder Residue</b>					
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	



## *Metal Recycling and Shredding Operations*

### **II. Shredder Residue (SR) Management**

## SHREDDER RESIDUE (SR) MANAGEMENT

Describe the equipment or structures used for conveyance, storage and treatment of shredder residue (SR) during the recycling process. Include measures to minimize fugitive emissions.

Section #	Equipment or Structure for Processing SR	District S#	SR Stored in an Enclosed Area	MONITORING		SR ADDITIVE	
				Monitoring Conducted	Monitoring Parameters	Use of SR Additive	Type and Purpose of Additive
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



## *Metal Recycling and Shredding Operations*

### **III. Depollution Operations**

**DEPOLLUTION OPERATIONS**

List all materials that require special handling and removal in depollution operations.

<b>Section #</b>	<b>Materials Requiring Special Handling or Removal</b>

## **DEPOLLUTION OPERATIONS**

Describe the policies and procedures pertaining to the safe removal of materials from major appliances and vehicles that require special handling prior to crushing or transferring to balers or shredders for recycling. Include the measures that are implemented when these materials are discovered during the recycling process.

## ***Scrap Acceptance Policy***

## **SCRAP ACCEPTANCE POLICY**

Attach a copy of facility's Scrap Acceptance Policy.

***Management Practices***  
***to***  
***Reduce Fugitive Emissions***

**MANAGEMENT PRACTICES TO REDUCE FUGITIVE EMISSIONS - ROADWAYS AND OTHER TRAFFICKED SURFACES**

List and describe facility's management practices to reduce fugitive emissions from roadways and other trafficked surfaces. Detail the schedule of activities conducted.

	Section #	Management Practices to Reduce Fugitive Emissions	Schedule of Activity
<b>ROADWAY AND OTHER TRAFFICKED SURFACES</b>			

**MANAGEMENT PRACTICES TO REDUCE FUGITIVE EMISSIONS – METAL MANAGEMENT**

List and describe facility’s management practices to reduce fugitive emissions. Include the practices for receiving, processing and handling scrap and shredded materials to prevent fugitive emissions from operations. Detail the schedule of activities conducted.

	<b>Section #</b>	<b>Management Practices to Reduce Fugitive Emissions</b>	<b>Schedule of Activity</b>
<b>TRANSPORT</b>			
<b>RECEIPT</b>			
<b>COLLECTION</b>			
<b>SORTING</b>			
<b>SEGREGATION</b>			
<b>SEPARATION</b>			
<b>COMPILATION</b>			
<b>CRUSHING</b>			
<b>SHREDDING</b>			
<b>STORAGE OF METALS</b>	SEE STORAGE PILE MANAGEMENT SECTION		
<b>STORAGE OF METAL-CONTAINING MATERIAL</b>	SEE STORAGE PILE MANAGEMENT SECTION		
<b>STORAGE OF NON-METALLIC MATERIAL</b>	SEE STORAGE PILE MANAGEMENT SECTION		



**MANAGEMENT PRACTICES TO REDUCE FUGITIVE EMISSIONS – SHREDDER RESIDUE MANAGEMENT**

List and describe facility’s management practices to reduce fugitive emissions from processing and handling shredder residue. Detail the schedule of activities conducted.

	Section #	Management Practices to Reduce Fugitive Emissions	Schedule of Activity
<b>SHREDDER RESIDUE MANAGEMENT</b>			

**MANAGEMENT PRACTICES TO REDUCE FUGITIVE EMISSIONS – DEPOLLUTION ACTIVITIES**

List and describe facility’s management practices to reduce fugitive emissions from processing and handling materials during depollution activities. Detail the schedule of activities conducted.

	<b>Section #</b>	<b>Management Practices to Reduce Fugitive Emissions</b>	<b>Schedule of Activity</b>
<b>DEPOLLUTION ACTIVITIES</b>			

**METAL MANAGEMENT – STORAGE PILE MANAGEMENT**

List and describe the facility’s storage pile management practices to reduce fugitive emissions from stored materials. Detail the schedule of activities conducted.

Types of Storage	Section #	Management Practices to Reduce Emissions	Schedule of Activity
<p style="text-align: center;"><i>Storage of Delivered Scrap</i></p>			
<p style="text-align: center;"><i>Storage of Unprocessed Material</i></p>			
<p style="text-align: center;"><i>Storage of In-process Material</i></p>			
<p style="text-align: center;"><i>Storage of Finished Product</i></p>			
<p><b><i>Storage of Shredder Residue</i></b></p>	SEE SHREDDER RESIDUE MANAGEMENT SECTION		

## **METAL MANAGEMENT**

Describe facility's storage pile management practices to minimize and prevent emissions from stored materials (i.e. limiting size of piles, creating fire breaks, segregation of materials, etc.). Specifically include policies and measures to prevent and control combustion of storage pile materials.

***Description of Onsite Management  
And  
Schedule of Facility Operations***

## **Onsite Management Practices**

Provide a description of the facility's onsite management practices to reduce fugitive emissions.

## Description of Onsite Management

Identify if staff are designated to observe visible emissions from metal shredding and recycling operations during business hours and after the close of business. Specify if staffing is Visible Emissions Evaluation (VEE) Certified. If onsite staffing is designated after the close of business, include a description of the duties to ensure visible emissions are minimized from storage piles of material.

Section #	Operations	Onsite Personnel DURING Business Hours to Observe Visible Emissions	Staffing to Observe Visible Emissions	Onsite Personnel AFTER Business Hours to Observe Visible Emissions	Staffing to Observe Visible Emissions	If onsite staffing is designated after the close of business to observe visible emissions, describe the specific duties to manage storage piles to prevent and minimize visible emissions.
	<b>Roadways and Other Trafficked Surfaces</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Staff #	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Staff #	
	<b>Metal Management</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Transport	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Emissions Certified  <input type="checkbox"/> Yes, # <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, # <input type="checkbox"/> No	
	Receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sorting	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Segregation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Separation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Compilation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Crushing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Shredding	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Storage of Metals	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Storage of Metal-Containing Material	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Storage of Non-Metallic Material	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Shredder Residue Management</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Depollution Activities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		





## **Schedule of Facility Operations**

Provide the facility's schedule and hours of operation. Schedule of operations should include all shifts with specific operations identified.

# Technical Data

## 6-4-403.1

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- A. Process Flow Diagram* - Facilities must indicate all operations in Section 6-4-402, the flow of materials used and identify all monitoring and the processes, abatement and controls to minimize emissions beginning from material receipt to achievement of final product. Identify all equipment by source numbers according to District Permit or as exempt from District Permit. Include the abatement and control devices.
- B. Facility Layout / Floor Plan* - Facilities must indicate all relative locations of processing equipment and monitoring and controls, all permitted and exempt sources identified in the process flow diagram per Section 6-4-403.1.1 and any other source(s) that may contribute to particulates. Include all building walls, partitions, doors, windows, vents and openings and indicate all areas that have abatement for particulates. Note roadways and other trafficked surfaces, and indicate the types and locations of pervious and impervious surfaces. Identify all metal recycling and shredding equipment by the facility's District Permit source number or as exempt from District permit requirements and include abatement and control devices.

## A. Process Flow Diagram

Attach Process Flow Diagram

## **B. Facility Layout / Floor Plan**

Attach Facility Layout/ Floor Plan

# Fugitive Emissions Reductions Previously Realized

## 6-4-403.2

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Facilities must provide a description of the equipment, processes and procedures installed or implemented within the last five years that primarily or secondarily reduce fugitive emissions from facility operations. Include the purpose for implementation and detail any employee training that was conducted for that equipment, process or procedure and the frequency of the training.

**6-4-403.2 FUGITIVE EMISSIONS REDUCTIONS PREVIOUSLY REALIZED**

Section #	Identify Type of Operation per Section 6-4-402	Description of Equipment, Processes or Procedures Previously Realized	Implementation Date	Purpose of Implementation	Employee Training Conducted	Description of Employee Training and Frequency of Training
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Schedule for the Implementation of the EMP Elements

## 6-4-403.4

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- A.* Provide a list of existing or current EMP elements in place pursuant to and under a District Authority to Construct as of the initial date of EMP submittal (on or before May 1, 2014). Include a description, the purpose and schedule of the element(s).
  
- B.* Provide a list of new or future EMP elements to be implemented following APCO approval of the EMP. Include a description, the purpose and schedule of the element(s) to be implemented.

**A. 6-4-403.3.1 SCHEDULE FOR THE IMPLEMENTATION OF THE EMP ELEMENTS (on or before May 1, 2014)**

Section #	Identify Type of Operation per Section 6-4-402	List Specific Elements to be Implemented on or before May 1, 2014	Implementation Date	Description of Elements to be Implemented	Purpose of Implementation



**B. 6-4-403.3.2 NEW OR FUTURE EMP ELEMENTS TO BE IMPLEMENTED**

<b>Section #</b>	<b>Identify Type of Operation per Section 6-4-402</b>	<b>List Specific Elements to be Implemented Following APCO Approval of the EMP</b>	<b>Implementation Date</b>	<b>Description of Elements to be Implemented</b>	<b>Purpose of Implementation</b>

# Compliance Schedule for the EMP

## 6-4-404

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- A. *Determination of Completeness* – After facility submits the initial EMP, District APCO will make a completeness determination. If the EMP is determined to be “complete,” additional revisions to EMP for completeness determination is not required. If the EMP is deemed “not complete,” facility must address the APCO’s “Basis for Determination and Required Correction Action” and submit revisions to the EMP. Include the date, description of the revision and corresponding page number(s) and section number(s) of the EMP where the revision can be located.
- B. *APCO Recommendations to EMP and Determination of Approvability*– Acknowledge acceptance or rejection of each of the APCO’s recommendations. For each of the accepted recommendations, describe the measures to be implemented and include the date of proposed implementation. If the facility rejects a recommendation, provide a detailed basis for that rejection.

# A. Determination of Completeness (6-4-404)

Date of EMP: \_\_\_\_\_

Date of Initial EMP Submittal	(FOR APCO USE ONLY) APCO Determination of Completeness	(FOR APCO USE ONLY) Basis for Determination of Completeness and Required Corrective Action
	<input type="checkbox"/> Yes, EMP is complete. <input type="checkbox"/> No, EMP is not complete. Facility must detail and submit revisions below.	

**TO BE COMPLETED IF EMP SUBMITTAL IS DEEMED "NOT COMPLETE" BY APCO.**  
 List all EMP revisions submitted to the District for completeness determination.  
 Include the date and description of the revision and corresponding page number(s) and section number(s) of the EMP where the revision can be located.

Section #	Date of Submission of Proposed Changes	Description of Revisions	Corresponding Page and Section number(s) in EMP	(FOR APCO USE ONLY) APCO Determination of Revision
1				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
2				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
3				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:
4				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions Basis:

# A. Determination of Completeness (6-4-404)

Date of EMP: \_\_\_\_\_

<b>TO BE COMPLETED IF EMP SUBMITTAL IS DEEMED "NOT COMPLETE" BY APCO.</b> <b>List all EMP revisions submitted to the District for completeness determination.</b> <b>Include the date and description of the revision and corresponding page number(s) and section number(s) of the EMP where the revision can be located.</b>				
Section #	Date of Submission of Proposed Changes	Description of Revisions	Corresponding Page and Section number(s) in EMP	(FOR APCO USE ONLY) APCO Determination of Revision
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions  Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions  Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions  Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions  Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions  Basis:
				<input type="checkbox"/> Yes, revision accepted <input type="checkbox"/> No, facility must submit additional revisions  Basis:

## B. APCO Recommendations to EMP and Determination of Approvability (6-4-405)

Date of EMP: \_\_\_\_\_

Provide determination of acceptance to APCO recommendations. Include the determination of acceptance by the facility's Responsible Manager and the basis for rejecting any APCO recommendations. If recommendation is accepted, include measures to implement APCO recommendation and the proposed date of implementation.

Section #	Date of APCO Recommendation	(FOR APCO USE ONLY) APCO Recommendation	Acceptance of APCO Recommendation	If NO: Basis for Rejecting APCO Recommendation	If YES: Measures to Implement Recommendation	Proposed Date of Implementation	(APCO USE ONLY) Implementation Verified by APCO
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

## B. APCO Recommendations to EMP and Determination of Approvability (6-4-405)

Date of EMP: \_\_\_\_\_

Provide determination of acceptance to APCO recommendations. Include the determination of acceptance by the facility's Responsible Manager and the basis for rejecting any APCO recommendations. If recommendation is accepted, include measures to implement APCO recommendation and the proposed date of implementation.

Section #	Date of APCO Recommendation	(FOR APCO USE ONLY) APCO Recommendation	Acceptance of APCO Recommendation	If NO:	If YES:	Proposed Date of Implementation	(APCO USE ONLY)
				Basis for Rejecting APCO Recommendation	Measures to Implement Recommendation		Implementation Verified by APCO
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No







**Appendix #**

**Reference to Page # , Section #**