



| FOR APPLICANT'S USE |                    |
|---------------------|--------------------|
| Revision #:         | _____              |
| Date:               | ____ / ____ / ____ |
| Page                | _____ of _____     |
| Source Designation: | _____              |

|                                    |                            |
|------------------------------------|----------------------------|
| <b>SINGLE SOURCE DETERMINATION</b> | <b>FOR AGENCY USE ONLY</b> |
|                                    | ID NO.:                    |
|                                    | PERMIT NO.:                |
|                                    | DATE:                      |

| SECTION ONE       | SOURCE INFORMATION                       |
|-------------------|--|
| 1) SOURCE NAME:   |  |
| 2) SOURCE ID NO.: | 3) DATE FORM PREPARED:        /        / |

| SECTION TWO  | INSTRUCTIONS IN BRIEF |
|--|-----------------------|
| 1) COMPLETE SECTION FOUR FOR <b>EACH</b> SOURCE THAT THE PERMITTEE DETERMINES <b>IS</b> OPERATING AS A SINGLE SOURCE WITH THE PERMITTEE. THIS SECTION MAY BE COPIED AS NEEDED FOR ADDITIONAL SOURCES OR IF ADDITIONAL SPACE IS NEEDED. IF COMPLETING THIS SECTION THERE IS NO NEED TO COMPLETE SECTION FIVE OF THIS FORM AS THE SOURCE CONFIRMS A SINGLE SOURCE RELATIONSHIP.  |                       |
| 2) COMPLETE SECTION FIVE FOR <b>EACH</b> SOURCE THAT THE PERMITTEE CONFIRMS <b>IS NOT</b> OPERATING AS A SINGLE SOURCE WITH THE PERMITTEE. CHECK ALL THAT APPLY AND PROVIDE AS AN ATTACHMENT TO THIS FORM A CONCISE BUT THOROUGH EXPLANATION OF EACH CHECKED SINGLE SOURCE FACTOR. REFERENCE THE ATTACHMENT(S) USING THE APPROPRIATE SINGLE SOURCE FACTOR CONDITION. THIS SECTION MAY BE COPIED AS NEEDED FOR ADDITIONAL SOURCES OR IF ADDITIONAL SPACE IS NEEDED. |                       |
| 3) REFER TO 286-CAAPP INSTRUCTIONS FOR FURTHER GUIDANCE ON COMPLETING THIS FORM.   |                       |

| SECTION THREE   | SINGLE SOURCE STATUS |
|---|----------------------|
| WHAT IS YOUR SOURCE STATUS (CHOOSE ONE OF THE FOLLOWING):   |                      |
| 1) <input type="checkbox"/> THE ABOVE MENTIONED SOURCE <b>IS</b> A SINGLE SOURCE WITH ANOTHER SOURCE.     |                      |
| 2) <input type="checkbox"/> THE ABOVE MENTIONED SOURCE <b>IS</b> A SINGLE SOURCE WITH MULTIPLE SOURCES.   |                      |
| 3) <input type="checkbox"/> THE ABOVE MENTIONED SOURCE <b>IS NOT</b> A SINGLE SOURCE WITH ANOTHER SOURCE. |                      |

| SIGNATURE BLOCK   |                       |
|---|-----------------------|
| NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.  |                       |
| I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE. |                       |
| AUTHORIZED SIGNATURE:   |                       |
| BY: _____   | _____                 |
| AUTHORIZED SIGNATURE  | TITLE OF SIGNATORY    |
| _____   | _____ / _____ / _____ |
| TYPED OR PRINTED NAME OF SIGNATORY  | DATE                  |

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER 39.5 OF THE ILLINOIS ENVIRONMENTAL PROTECTION ACT, 415 ILCS 5/39.5. FURTHER DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION, MOREOVER AS ALSO PROVIDED IN THAT SECTION, FAILURE TO PROVIDE THIS INFORMATION MAY PREVENT THIS APPLICATION FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED.

**SECTION FOUR****OPERATING AS A SINGLE SOURCE WITH THIS FACILITY**

COMPLETE THE FOLLOWING TABLE FOR ALL SOURCES WHICH ARE CONSIDERED SINGLE SOURCES WITH THIS SOURCE. FOR THE REQUESTED SINGLE SOURCE DESCRIPTION COLUMN, DESCRIBE THE FUNCTION AND PRODUCT/SERVICE PROVIDED BY THE SINGLE SOURCE. FOR THE REQUESTED SINGLE SOURCE RELATIONSHIP COLUMN, DESCRIBE THE INTERACTION(S) WITH THE SINGLE SOURCE BY CHOOSING FROM AMONG THE FOLLOWING REASONS LISTED BELOW, AND BRIEFLY EXPLAIN IF NECESSARY. USE ADDITIONAL PAGES OR ATTACHMENTS AS NECESSARY.

| # | SOURCE NAME | SOURCE ID# | ADDRESS | SINGLE SOURCE DESCRIPTION | SINGLE SOURCE RELATIONSHIP <sup>A</sup> |
|---|-------------|------------|---------|---------------------------|---|
| 1 |             |            |         |                           |   |
| 2 |             |            |         |                           |   |
| 3 |             |            |         |                           |   |
| 4 |             |            |         |                           |   |
| 5 |             |            |         |                           |   |

A CHOOSE OF THE FOLLOWING REASONS AND BRIEFLY EXPLAIN IF NECESSARY: 1) SAME SIC CODE, 2) SHARED COMPANY STRUCTURE (E.G., SAME PARENT COMPANY, SISTER COMPANIES, ETC.); 3) CONTRACTUAL RELATIONSHIP(S); 4) PROCESS/PRODUCTION CO-DEPENDENCY; 5) CONTIGUOUS OR ADJACENT PROPERTIES; 6) INTEGRATED FACILITIES; 7) SUPPORT FACILITY RELATIONSHIP (E.G., CONVEYS, STORES, OR OTHERWISE ASSISTS IN THE PRODUCTION OF A PRINCIPAL PRODUCT AT ANOTHER SOURCE), OR 8) OTHER (EXPLAIN).

| <b>SECTION FIVE NOT OPERATING AS A SINGLE SOURCE WITH THIS FACILITY</b> |                          |
|---|--------------------------|
| 1) SOURCE NAME:   |                          |
| 2) SOURCE STREET ADDRESS:   |                          |
| 3) CITY:  |                          |
| 4) ZIP:   | 5) PRIMARY SIC NO.:      |
| 6) PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CATEGORY:           |                          |
| 7) LATITUDE (DD:MM:SS):   | 8) LONGITUDE (DD:MM:SS): |

| <b>SINGLE SOURCE FACTORS: SINGLE MAJOR INDUSTRIAL GROUPING (SIC CODE)</b>   |  |
|---|--|
| 9) THE ABOVE MENTIONED SOURCE IS A STATIONARY SOURCE BELONGING TO A <b><u>SINGLE MAJOR INDUSTRIAL GROUPING (SIC CODE)</u></b> : |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| PRIMARY SIC NO. OF THE SINGLE SOURCE: _____   |  |

| <b>SINGLE SOURCE FACTORS: COMMON CONTROL</b>  |  |
|---|--|
| 10) THE ABOVE MENTIONED SOURCE IS A STATIONARY SOURCE UNDER <b><u>COMMON CONTROL</u></b> :  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO    IF "YES", CONTINUE TO QUESTION 11 AS THE SOURCE CONFIRMS A COMMON CONTROL RELATIONSHIP. |  |
| A   | <input type="checkbox"/> SAME "PARENT" COMPANY BETWEEN THE TWO (OR MORE) FACILITIES?   |
| B   | <input type="checkbox"/> CONTRACTUAL RELATIONSHIPS BETWEEN THE TWO (OR MORE) FACILITIES?   |
| C   | <input type="checkbox"/> A FINANCIAL CO-DEPENDENCY BETWEEN THE TWO (OR MORE) FACILITIES?   |
| D   | <input type="checkbox"/> JOINT OWNERSHIP BETWEEN THE TWO (OR MORE) FACILITIES?   |
| E   | <input type="checkbox"/> VOTING INTEREST BETWEEN THE TWO (OR MORE) FACILITIES?   |
| F   | <input type="checkbox"/> SHARED LIABILITY BETWEEN THE TWO (OR MORE) FACILITIES?  |
| G   | <input type="checkbox"/> SHARED MANAGERIAL HIERARCHY BETWEEN THE TWO (OR MORE) FACILITIES?   |
| H   | <input type="checkbox"/> CONTRACT-FOR-SERVICE RELATIONSHIP BETWEEN THE TWO (OR MORE) FACILITIES?   |
| I   | <input type="checkbox"/> PROCESS/PRODUCTION CO-DEPENDENCY BETWEEN THE TWO (OR MORE) FACILITIES?  |
| J   | <input type="checkbox"/> ADJACENT LOCATION BETWEEN THE TWO (OR MORE) FACILITIES?   |
| K   | <input type="checkbox"/> FINANCIAL INTEREST BETWEEN THE TWO (OR MORE) FACILITIES?  |
| L   | <input type="checkbox"/> COMMON EMPLOYEES BETWEEN THE TWO (OR MORE) FACILITIES?  |
| M   | <input type="checkbox"/> SHARED EQUIPMENT BETWEEN THE TWO (OR MORE) FACILITIES?  |
| N   | <input type="checkbox"/> LANDLORD-TENANT RELATIONSHIP BETWEEN THE TWO (OR MORE) FACILITIES?  |
| O   | <input type="checkbox"/> FUNDING RELATIONSHIP BETWEEN THE TWO (OR MORE) FACILITIES?  |
| P   | <input type="checkbox"/> SHARED PRODUCTS OR BY-PRODUCTS BETWEEN THE TWO (OR MORE) FACILITIES?  |
| Q   | <input type="checkbox"/> SHARED TRANSPORTATION/PROCESS LINE BETWEEN THE TWO (OR MORE) FACILITIES?  |
| R   | <input type="checkbox"/> SHARED PAYROLL ACTIVITY, EMPLOYEE BENEFITS, HEALTH PLANS, RETIREMENT FUNDS, INSURANCE COVERAGE, OR OTHER ADMINISTRATIVE FUNCTIONS BETWEEN THE TWO (OR MORE) FACILITIES? |
| S   | <input type="checkbox"/> SHARED RESPONSIBILITY FOR COMPLIANCE WITH AIR QUALITY CONTROL REQUIREMENTS BETWEEN THE TWO (OR MORE) FACILITIES?  |
| T   | <input type="checkbox"/> OTHER (EXPLAIN):  |

