

**GENERAL FACT SHEET**

08R-184  
**BILL NUMBER**

<b>BRIEF TITLE</b> <u>Air Pollution Regulation Changes</u>	<b>APPROVAL DEADLINE</b> _____	<b>REASON</b> <u>Update regulations.</u>
_____	_____	_____
_____	_____	_____

**DETAILS** **POSITIONS/RECOMMENDATIONS**

<p>The Lincoln-Lancaster County Health Department (LLCHD) proposes to update the Lincoln-Lancaster County Air Pollution Control Program Regulations and Standards. The regulations need to be updated to assure consistency with Federal and State air quality regulations. The majority of the proposed changes deal with air regulations known as Prevention of Significant Deterioration, which apply to new major sources of air pollution or major modifications at existing sources. Changes to other sections clarify existing provisions.</p>	<p>Sponsor</p>	<p>Board of Health</p>
<p>Discussion (Including Relationship to other Council Actions) The City Council has regularly updated the LLCHD Air Pollution Control Program Regulations and Standards. This assures that the 120 local industries that are regulated under the Clean Air Act are in compliance with Federal law if they comply with their permit conditions.</p> <p>The Federal Title V Operating Permits air quality program is delegated to the LLCHD and our local regulations must be kept up to date. Air quality regulations are designed to protect people from exposure to air pollution which can impact human health. LLCHD writes and issues air quality permits, conducts inspections, inventories air pollution emissions, provides technical assistance and conducts enforcement actions when necessary. This program is 100% fee funded, primarily through emission fees charged for air pollution emissions.</p>	<p>Program Departments, or Groups Affected</p>	<p>Environmental Public Health Division, LLCHD and Regulated Air Pollution Sources</p>
	<p>Applicants/Proponents</p>	<p>Applicant Board of Health  City Department Health  Other Air Pollution Control Advisory Board</p>
	<p>Opponents</p>	<p>Groups or Individuals  None Expected  Basis of Opposition</p>
<p>Board or Commission Recommendation</p>	<p>Staff Recommendations</p>	<p>X For <input type="checkbox"/> Against Reason Against</p>
	<p>CITY COUNCIL ACTIONS (For Council Use Only)</p>	<p>BY Board of Health X For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)</p>
	<p><input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass</p>	

