

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

**APPLICATION FOR APPROVAL OF PLANS TO
CONSTRUCT, INSTALL, OR MODIFY PROCESS EQUIPMENT**

Return to: RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES
235 PROMENADE STREET
PROVIDENCE, RI 02908

Section A	1. FULL BUSINESS NAME _____ PHONE _____ 2. ADDRESS OF EQUIPMENT LOCATION _____ _____ SIC CODE _____ # EMPLOYEES _____ 3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.) _____ 4. NATURE OF BUSINESS _____									
Section B	APPROVAL REQUESTED FOR: 1. CONSTRUCTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> 2. ESTIMATED STARTING DATE _____ ESTIMATED COMPLETION DATE _____									
Section C	EQUIPMENT INFORMATION (IF PROCESS IS A SURFACE COATING OPERATION, I.E. SPRAY PAINTING, PRINTING, COATING, ETC., COMPLETE SURFACE COATING SUPPLEMENT IN LIEU OF SECTIONS C AND D). 1. GENERAL DESCRIPTION OF PROCESS OR OPERATION _____ _____ _____ 2. TYPE OF EQUIPMENT USED IN PROCESS _____ _____ 3. EXHAUST GAS FLOW RATE: NORMAL _____ ACFM @ _____ °F MAXIMUM _____ ACFM @ _____ °F 4. AIR POLLUTION CONTROL EQUIPMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, FILE FORM AP-ICE 5. OPERATING PROCEDURE: <input type="checkbox"/> CONTINUOUS ___ HRS/DAY ___ DAYS/WEEK ___ WEEKS/YEAR <input type="checkbox"/> BATCH ___ HRS/BATCH ___ BATCHES/WEEK ___ WEEKS/YEAR									
Section D	RAW MATERIALS AND FUELS: 1. LIST RAW MATERIALS (STARTING MATERIAL USED IN PROCESS) AND FUELS (TYPE AND AMOUNT): <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> MATERIAL BATCH/CONT. ANN. AMT </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </table> <p>END PRODUCTS:</p>									

Section E	<p>EMISSIONS INFORMATION:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 33%;">POLLUTANT</th> <th style="width: 33%;">RATE OF EMISSIONS (LB/HR)</th> <th style="width: 33%;">METHOD USED TO DETERMINE EMISSIONS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	POLLUTANT	RATE OF EMISSIONS (LB/HR)	METHOD USED TO DETERMINE EMISSIONS																		
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Section F	<p>STACK INFORMATION:</p> <ol style="list-style-type: none"> 1. STACK EXIT DIMENSIONS I.D. _____ INCHES OR _____ INCHES X _____ INCHES 2. STACK HEIGHT ABOVE GROUND _____ FEET 3. VOLUME OF GAS DISCHARGED INTO OPEN AIR _____ ACFM @ _____ °F 4. IS STACK EQUIPPED WITH A RAIN HAT? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET 																					
	<p>ADDITIONAL INFORMATION:</p> <p>INCLUDE WITH THE SUBMITTAL ANY ADDITIONAL INFORMATION, PLANS, SPECIFICATIONS, EVIDENCE OR DOCUMENTATION TO ASSIST THE REVIEWER IN HIS ASSESSMENT.</p>																					

This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, in "Air Pollution Control Permits" 250-RICR-120-05-09 and to the best of my knowledge and belief is true and correct.

Signature

Title

Printed Name

Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

**SUPPLEMENT TO FORM AP-1PE
TO BE FILED FOR SURFACE COATING OPERATIONS**

Section

C

PROCESS/OPERATION

1. INDICATE TYPE OF PROCESS APPROVAL IS REQUESTED FOR:

PRINTING

SURFACE COATING

LETTERPRESS _____

SPRAY PAINTING _____

LITHOGRAPH _____

DIRECT ROLL _____

GRAVURE _____

REVERSE ROLL _____

FLEXOGRAPHIC _____

KNIFE COATING _____

SCREEN _____

FLOW COATING _____

OFFSET _____

ADHESIVE _____

OTHER (SPECIFY) _____

OTHER (SPECIFY) _____

2. INDICATE MATERIAL BEING COATED _____

3. ARE OVENS USED IN PROCESS? YES NO

IF YES, COMPLETE THE FOLLOWING:

A. DIRECTED FIRED _____ INDIRECT FIRED _____ FUEL TYPE _____

B. NUMBER OF ZONES _____

C. TEMPERATURE IN EACH ZONE _____

D. NUMBER OF PASSES _____

4. EXHAUST GAS FLOW RATE/STACK _____ NORMAL ACFM @ _____°F

_____ MAXIMUM ACFM @ _____°F

5. AIR POLLUTION CONTROL EQUIPMENT: YES NO IF YES, FILE FORM AP-1CE

6. OPERATING PROCEDURE: CONTINUOUS _____ HRS/DAY _____ DAYS/WEEK _____ WEEKS/YEAR

BATCH _____ HRS/BATCH _____ BATCHES/WEEK _____ WEEKS/YEAR

Section

D

COATINGS/INKS

1. PROVIDE THE FOLLOWING INFORMATION FOR EACH COATING OR INK USED IN PROCESS:

A. BRAND NAME OR COMPANY DESIGNATION

B. GENERIC NAME AND VOLUME % OF SOLVENTS IN COATING OR INK

C. GENERIC NAME AND VOLUME % OF THINNERS ADDED TO COATING OR INK

D. VOLUME % OF SOLIDS IN COATING OR INK

E. APPROXIMATE ANNUAL CONSUMPTION

F. APPLICATION RATE OF COATING

G. SUPPLIER'S NAME AND ADDRESS

H. DRAWINGS AND CALCULATIONS SHOWING COMPLIANCE WITH THE "GUIDELINES FOR DETERMINING CAPTURE EFFICIENCY FOR ADD-ON CONTROL DEVICES FOR WEB COATING OPERATIONS."

2. LIST THE END PRODUCTS

AP-PE-2

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

AIR POLLUTION CONTROL PERMIT FEES

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted with permit application to:

RI Department of Environmental Management
Office of Air Resources
235 Promenade Street
Providence, RI 02908

THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.

Please complete this form, attach it to the check or money order and submit it to the Office of Air Resources. Payment should be made payable to General Treasurer, State of Rhode Island. The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: _____

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____
TOTAL	_____

<p>FOR OFFICE USE ONLY: Fee Amount Received: \$ _____ Date Received: _____ Received By: _____ For Deposit into Account 1752-80600</p>
