

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

**APPLICATION FOR APPROVAL OF PLANS TO CONSTRUCT,
INSTALL, OR MODIFY AIR POLLUTION CONTROL EQUIPMENT**

Return to: RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
O I C E O A I R R E O R C E
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	1. APPROVAL REQUESTED FOR: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MODIFICATION 2. TYPE OF EQUIPMENT: <input type="checkbox"/> BAGHOUSE <input type="checkbox"/> SCRUBBER <input type="checkbox"/> AFTERBURNER <input type="checkbox"/> SCR <input type="checkbox"/> CARBON ADSORBER <input type="checkbox"/> OTHER (SPECIFY) 3. MAKE AND MODEL NO.: _____ 4. ESTIMATED STARTING DATE: _____ ESTIMATED COMPLETION DATE: _____															
Section C	1. GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE _____ _____ _____ 2. PROCESS EQUIPMENT USED IN OPERATION _____ _____ 3. OPERATING PROCEDURE: <input type="checkbox"/> CONTINUOUS _____ HRS/DAY _____ DAYS/WEEK _____ WEEKS/YEAR <input type="checkbox"/> BATCH _____ HRS/BATCH _____ BATCHES/WEEK _____ WEEKS/YEAR 4. LIST THE TYPE AND QUANTITY OF RAW MATERIALS USED PER HOUR OR PER BATCH ON AN ATTACHED SHEET.															
Section D	EMISSIONS INFORMATION: <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">POLLUTANT</th> <th style="text-align: center; padding: 5px;">EMISSIONS BEFORE CONTROL EQUIPMENT</th> <th style="text-align: center; padding: 5px;">AFTER</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </tbody> </table> <p>INDICATE METHOD USED TO DETERMINE EMISSIONS _____</p>	POLLUTANT	EMISSIONS BEFORE CONTROL EQUIPMENT	AFTER												
POLLUTANT	EMISSIONS BEFORE CONTROL EQUIPMENT	AFTER														

Section E	<p>EMISSION STREAM CHARACTERISTICS</p> <p>1. MAXIMUM FLOW RATE (SCFM) _____</p> <p>2. TEMPERATURE ($^{\circ}$F) _____</p> <p>3. MOISTURE CONTENT _____ %</p> <p>4. HALOGENATED ORGANICS: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. HEAT CONTENT (IF APPLICABLE) _____ BTU/SCF</p>
Section F	<p>SCRUBBER</p> <p>1. WET: SCRUBBING LIQUID (A) COMPOSITION _____ (B) FLOW RATE (GAL/MIN) _____ (C) INJECTION RATE (PSI) _____ (D) MAKE-UP RATE IF RE-CIRCULATED (GAL/MIN) _____</p> <p>PACKING-IF APPLICABLE (A) TYPE _____ (B) DEPTH OF BED _____ (FEET) (C) PACKING SURFACE _____ (FT²)</p> <p>2. DRY: SCRUBBING REAGENT: _____ USAGE _____ LB/HR. INJECTION RATIO: _____ () MIXING METHOD _____</p> <p>3. PRESSURE DROP ACROSS CONTROL UNIT: _____ INCHES WATER</p>
	<p>BAGHOUSE/FABRIC FILTER</p> <p>1. BAG/FILTER MATERIAL _____ 2. NUMBER OF BAGS _____</p> <p>3. AIR/CLOTH RATIO _____ FEET/MINUTE</p> <p>4. METHOD OF CLEANING: (A) <input type="checkbox"/> SHAKER <input type="checkbox"/> PULSE <input type="checkbox"/> REVERSE AIR <input type="checkbox"/> OTHER-SPECIFY (B) FREQUENCY OF CLEANING _____ (C) IS CLEANING AUTOMATIC OR MANUAL _____</p>
	<p>CARBON ADSORBER</p> <p>1. VOLUME OF EACH CARBON BED _____ (FT³)</p> <p>2. NUMBER OF BEDS _____</p> <p>3. DIAMETER OF EACH BED _____ (FT)</p> <p>4. DEPTH OF EACH BED _____ (FT)</p> <p>5. ADSORPTION CAPACITY OF CARBON (LB/100 LB CARBON) _____</p> <p>6. ADSORPTION CYCLE TIME _____ (HR)</p> <p>7. REGENERATION CYCLE TIME _____ (HR)</p> <p>8. STEAM RATIO (LB STEAM/LB CARBON) _____</p> <p>9. STEAM SOURCE _____</p> <p>10. REMOVAL EFFICIENCY (%) _____</p>
	<p>INCINERATION</p> <p>1. THERMAL AFTERBURNER</p> <p>A. VOLUME OF COMBUSTION CHAMBER _____ (FT³)</p> <p>B. MINIMUM OPERATING TEMPERATURE _____ ($^{\circ}$F)</p> <p>C. RESIDENCE TIME _____ (SECONDS)</p> <p>D. EXCESS AIR _____ %</p> <p>2. CATALYTIC INCINERATION</p> <p>A. TYPE OF CATALYST _____</p> <p>B. VOLUME OF CATALYST _____ (FT³)</p> <p>C. SPACE VELOCITY _____ (HR⁻¹)</p> <p>D. CATALYST OPERATING TEMPERATURE _____ ($^{\circ}$F)</p>

INCINERATION (CONT.)

3. BURNER MAKE AND MODEL NO. _____
CAPACITY (BTU/HR) _____

4. HEAT RECOVERY: YES NO
TYPE: _____ EFFICIENCY: _____ %

4. DESTRUCTION EFFICIENCY: _____ %

Section G OPERATING CONDITIONS

1. GAS VOLUME THROUGH CONTROL SYSTEM: NORMAL _____ ACFM @ _____ °F
MAXIMUM _____ ACFM @ _____ °F

2. GAS TEMPERATURE: INLET _____ °F OUTLET _____ °F

3. STACK INFORMATION: (A) I.D. _____ INCHES OR _____ INCHES X _____ INCHES
(B) STACK HEIGHT ABOVE GROUND _____ FEET
(C) CFM EXHAUSTED _____
(D) IS STACK EQUIPPED WITH RAIN HAT? YES NO

5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET.

Section H COLLECTION DATA

1. DESCRIPTION OF COLLECTED MATERIAL _____

2. AMOUNT COLLECTED (LBS/DAY; GAL/DAY; ETC.) _____

3. ULTIMATE DISPOSITION OF COLLECTED MATERIAL _____

Section I IN ADDITION TO THE ABOVE INFORMATION, THE FOLLOWING INFORMATION IS REQUIRED:

1. FLOW DIAGRAM SHOWING RELATIVE LOCATION OF EQUIPMENT ATTACHED TO THIS CONTROL SYSTEM.

2. MANUFACTURER'S LITERATURE FOR THE CONTROL EQUIPMENT.

3. ENGINEERING DRAWINGS FOR THE CONTROL EQUIPMENT WITH PHYSICAL DIMENSIONS.

4. PARTICULATE COLLECTION EQUIPMENT SHOULD HAVE SIZE EFFICIENCY CURVES. ABSORPTION AND ADSORPTION EQUIPMENT SHOULD HAVE SIZING CALCULATIONS, GRAPHS, EQUILIBRIUM DATA, ETC.

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**

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>
