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
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

1. APPROVAL REQUESTED FOR: ☐ CONSTRUCTION ☐ MODIFICATION
2. TYPE OF EQUIPMENT: ☐ BAGHOUSE ☐ SCRUBBER ☐ AFTERBURNER
   ☐ SCR ☐ CARBON ADSORBER ☐ 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: ☐ CONTINUOUS _____HRS/DAY _____DAYS/WEEK _____WEEKS/YEAR
   ☐ 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:

POLLUTANT	EMISSIONS BEFORE CONTROL EQUIPMENT	AFTER

INDICATE METHOD USED TO DETERMINE EMISSIONS_____

Section E

EMISSION STREAM CHARACTERISTICS

1. MAXIMUM FLOW RATE (SCFM)_____
2. TEMPERATURE (^{O}F)_____
3. MOISTURE CONTENT_____%
4. HALOGENATED ORGANICS: ☐ YES ☐ NO
5. HEAT CONTENT (IF APPLICABLE)_____BTU/SCF

Section F

SCRUBBER

1. WET:SCRUBBING LIQUID (A) COMPOSITION_____
   (B) FLOW RATE (GAL/MIN)_____
   (C) INJECTION RATE (PSI)_____
   (D) MAKE-UP RATE IF RE-CIRCULATED (GAL/MIN)_____
   PACKING-IF APPLICABLE (A) TYPE_____
   (B) DEPTH OF BED_____(FEET)
   (C) PACKING SURFACE_____(FT^2)
2. DRY:SCRUBBING REAGENT:_____ USAGE_____LB/HR.
   INJECTION RATIO:_____( )
   MIXING METHOD_____
3. PRESSURE DROP ACROSS CONTROL UNIT:_____INCHES WATER

BAGHOUSE/FABRIC FILTER

1. BAG/FILTER MATERIAL_____2. NUMBER OF BAGS_____
3. AIR/CLOTH RATIO_____ FEET/MINUTE
4. METHOD OF CLEANING: (A) ☐ SHAKER ☐ PULSE ☐ REVERSE AIR ☐ OTHER-SPECIFY
   (B) FREQUENCY OF CLEANING_____
   (C) IS CLEANING AUTOMATIC OR MANUAL_____

CARBON ADSORBER

1. VOLUME OF EACH CARBON BED _____(FT^3)
2. NUMBER OF BEDS_____
3. DIAMETER OF EACH BED _____(FT)
4. DEPTH OF EACH BED_____(FT)
5. ADSORBTION CAPACITY OF CARBON (LB/100 LB CARBON)_____
6. ADSORBTION CYCLE TIME _____(HR)
7. REGENERATION CYCLE TIME _____(HR)
8. STEAM RATIO (LB STEAM/LB CARBON)_____
9. STEAM SOURCE_____
10. REMOVAL EFFICIENCY (%)_____

INCINERATION

1. THERMAL AFTERBURNER
   A. VOLUME OF COMBUSTION CHAMBER _____(FT^3)
   B. MINIMUM OPERATING TEMPERATURE_____(^{O}F)
   C. RESIDENCE TIME _____(SECONDS)
   D. EXCESS AIR _____%
2. CATALYTIC INCINERATION
   A. TYPE OF CATALYST_____
   B. VOLUME OF CATALYST_____(FT^3)
   C. SPACE VELOCITY _____(HR^{-1})
   D. CATALYST OPERATING TEMPERATURE_____(^{O}F)

	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 @ _____^{O}F MAXIMUM_____ACFM @ _____^{O}F 2. GAS TEMPERATURE: INLET_____^{O}F OUTLET_____^{O}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 _____

FOR OFFICE USE ONLY:
Fee Amount Received: $ _____
Date Received: _____
Received By: _____
For Deposit into Account 1752-80600