



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

**APPLICATION FOR AUTHORIZATION TO USE  
GENERAL PLAN APPROVAL AND/OR GENERAL OPERATING PERMIT**

**General Permit BAQ-GPA/GP-13  
Hot Mix Asphalt Plant**

SECTION A. APPLICATION USAGE INFORMATION				
<b>This application pertains to:</b>				
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Renewal of an Existing Authorization		
<input type="checkbox"/> General Plan Approval Only		<input type="checkbox"/> General Operating Permit Only		
<input type="checkbox"/> General Plan Approval & General Operating Permit				
SECTION B. OWNER INFORMATION				
<b>Owner's Name</b>				
<b>Owner's Tax ID</b>				
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>City State Zip+4</b>				<b>Phone</b>
SECTION C. OPERATOR INFORMATION (if different than Owner)				
<b>Operator's Name</b>				
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>City State Zip+4</b>				<b>Phone</b>
SECTION D. CONTACT INFORMATION				
<b>Contact Name</b>				
<b>Contact Title</b>				
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>Email Address</b>				
<b>City State Zip+4</b>				<b>Phone</b>
SECTION E. FACILITY INFORMATION				
<b>Plant Name</b>				
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>Municipality</b>				<b>County</b>
<b>City State Zip+4</b>				<b>Phone</b>



<b>SECTION F. HOT MIX ASPHALT PLANT INFORMATION</b>			
Source Description: <input type="checkbox"/> Batch Mix Plant <input type="checkbox"/> Parallel Flow Drum Mix Plant <input type="checkbox"/> Counter Flow Drum Mix Plant <input type="checkbox"/> Other _____			
Manufacturer		Model No.	
Maximum Capacity (tons/hr)		Rated Capacity (tons/hr)	
Maximum Operating Schedule (HR/YR)		Dimension of dryer	
Dryer Burner Type:		Rated heat input (MMBtu/Hr):	
Heater Burner Type:		Rated heat input (MMBtu/Hr):	
Max. % reclaimed asphalt pavement (RAP) used:			
<b>SECTION G. CONTROL DEVICE(S)</b>			
<b>1. Inertial and/or Cyclone Collectors</b>			
Manufacturer		Type	Model No.
Pressure Drop (in. of water)	Inlet Volume _____ ACFM @ _____ °F		Outlet Volume _____ ACFM @ _____ °F _____ % Moisture
Number of Individual Cyclone(s)		Outlet Straightening Vanes Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Cyclone(s) Cylinder (ft)	Diameter of Cyclone(s) Cylinder		Model No.
Inlet Diameter (ft) or Duct Area (ft <sup>2</sup> ) of Cyclone(s)		Outlet Diameter (ft) or Duct area (ft <sup>2</sup> ) of cyclone(s)	
If a multi-clone or multi-tube unit is installed, will any of the individual cyclones or cyclone tubes be blanked or blocked off?			
Describe any exhaust gas recirculation loop to be employed.			
Attach particle size efficiency curve.			
<b>2. Fabric Collector</b>			
<b>Equipment Specifications</b>			
Manufacturer		Model No.	<input type="checkbox"/> Pressurized Design <input type="checkbox"/> Suction Design
Number of Compartments	Number of Filters Per Compartment		Is Baghouse Insulated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can each compartment be isolated for repairs and/or filter replacement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are temperature controls provided? (Describe in detail)			<input type="checkbox"/> Yes <input type="checkbox"/> No Inlet? _____    Outlet? _____
Dew point at maximum moisture _____ °F		Design inlet volume _____ SCFM	



Type of Fabric				
Material _____	<input type="checkbox"/> Felted	<input type="checkbox"/> Membrane		
Weight _____ oz/sq.yd	<input type="checkbox"/> Woven	<input type="checkbox"/> Others: List: _____		
Thickness _____ in	<input type="checkbox"/> Felted-Woven			
Fabric permeability (clean) @ 1/2" water-ΔP _____ CFM/sq.ft.				
Filter dimensions _____ Diameter/Width		_____ Height		
Effective area per filter _____			Maximum operating temperature (°F) _____	
Effective air to cloth ratio Minimum _____		Maximum _____		
Drawing of Fabric Filter				
A sketch of the fabric filter showing all access doors, catwalks, ladders and exhaust ductwork, location of each pressure and temperature indicator should be attached.				
<b>Operation and Cleaning of Fabric Collector</b>				
Volume of gases handled _____ ACFM _____ °F		Pressure drop across collector (in. of water). Describe the equipment to be used to monitor the pressure drop.		
Type of filter cleaning				
<input type="checkbox"/> Manual Cleaning	<input type="checkbox"/> Bag Collapse	<input type="checkbox"/> Reverse Air Jets		
<input type="checkbox"/> Mechanical Shakers	<input type="checkbox"/> Sonic Cleaning	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Pneumatic Shakers	<input type="checkbox"/> Reverse Air Flow			
If compressed air is required for collector operation, describe the equipment with the compressor to provide dry air free from oil.				
Cleaning Initiated By				
<input type="checkbox"/> Timer		Frequency if timer actuated _____		
<input type="checkbox"/> Expected pressure drop range _____ in. of water		<input type="checkbox"/> Other Specify _____		
Does air cleaning device employ hopper heaters, hopper vibrators or hopper level detectors? If yes, describe.				
Describe the warning/alarm system that protects against operation when the unit is not meeting design requirements.				
<b>3. Fugitive Dust Control</b>				
Storage Bins Enclosed?				
<input type="checkbox"/> Yes <input type="checkbox"/> No Type or method: _____				
Describe fugitive dust control system for loading, handling, etc. operations.				
Roadways dust control:				
Roadways Paved <input type="checkbox"/> Yes <input type="checkbox"/> No		Dust Suppressor <input type="checkbox"/> Water <input type="checkbox"/> Power Broom <input type="checkbox"/> Other _____		Frequency of use of suppressor _____
<b>ESTIMATED EMISSIONS AFTER CONTROL DEVICE(S)</b>				
<b>Submit relevant calculations and documents. Use extra page for additional unit(s)</b>				
<b>Emission Rates</b>	<b>ppmvd</b>	<b>Lbs/hr</b>	<b>TPY</b>	<b>Hrs/Year Operation</b>
CO				
NO <sub>x</sub>				
Filterable Particulate	N/A			
SO <sub>2</sub>				
VOC				
HAPS				
Total PM-10	N/A			
PM <sub>2.5</sub>	N/A			



**SECTION H.  
ASPHALT STORAGE TANK INFORMATION**

Storage Tank Type:			
Height:	Diameter:	Design Capacity (m <sup>3</sup> ):	Vapor Pressure (kPa):
Turnovers/year:	Throughput (gals or barrels/year):		Tank heated:
Controls:			
Storage Tank Type:			
Height:	Diameter:	Design Capacity (m <sup>3</sup> ):	Vapor Pressure (kPa):
Turnovers/year:	Throughput (gals or barrels/year):		Tank heated:
Controls:			
Storage Tank Type:			
Height:	Diameter:	Design Capacity (m <sup>3</sup> ):	Vapor Pressure (kPa):
Turnovers/year:	Throughput (gals or barrels/year):		Tank heated:
Controls:			

**SECTION I.  
FUEL**

Fuel Type	Estimate Yearly Usage	Maximum Hourly Fuel Usage	% Sulfur
Propane	_____ x MMCF		
Natural Gas	_____ x MMCF		
No. 2 Fuel Oil	_____ x 10 <sup>6</sup> Gal.		
Biodiesel (ASTM D6751)	_____ x 10 <sup>6</sup> Gal.		
No. 4 Fuel Oil	_____ x 10 <sup>6</sup> Gal.		
On-spec WDLF	_____ x 10 <sup>6</sup> Gal.		
Liquid Biofuels	_____ x 10 <sup>6</sup> Gal.		
Bio-oil from pyrolysis of bio-mass	_____ x 10 <sup>6</sup> Gal.		
Bio fuels from bio-processing of cellulosic bio-mass	_____ x 10 <sup>6</sup> Gal.		

**WASTE DERIVED LIQUID FUEL (WDLF)**  
(See Condition 14.a.xvii. for specifications)

- From what specific sources will the WDLF be obtained?
- What will the maximum concentration of each of the following contaminants be in the WDLF prior to use in a burner?

Constituent	Part per Million (ppm by weight)	Analytical Method
Arsenic		
Cadmium		
Chromium		
Lead		
Total Halogens (TX)		
% Sulfur (By Weight)		
% Ash (By Weight)		
Polychlorinated Biphenyls (PCBs)		



3. What will the WDLF's BTU content, specific gravity and minimum flash point be?
4. Will the same oil burner be used as at present? Yes  No   
 Will the WDLF supply system be heated? Yes  No

**SECTION J.  
PERMITS INFORMATION**

**Is this hot mix asphalt plant currently permitted?**  Yes (Attach copy of current permit)  No

Air Quality Permit No. \_\_\_\_\_

Limitation(s) imposed by permit:

Indicate if addition of any unit(s) may result in:

<input type="checkbox"/> New Source Review	<input type="checkbox"/> Exceed Title V thresholds	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Not sure (Attach summary)	<input type="checkbox"/> (Attach summary)	

**SECTION K.  
APPLICANT'S CHECKLIST**

**I have enclosed the following:**

- General Information Form (GIF) (For new plant only)       Compliance Review Form
- Permit Fee for New Authorization
- Permit Fee for Renewal of Authorization
- Proof of Municipal Notification

**SECTION L.  
AFFIDAVIT**

I certify that, subject to the penalties of Title 18 Pa. C.S.A. Section 4904 and 35 P.S. Section 4009(b)(2), I am the responsible official having primary responsibility for the design and operation of the sources at the facility to which this application applies and that, based on information and belief formed after reasonable inquiry, the statements and information provided in this application are true, accurate and complete. I further certify, subject to the penalties of Title 18 Pa. C.S.A. Section 4904 and 35 P.S. Section 4009(b)(2), that the facility will be operated in conformity with all limitations and conditions of the Hot Mix Asphalt Plant General Permit (BAQ-GPA/GP-13).

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Typed/Printed Name** \_\_\_\_\_