

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY**

COMBUSTION

Submit in Triplicate

**Application for Plan Approval to Construct, Modify or
Reactivate an Air Contamination Source and/or Air Cleaning Device**

Section A - Identity and Location of Air Contamination Source

<p>1A. Application is being made for:</p> <ul style="list-style-type: none"> <input type="radio"/> Construction of New Source <input type="radio"/> Reactivation of a Source <input type="radio"/> Modification of Existing Source <input type="radio"/> Installation of Air Cleaning Device <input type="radio"/> Amendment to a Previous Application <p style="padding-left: 40px;">Previous Application No. ____ - ____ - ____</p> <ul style="list-style-type: none"> <input type="radio"/> Other _____ 	<p>OFFICIAL USE ONLY</p> <p>Application No. ____ - ____ - ____</p> <p>Plant Code _____ Unit ID _____</p> <p>_____</p> <p>Date Received _____</p> <p>Reviewed By _____</p> <p>_____</p> <p>Potential Emissions (TPY)</p> <p>PM _____ SO₂ _____ VOC _____</p> <p>NO_x _____ CO _____ Other _____</p> <p>Actual Emissions (TPY)</p> <p>PM _____ SO₂ _____ VOC _____</p> <p>NO_x _____ CO _____ Other _____</p> <p>Change in Actual Emissions (+ or -)</p> <p>PM _____ SO₂ _____ VOC _____</p> <p>NO_x _____ CO _____ Other _____</p>
<p>1B. Type of source</p>	
<p>1C. Plant in which source is located</p> <p><input type="radio"/> NEW <input type="radio"/> EXISTING</p>	
<p>1D. If source is new, does it replace another source? <input type="radio"/> YES <input type="radio"/> NO (describe source replaced)</p>	<p>1E. Expected date of completion</p>
<p>2A. Owner of source</p>	<p>2B. Employer I.D. No. (Federal IRS No.)</p> <p>_____ - _____</p>
<p>3A. Owners designation of source and/or plant if any</p>	<p>3B. Location of source (Street address or Route No.)</p> <p>Political Subdivision (Township, etc.)</p> <p>County</p>
<p>3C. Mailing address (Street or P.O. Box, City, Zip Code)</p>	<p>3D. Telephone No.</p>
<p>4A. Person to contact regarding this Application (name and title)</p>	<p>4B. Mailing address (Street or P.O. Box, City, State, Zip Code)</p>
<p>4C. Telephone No.</p>	
<p>5. Official signing application must be an agent of the Company having primary responsibilities for operation of the facility to which this application applies. Although he may not have participated in the design of the facility he should be responsible for approval of the design.</p>	

AFFIDAVIT

I, _____, being duly sworn according to law depose and say that I am the official having primary responsibility for the design and operation of the facilities to which this application applies and that the information included in the foregoing application is true to the best of my knowledge, information and belief.

Sworn to and subscribed before me this _____ day
of _____, _____.

Signature

Notary Public

Title

Section B.2 - Combustion Units Information

1. COMBUSTION UNITS

A. Manufacturer	B. Model No.	C. No. of Units
D. Rated heat input (Btu/hr)	E. Peak heat input (Btu/hr)	F. Use
G. Method firing		

2. FUEL REQUIREMENTS

TYPE	QUANTITY HOURLY	ANNUALLY	SULFUR	% ASH (WEIGHT)	BTU CONTENT
OIL NUMBER _____	GPH @ 60°F	x10 ³ Gal.	% by wt.		Btu/Gal. & lbs/Gal. @ 60°F
NATURAL GAS _____	SCFH	x10 ⁶ SCF	gr/100 SCF		Btu/SCF
GAS (OTHER) _____	SCFH	x10 ⁶ SCF	gr/100 SCF		Btu/SCF
COAL _____	TPH	Tons	% by wt.		Btu/lb.
OTHER _____					

3. COMBUSTION AIDS, CONTROLS, AND MONITORS

<input type="checkbox"/> A. Ovenfire jets	Type	Number	Height above grate
<input type="checkbox"/> B. Draft controls	Type		
<input type="checkbox"/> C. Oil preheat			
<input type="checkbox"/> D. Soot cleaning	Temperature (°F)	Frequency	
<input type="checkbox"/> E. Stack sprays	Method		
<input type="checkbox"/> F. Opacity monitoring device		Method	Cost
<input type="checkbox"/> G. Sulfur oxides monitoring device	Type	Method	Cost
<input type="checkbox"/> H. Nitrogen oxides monitoring device	Type	Method	Cost
<input type="checkbox"/> I. Fuel metering and/or recording devices	Type	Method	Cost
<input type="checkbox"/> J. Atomization interlocking device	Type	Method	Cost
<input type="checkbox"/> K. Collected flyash re entrainment preventative device	Type		

L. Modulating controls Step Automatic

4. Flyash reinjection Describe operation

5. Describe method of supplying make up air to the furnace room.

Section B.2 - Combustion Units Information, Continued

6. OPERATING SCHEDULE

_____ hours/day _____ days/week _____ weeks/year

7. SEASONAL PERIODS (MONTHS)

Operating using primary fuel _____ Operating using secondary fuel _____
 _____ to _____ _____ to _____

Non-operating
 _____ to _____

8. If heat input is in excess of 250×10^6 Btu/hr., describe fully the facilities provided to record the following: rate of fuel burned; heating value, sulfur and ash content of fuels; smoke, sulfur oxides and nitrogen oxides emissions; and if electric generating plant, the average electrical output and the minimum and maximum hourly generation rate.

9. Describe modifications to boiler in detail.

**10. Type and method of disposal of all waste materials generated by this boiler.
 (Is a Solid Waste Disposal Permit needed? Yes No)**

**11. Briefly describe the method of handling the waste water from this boiler and its associated air pollution control equipment.
 (Is a Water quality Management Permit needed? Yes No)**

12. Attach any and all additional information necessary to perform a thorough evaluation of this boiler.

Section D - Flue and Air Contaminant Emission Information

1. STACK AND EXHAUSTER

A. Exhauster (attach fan curves) _____ in w.g. _____ HP @ _____ RPM

B. Stack height above grade (ft)

C. Stack diameter (ft)

D. Weather Cap

Yes No

E. Indicate on an attached sheet the location of sampling ports with respect to exhaust fan, breeching, etc. Give all necessary dimensions.

F. Can the control equipment be bypassed: (If Yes, explain) YES NO

2. ATMOSPHERIC EMISSIONS

A. Particulate matter emissions (lbs/hr or gr/SCF Dry)

B. Gaseous contaminant emissions

	<i>Contaminants</i>	<i>Concentration</i>		
(1)	_____	ppm (Vol.)	_____	lbs/hr
(2)	_____	ppm (Vol.)	_____	lbs/hr
(3)	_____	ppm (Vol.)	_____	lbs/hr

C. Outlet volume of exhaust gases

_____ CFM
 @ _____ °F
 _____ % Moisture

Section E - Miscellaneous Information

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1. Describe fully facilities to monitor and record the emission of air contaminants. Provide detailed information to show that the facilities provided are adequate. Include cost and maintenance information. Periodic maintenance reports are to be submitted to the Department.
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2. Attach Air Pollution Episode Strategy (if applicable)
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3. The following requirements are applicable only to construction of a new source.
 - a. Briefly describe the nature of the area in which the proposed source is located. Attach a copy of the appropriate portion of the quadrangle map (7½' scale) published by the U.S. Geological Survey and identify the location of proposed source.

 - b. Demonstrate that the establishment of the new source is justifiable as a result of necessary economic or social development.
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4. Attach calculations and any additional information necessary to thoroughly evaluate compliance with all the applicable requirements of Article III of the rules and regulations of the Department of Environmental Resources and those requirements promulgated by the Administrator of the United States Environmental Protection Agency pursuant to the provisions of the Clean Air Act.
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5. List all attachments made to this Application.
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