



CITY OF PHILADELPHIA
 DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH SERVICES
 AIR MANAGEMENT SERVICES

Air Management Services
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ADDENDUM 2 ALTERNATIVE OPERATING SCENARIOS

SECTION A. GENERAL INFORMATION

1. Plant Information

Federal Tax ID _____

Firm Name _____

Plant ID _____

Plant Name _____

2. Source Description

Alternative Operating Scenario Name or ID _____

Unit ID _____ Unit Description _____

Source Type (check one) Combustion Incinerator Process

Give a brief description of this alternative scenario stating how it is different from the standard operation.

3. Operational Flexibility Request

Check all that apply.

Alternative exhaust system component configuration.
 If this box is checked, complete Section B.1.

Alternative type of fuel usage replacing or in addition to an existing fuel in standard operation
 If this box is checked, complete Sections B.2, B.3, optionally B.4.

Alternative process method replacing or in addition to a process SCC existing in standard operation.
 If this box is checked, complete Sections B.5, optionally B.4.

In addition to the above, the following must be completed: Sections B.6, B.7, and B.8.

SECTION B. ALTERNATIVE OPERATING SCENARIO DESCRIPTION

1. Exhaust System Components

Specify the complete exhaust system component configuration for this alternative operating scenario.

From		To		Percent Flow	Begin Date	End Date
Unit ID	Unit Description	Unit ID	Unit Description			

2. Source Classification Code (SCC) Listing for Alternative Operating

Give a complete listing of all fuels burned, products produced by a process, or waste incinerated for this alternative operating scenario.

Fuel/Product/Waste	Associated SCC	Max Throughput Rate	Firing Sequence

3. Alternative Fuel Physical Characteristics

Give a complete listing of all fuels physical characteristics for this alternative operating scenario.

SCC/Fuel Burned	FML	% Sulfur	% Ash	BTU Content (Units)

4. Limitations on Source Operation (Optional)

Complete this section if you wish to accept a limitation on operational hours and/or accept a permit limitation on the throughput rate equal to or lower than that stated in Section 2.2.

Fuel/Waste/Product	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Throughput	Units/Time

5. Alternative Process / Product Description

Briefly describe the change(s) in raw materials and/or process methods used in this operating scenario.

Provide and briefly describe the process SCC associated with this alternative operating scenario.

Process SCC _____ SCC Description _____

Alternative Product(s) _____

5.1. Raw Materials

List all of the raw materials involved in this process to the extent that this information is needed to determine or regulate emissions.

