



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

Air Management Services
 321 University Avenue
 Philadelphia PA 19104-4543
 Phone: (215) 685-7572
 FAX: (215) 685-7593

AIR CLEANING DEVICE INSTALLATION PERMIT APPLICATION FOR MINOR EMISSION SOURCE
(Prepare all information completely in print or type in duplicate)

| | | | | | | |
|--|---|---|---|---|--|---|
| Location of Source (Street Address) | | Facility Name | | | Tax ID No. | |
| Owner | | Mailing Address | | | Telephone | |
| Contact Person | | Mailing Address | | | Telephone | |
| Is this a reconstruction, conversion, alteration, or replacement of an existing installation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Where Unit is to be Installed <input type="checkbox"/> Roof <input type="checkbox"/> Outside <input type="checkbox"/> Inside _____ Floor | | Building Height (ft) | Completion Date | |
| Description of apparatus to be installed (Attach plans and specifications) | | | Make & Model | | Catalog Number | |
| Description of process or area vented to control equipment (Include Plans or Permit Number) | | | | | Process Rate Lbs./Hr. | |
| EMISSION DATA | Type of pollutant | | Particle size distribution (microns) <input type="checkbox"/> Less than 5 <input type="checkbox"/> 5-100 <input type="checkbox"/> Greater than 100 | | Vol. of effluent (SCFM) | Temperature (°F) Initial Final |
| | Inlet concentration (Weight per unit volume) | | | Outlet concentration (Weight per unit Volume) | | |
| FUME INCINERATOR | <input type="checkbox"/> Direct flame <input type="checkbox"/> Catalytic | BTU Input BTU/Hr. | Type of fuel . | Combustion zone temperature °F | Residence time Sec. | |
| CYCLONIC SEPARATORS | <input type="checkbox"/> Cyclone <input type="checkbox"/> Multi cyclone | Inlet area ft ² | Body diameter In. | Body height In. | Wet wall liquid rate GPM | Fan <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet |
| FABRIC FILTER | No. of bags | Type fabric | Total cloth area ft ² | Total gas volume | Max. temperature °F | Type of cleaning |
| SCRUBBERS | Scrubber Type | Material of construction | | Liquid rate GPM | Liquid composition | Type of packing Pressure drop |
| ADSORBERS | Adsorber Type | No. Filter beds | Capacity of bed Lbs. | Expected bed life | Max. operating temperature °F | Regenerating cycle (on/off) Hrs. |
| OTHER | Type of control | List all pertinent operating parameters | | | | |
| HOOD AND DUCTWORK | Hood Dimensions | Duct work to control equipment CSA _____ Length _____ No. and Type Bends _____ | | | Duct work to vent CSA _____ Length _____ No. and Type Bends _____ | |
| FAN or DRAFT | <input type="checkbox"/> Mechanical <input type="checkbox"/> Natural | Make | Model | | Capacity _____ CFM @ _____ °F & _____ S.P | |
| VENT | Dimensions | Height above ground (ft) | Nearest bldg. higher than vent (ft) Height Distance | | Other equipment on vent | |
| List all monitoring devices and auxiliary equipment- Heat exchangers, gas conditioning devices, Etc. | | | | | | |
| Attach any additional information to demonstrate compliance with the applicable air regulations. <i>(Itemize)</i> | | | | | | |
| I certify that I have the authority to submit this Permit Application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information | | | | | | |
| Signature _____ Date _____ Address _____ | | | | | | |
| Name & Title _____ Phone _____ Fax _____ | | | | | | |
| Application No. | Plant ID | Health District | Census Tract | Fee | Date received | |
| Approved by | | Date | Conformance by | | | Date |

Instructions

AIR CLEANING DEVICE INSTALLATION PERMIT APPLICATION FOR MINOR EMISSION SOURCE

1. This permit is applicable to installation of air cleaning device for minor emission source. Minor emission source is the source being exempted from the 25 Pa Code 127.14 or is located in a facility that has the annual emission restriction of less than:

8 tons of Volatile Organic Compound (VOC) or Sulfur Oxide (SO_x);
20 tons of Carbon monoxide (CO);
10 tons of Nitrogen oxide (NO_x);
3 tons of particulate;
1 ton of a single Hazardous Air Pollutants (HAP); or
2.5 tons of combined HAP

2. This permit is issued for the construction and temporary operation of the equipment until Air Management Services performs conformance test and issues the air pollution License.
3. Complete the application form and submit in duplicate along with the application fee payable to the "City of Philadelphia". The fee is \$430.
4. All information in the application is available to the public, if you wish to keep some information confidential, please place the stamped confidential information separately along with the requested letter. AMS will review the confidential request and advise you as appropriate
5. All submissions and correspondence should be directed to:

Source Registration
Air Management Services
321 University Avenue
Philadelphia PA 19104-4543.
Phone 215- 685-7572

6. Terms

- BTU British Thermal Unit
- CFM Cubic feet per minute
- CSA Cross section area
- ft Feet
- ° F Degree Fahrenheit
- GPM gallons per minute
- In Inches
- Lbs Pounds
- sec. Second
- SCFM Standard cubic feet per minute
- SP Static pressure
- Tax ID No.: This is the Federal Tax ID or Social security number. If the applicant has an Employer Identification number(EIN), this number must be used.