



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

Air Management Services
 321 University Avenue
 Philadelphia PA 19104-4543
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Title V OP Number: _____
 Date: _____

TITLE V OPERATING PERMIT APPLICATION

Section 1 - General Information

1.1 Application Type

Type of permit for which application is made: (Check one)

- Initial
- Renewal Operating Permit No. _____
- Application Revision - provide date of original Title V Application or OP No.: _____

1.2 Plant Information

Federal Tax ID/Plant ID: _____ Firm Name: _____

SIC Code: _____ Plant Name: _____

Description of SIC: _____

UTM Zone: _____ UTM North: _____ UTM East: _____

Method of Obtaining UTM: _____

1.3 Contact Information

Name: _____ Title: _____

Address: _____

Telephone Number: _____

1.4 Certification of Truth, Accuracy and Completeness

Note: This certification must be signed by a responsible official. Applications without a signed certification will be returned as incomplete.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

(Signed) _____ Date: _____

Name (Typed): _____ Title: _____

5.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence

5.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

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

*FML = Fuel Material Location

5.6 Limitations on Source Operation

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 5.3 of the application.

Maximum amount of hours of source operation per year: _____

Fuel/SCC	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

Section 6 - Incinerator Operational Inventory

(Complete this section for each incinerator at the site. Duplicate this section as needed).

For renewals, complete this section if a new incinerator source is listed in Section 3 of this application.

6.1 General Source Information

a. Unit ID: _____ b. Company Designation: _____

c. Plan Approval or Operating Permit No.: _____

d. Manufacturer: _____ e. Model No.: _____

f. Source Description: _____

g. Rated Heat Input/Thruput: _____ h. Installation Date: _____

i. Exhaust Temperature _____ Units _____ j. Exhaust % Moisture _____ k. Exhaust Flow Volume: _____ ACFM

l. Incin. Capacity: _____ Lbs/Hr m. Primary Burner Heat Input: _____ Units _____

n. Exhaust % CO₂: _____ o. Secondary Burner Heat Input: _____ Units _____

p. Incinerator Class: _____

q. Waste Type: _____ r. Waste BTU/Lb: _____

6.2 CAM Information

Yes No

- Emissions unit uses a control device to achieve compliance with emissions limitations or standards.
- Potential precontrol emissions of applicable pollutant are at least 100 percent of the major source amount

(Addendum 3 must be completed if both boxes are checked "Yes")

6.3 Exhaust System Components

Explain how the exhaust components are configured:

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

7.4 Source Classification Code (SCC) Listing for Standard Operation

Fuel/Material	Associated SCC	Max Throughput Rate	Firing Sequence

7.5 Maximum Fuel Physical Characteristics

If taking limitations on Fuel Physical Characteristics, see instructions.

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

*FML = Fuel Material Location

7.6 Limitations on Source Operation

Complete this section if you are requesting a limitation on operational hours and/or a permit limitation on the throughput rate equal to or lower than that stated in Section 7.3 of this application.

Fuel	Hours/Day	Days/Week	Days/Year	Hours/Year	Max Thruput	Units/Time

Section 8 - Control Device Information (duplicate this section as needed)

For renewals, only list new control devices not included in the current Title V Operating Permit.

8.1 General Control Device Information

- a. Unit ID: _____ b. Company Designation: _____
- c. Used by Source(s): _____
- d. Type: _____
- e. Pressure Drop in H₂O: _____ f. Capture Efficiency: _____
- g. Scrubber Flow Rate (GPM): _____
- h. Manufacturer: _____ i. Model No.: _____
- j. Installation Date: _____
- k. Control Device Efficiency Estimates for this control device: _____

Pollutant or CAS No.	Estimated Control Efficiency	Basis for Efficiency Estimate

8.2 Control Device Efficiencies for Hazardous Air Pollutants

Unit ID No.	Pollutant Name	CAS No.	Estimate Control Efficiency	Basis for Estimate

Section 9 - Stack/Flue Information (duplicate this section as needed)

For renewals, list new stack/flue information not specified in the current Title V Operating Permit.

9.1 General Stack/Vent Information

- a. Unit ID: _____ b. Company Designation: _____
- c. Discharge Type: _____
- d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____
- e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____
- f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM
- g. Distance to Nearest Property Line (ft): _____
- h. Weather Cap?: Yes No
- i. Used by Sources: _____
- j. UTM Zone: _____ UTM North: _____ UTM East: _____
- k. Method of Obtaining UTM: _____

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- a. Unit ID: _____ b. Company Designation: _____
- c. Discharge Type: _____
- d. Diameter (ft): _____ Height (ft): _____ Base Elevation (ft): _____
- e. Exhaust Temperature: _____ Exhaust % Moisture: _____ Exhaust Velocity (ft/sec): _____
- f. Exhaust Volume: _____ ACFM _____ Exhaust Volume: _____ SCFM
- g. Distance to Nearest Property Line (ft): _____
- h. Weather Cap?: Yes No
- i. Used by Sources: _____
- j. UTM Zone: _____ UTM North: _____ UTM East: _____
- k. Method of Obtaining UTM: _____

Section 10 - Fuel Material Location (FML) Information (optional)

For renewals, list new fuel material location information not specified in the current Title V Operating Permit.

10.1 Fuel Material Location Information

a. FML ID No.: _____ b. Name: _____

c. Capacity: _____ Units: _____ d. Fuel: _____

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? _____

% Ash _____ % Sulfur: _____ BTU Content: _____ Units: _____

f. Used by Source(s):

a. FML ID No.: _____ b. Name: _____

c. Capacity: _____ Units: _____ d. Fuel: _____

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? _____

% Ash _____ % Sulfur: _____ BTU Content: _____ Units: _____

f. Used by Source(s):

a. FML ID No.: _____ b. Name: _____

c. Capacity: _____ Units: _____ d. Fuel: _____

e. Maximum Fuel Characteristics: If fuel is coal, what is the moisture content? _____

% Ash _____ % Sulfur: _____ BTU Content: _____ Units: _____

f. Used by Source(s):

Section 11 - Compliance Plan for the Facility

- | | Yes | No |
|---|--------------------------|--------------------------|
| 11.1 Will your facility be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements during the permit duration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.2 Will your facility be in compliance with all applicable requirements presently scheduled to take effect during the term of the permit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.3 Will these requirements be met by the regulatory required dates? | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked "No" in Part 11.1, 11.2 or 11.3, answer the following questions:

11.4 Identify applicable requirement(s) for which compliance is not or will not be achieved:

Source ID No.	Citation No.

11.4.2 Briefly describe how compliance with this/these applicable requirement(s) will be achieved:

Section 12 - Compliance Certification

12.1 Schedule for Compliance Certification Submission

- a. Frequency of Submittal: _____
- b. Schedule specified in current Title V Operating Permit or proposed starting date: _____

12.2 Monitoring Compliance

Is the site identified in this application in compliance with all applicable requirements and compliance certification requirements:

- Yes No

If "No", describe which requirements are not being met:

12.3 Certification of Compliance

Subject to the penalties of Title 18 Pa. C.S. Section 4904 and 35 P.S. Section 4009(b)(2), I certify that I have the authority to submit this Permit Application on behalf of the applicant herein and that based on information and belief formed after reasonable inquiry, the statements and information contained in this application is correct to the best of my knowledge.

(Signed) _____ Date _____

Name (Typed) _____

Title: _____