



Louisville Metro Air Pollution Control District

Form: AP-0708

Oxidizer/Afterburner

Mail Application To:
 Louisville Metro APCD
 850 Barret Avenue
 Louisville, KY 40204

Application For Permit To Construct, Reconstruct, Install, Modify, or Operate Process or Process Equipment

(502) 574-6000
 FAX: (502) 574-5137
www.louisvilleky.gov/apcd

Section A: Owner/Operator Information

Business Name of Owner /Operator To Appear On The Permit:

Owner's Business Name (only if different from Business Name of Owner/Operator):

Section B: Equipment Location

Equipment Location Address:

Street Address

City _____ State KY Zip Code _____

Responsible Official Name: _____

Responsible Official Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Section C: Permit Mailing Address

Permit and Correspondence information:

Check here if same as equipment location address.

Street Address

City _____ State _____ Zip Code _____

Contact Name: _____

Contact Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Section D: Application Type

Reason for Submitting Application (Select all that apply):

- New Construction /Installation
- Change of Ownership
- Modification
- Change of Location
- Reconstruction
- Administrative Change
- Operation

Date of Construction, Modification, Installation or Operation:

(MM/DD/YYYY)

Estimated Start Date: _____

Actual Start Date: _____

In accordance with District regulations 2.03, Section 1, you may not construct, install, modify, or operate an affected facility unless a permit has been issued by the District (LMAPCD). Please complete all requested information in this application. Incomplete applications may result in denial of issuing a permit to construct and operate process or process equipment.

Section E: Facility Business Information

What type of business is being conducted at this equipment location?

SIC Code

Section F: Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Signature of Responsible Official:

Title:

Print Name:

Date:

LMAPCD Use Only

Application Tracking #:

Assigned Engineer:

Permit No(s):

Plant ID #:

NAICS Code:

Section G: Equipment Information		
Type:	<input type="checkbox"/> Catalytic Oxidizer	<input type="checkbox"/> Afterburner
	<input type="checkbox"/> Regenerative Thermal Oxidizer	<input type="checkbox"/> Thermal Oxidizer
	<input type="checkbox"/> Other (Specify):	
Manufacturer:		
Model:		
Serial Number:		Destruction Efficiency (%):
Attach the manufacturer's specification sheet.		
Section H: Air Contaminant Information		
Percent of Each Contaminant in the Waste Gas:		
If more than five contaminants are present, attach additional copies of this page as needed.		
Air Contaminant Name	CAS Number	Percent of Waste Gas
		%
		%
		%
		%
		%
Section I: Combustion Chamber Information		
Combustion Chamber Length:		feet
Combustion Chamber Cross-Sectional Area:		square feet
Combustion Chamber Volume:		cubic feet
Combustion Chamber Operating Temperature:		° F
Section J: Gas Stream Information		
Maximum Inlet Volumetric Gas Flow Rate:	acfm at	° F
Maximum Outlet Volumetric Gas Flow Rate:	acfm at	° F
Residence Time:	minutes	
Describe design features to ensure proper mixing:		
Describe the Gas Preheating Equipment:		
Section K: Burner Information		
Burner Manufacturer:		
Burner Model:		
Burner Serial Number:		
Fuel Used:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane
	<input type="checkbox"/> No. 2 Fuel Oil (Diesel)	<input type="checkbox"/> Other (Specify):
Number of Burners:		
Design Heat Input to Each Burner:	million BTU/hr	
Total Combined heat input:	million BTU/hr	
Maximum Heat Input Capacity of Each Burner:	million BTU/hr	
Section L: Regenerative Thermal Oxidizer Information		
<i>Complete the following if the equipment is a regenerative thermal oxidizer. If not, proceed to Section M.</i>		
Describe the process heat recovery system:		

Section M: Catalytic Oxidizer Information

Complete the following if the equipment is a catalytic oxidizer. If not proceed to Section N.

Catalyst Used:

Design Life of Catalyst: **Hours**Design Temperature Rise Across Catalyst Bed: **° F**Maximum Operating Temperature of Catalyst Bed: **° F**Catalyst Bed Height: **feet** Catalyst Bed Diameter or Width: **feet**Catalyst Bed Depth: **feet** Total Catalyst Bed Volume: **cubic feet**Design Pressure Drop Across Catalytic Bed: **inches water**

Describe the instrumentation used to measure the temperature across the catalyst bed:

Will the spent catalyst be regenerated or disposed? Regenerated Disposed

Describe the method used to regenerate or dispose of the spent catalyst:

Attach the manufacturer's specification sheets for the catalyst.

Section N: Stack InformationStack Height Above Grade: **feet**Stack Exit Diameter: **feet***(Provide stack dimensions if rectangular stack.)*Is a **stack cap** present? YES NOStack Configuration: Vertical Horizontal Downward – Venting
(Check all that apply) Other (Specify):Stack Exit Gas Temperature: **° F**Stack Exit Gas Flow Rate: **ACFM**Distance to Nearest Property Line: **feet**

Describe Nearest Obstruction:

Height of Nearest Obstruction: **feet**Distance to Nearest Obstruction: **feet**Are stack **sampling ports** provided? YES NO

Section O: Monitoring and Alarm Information

Are there any **alarms** associated with this equipment? YES NO

If YES, complete the following. If NO, proceed to Section P.

Describe the system alarm(s):

If there are more than three alarms, attach additional copies of this page as needed.

Operating Parameter Monitored	Describe Alarm Trigger	Monitoring Device or Alarm Type	Does the Alarm Initiate an Automated Response?
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

Section P: Additional Information

Attach potential emissions calculations with your application. If there are no emission calculations provided with the application, the LMAPCD will calculate the potential emission rates for this equipment. This will result in a delay in the issuance of the permit. The potential emission rates shall be based on operation at maximum equipment capacity. The annual potential emissions shall be based on 8,760 operating hours per year. All potential emission calculations shall represent pre-control emissions.

Is there any additional information pertinent to this application? YES NO

If yes, describe below: