



Louisville Metro Air Pollution Control District

Form: AP-1008

Condenser

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

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

(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 _____ KY _____ - _____
State 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

Manufacturer: _____
 Model: _____
 Serial Number: _____ Type Condenser: Direct Contact Surface
 Material Removed: _____
 Attach the manufacturer's specification sheet for the condenser.

Section H: Contaminant Information

Concentration of Each Contaminant in the Waste Gas, and Removal Efficiency

If more than seven contaminants are present, attach additional copies of this page as needed.

Contaminant	Contaminant CAS Number	Percent of Waste Gas	Removal Efficiency
		%	%
		%	%
		%	%
		%	%
		%	%
		%	%
		%	%

Section I: Operating Information

Coolant Flow Rate: Water: _____ gal/min Air _____ SCFM
 Other: Type: _____ Flow Rate: _____
 Gas Flow Rate: _____ SCFM
 Coolant Temperature: Inlet _____ ° F Outlet: _____ ° F
 Outlet Gas Stream Temperature: _____ ° F Heat Exchange Area: _____ ft²
 Inlet Gas Stream Temperature: _____ ° F

Section J: Stack Information

Stack Height Above Grade: **feet**
 Stack Exit Diameter: **feet**
(Provide stack dimensions if rectangular stack.)

Is a **stack cap** present? YES NO

Stack Configuration: Vertical Horizontal Downward – Venting
(Check all that apply) Other (Specify): _____

Stack Exit Gas Temperature: ° F	Stack Exit Gas Flow Rate: ACFM
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Distance to Nearest Property Line: **feet**
 Describe nearest obstruction: _____

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

