Louisville Metro Air Pollution Control District

Form: AP-2008 **Flare**

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

_____ KY _____ - _____
City 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				
Flare Type: □ Elevated □ Ground □ Other (Specify):				
Flare Design: □ Air-Assisted □ Steam-Assisted □ Non-Assisted □ Other (Specify):				
Steam Injection Rate: pounds/hour				
Steam Pressure: **atm**				
Manufacturer:				
Model:				
Serial Number:				
Attach the manufacturer's specification sheet.				
Section H: Operating Information				
Flare Stack Height: **feet**				
Flare Stack Diameter: **feet**				
Flame Temperature: **˚ F**				
Turn Down Ratio:				
Flare Tip Diameter: **feet**				
Minimum BTU Rating for Flare: **BTU/scf**				
Maximum BTU Rating for Flare: **BTU/scf**				
Describe the operation of the flare's ignition system:				
Heat Release Rate: calories/second				
Section I: Contaminant Information				
Percent of Each Contaminant in the Waste Gas, Heating Value, and Destruction Efficiency				
If more than five contaminants are present, attach additional copies of this page as needed.				
Contaminant	**CAS Number**	**Percent of Waste Gas**	**Heating Value**	**Removal Efficiency**
		%	**BTUs**	**%**
		%	**BTUs**	**%**
		%	**BTUs**	**%**
		%	**BTUs**	**%**
		%	**BTUs**	**%**
Section J: Gas Stream Information				
Maximum Inlet Volumetric Gas Flow Rate: acfm at **feet**				
Maximum Outlet Volumetric Gas Flow Rate: acfm at **feet**				
Heat Content of Waste Gas: **BTU/scf**				
Exit Gas Velocity: **feet/second**				

Section K: Auxiliary Fuel Information	
Describe the operating conditions that necessitate introducing auxiliary fuel to the flare:	
Auxiliary Fuel Type:	□ Natural Gas □ Propane □ Diesel □ Biodiesel □ No. 2 Fuel Oil □ Other (Specify):
Heat Content of Auxiliary Fuel:	**BTU/MMCF**
% Sulfur of Auxiliary Fuel:	**%**
% Ash of Auxiliary Fuel:	**%**
Maximum Hourly Fuel Usage:	**MMCF**
Maximum Yearly Fuel Usage:	**MMCF**

Section L: Pilot Flame Monitoring Information	
Is the presence of the pilot flame monitored?	□ YES □ NO
If YES, complete the following information.	
Monitor Type:	□ Thermocouple □ Other (Specify):
Does the flare shut off if the pilot flame is not detected?	□ YES □ NO

Section M: Monitoring and Alarm Information			
Are there any **alarms** associated with this flare?		□ YES	□ NO
If yes, complete the following.			
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?**
		□ Visual □ Auditory □ Automatic (Remote Monitoring) □ Other	□ YES □ NO Describe:
		□ Visual □ Auditory □ Automatic (Remote Monitoring) □ Other	□ YES □ NO Describe:
		□ Visual □ Auditory □ Automatic (Remote Monitoring) □ Other	□ YES □ NO Describe:

Section N: 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: