|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Business information:** | | | | | | | | | | | | | | | **Air Quality Use Only** | | | |
| Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted | | | | | | | | | | | | | | |
| **Source Number** | |  | |
| Type of organization: | | Corporation  Individual  Partnership  Government Agency | | | | | | | | | Telephone | | | | Fax | | | |
| **2. Mailing address:** | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | City, State, Zip | | | | | | | | | | | |
| **3. Address at which the source will be operated:** | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | City, State, Zip | | | | | | | | | | | |
| **4. Operation description:** | | | | | | | | | | | | | | | | | | |
| Brief description of the operation at this address | | | | | | | | | | | | | | | | NAICS Code | | |
| **5. Technical/source contact information:** | | | | | | | | | | | | | | | | | | |
| Print name of the technical/source contact | | | | | | | | | | | | | | | | | | |
| Telephone | | | Fax | | | | | | | | | Email | | | | | | |
| Mailing Street | | | | | | | Mailing city, state, zip | | | | | | | | | | | |
| **6. Type of permit action requested:** (check and complete applicable items) | | | | | | | | | | | | | | | | | | |
| Operating permit renewal | | | | | | | | | | | | | | | | | | |
| Permit(s) transfer due to ownership change\*  The new owner or operator hereby:   * certifies no changes have been made to the stationary source that meet the definition of modification as defined in Knox County Air Quality Management Regulations (KCAQMR); and * agrees to abide by the terms of the permit(s), Knox County Air Quality Management Regulations (KCAQMR), and any documented agreements made by the previous owner to the Director. | | | | | | | | | | | | | | | | | | |
| Permit modification requested for Permit No.: | | | | | | | | | | | | | | | | | | |
| Operating permit requested | | | | | | | | | | | | | | | | | | |
| Associated Construction Permit No.: | | | | |  | | | | | Initial Start-up Date: | | | |  | | | | |
| Construction permit requested (attach appropriate APC forms for sources being constructed)\*\* | | | | | | | | | | | | | | | | | |  |
| Estimated starting date of construction: |  | | | | | | | Estimated completion date of construction: | | | | |  | | | | | |
| \* Notifications of ownership change must be submitted at least thirty (30) days after the change. (KCAQMR Section 25.4-C)  \*\* Construction applications must be submitted at least ninety (90) days prior to the estimated construction starting date. (KCAQMR Section 25.1-H) | | | | | | | | | | | | | | | | | | |
| **7. Sensitive receptors located less than the indicated distances:** (attach additional sheets if necessary) | | | | | | | | | | | | | | | | | | |
| Receptor type | | | | Distance (ft) | | Name/address of receptor | | | | | | | | | | | | |
| School/Daycare<250 ft | | | |  | |  | | | | | | | | | | | | |
| Nursing Home/Hospital <100ft | | | |  | |  | | | | | | | | | | | | |
| Residence <75ft | | | |  | |  | | | | | | | | | | | | |
| Business <50ft | | | |  | |  | | | | | | | | | | | | |
| **8. Comments** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **9. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.** | | | | | | | | | | | | | | | | | | |
| Print name of the responsible official | | | | | | | | | Title | | | | | | | | | |
| Signature of responsible official | | | | | | | | | Date of application | | | | | | | | | |

**Table of Emission Estimate Method Code**

|  |  |
| --- | --- |
| Not applicable/Emissions known to be zero | 0 |
| Emissions based on source testing | 1 |
| Emissions based on material balance using engineering expertise and knowledge of process | 2 |
| Emissions calculated using emission factors from EPA publications No. AP-42 Compilation of Air Pollution Emissions Factors | 3 |
| Judgment | 4 |
| Emission calculated using a special emission factor different from AP-42 | 5 |
| Other (specify in comments) | 6 |

**Table of Pollution Reduction Device or Method Code**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No Equipment | 000 | Limestone Injection – Dry | 041 | |
| Activated Carbon Adsorption | 048 | Limestone Injection – Wet | 042 | |
| Afterburner – Direct Flame | 021 | Liquid Filtration System | 049 | |
| Afterburner – Direct Flame with Heat Exchanger | 022 | Mist Eliminator – High Velocity | 014 | |
| Afterburner – Catalytic | 019 | Mist Eliminator – Low Velocity | 015 | |
| Afterburner – Catalytic with Heat Exchanger | 020 | Process Change | 046 | |
| Alkalized Alumina | 040 | Process Enclosed | 054 | |
| Catalytic Oxidation – Flue Gas Desulfurization | 039 | Process Gas Recovery | 060 | |
| Cyclone – High Efficiency | 007 | Settling Chamber – High Efficiency | 004 | |
| Cyclone – Medium Efficiency | 008 | Settling Chamber – Medium Efficiency | 005 | |
| Cyclone – Low Efficiency | 009 | Settling Chamber – Low Efficiency | 006 | |
| Dust Suppression by Chemical Stabilizers or Wetting Agents | 062 | Spray Tower (Gaseous Control Only) | 052 | |
| Electrostatic Precipitator – High Efficiency | 010 | Sulfuric Acid Plant – Contact Process | 043 | |
| Electrostatic Precipitator – Medium Efficiency | 011 | Sulfuric Acid Plant – Double Contact Process | 044 | |
| Electrostatic Precipitator – Low Efficiency | 012 | Sulfur Plant | 045 | |
| Fabric Filter – High Temperature | 016 | Vapor Recovery System (Including Condensers, Hooding and Other Enclosures) | 047 | |
| Fabric Filter – Medium Temperature | 017 |
| Fabric Filter – Low Temperature | 018 | Venturi Scrubber (Gaseous Control Only) | 053 | |
| Fabric Filter – Metal Screens (Cotton Gins) | 059 | Wet Scrubber – High Efficiency | 001 | |
| Flaring | 023 | Wet Scrubber – Medium Efficiency | 002 | |
| Gas Adsorption Column – Packed | 050 | Wet Scrubber – Low Efficiency | 003 | |
| Gas Adsorption Column – Tray Type | 051 | Wet Suppression by Water Sprays | 061 | |
| Gas Scrubber (General: Not Classified) | 013 |  | |  |

**Note:** For cyclones, settling chambers, wet scrubbers, and electrostatic precipitators; the efficiency ranges correspond to the following percentages:

High: 95-99+% Medium: 80-95% Low: Less than 80%

If system has several pieces of connected equipment, indicate the sequence. For example: 008/010; 93%/99%

If none of the below codes fit, use 999 as a code for other and specify in the comments.