Knox County Department of Air Quality Management Non-Title V Permit Application

Non-Title V Permit Application APC-1 Form: General Information (Please Type or Print)



| 1. Business information: | | | | | Air Ous | Air Quality Use Only | | |
|---|----------------------------|-------------------|-------------|----------------|------------------|----------------------|--|--|
| Business license name of corpo | dividual owner, | or govern | mental | All Qua | inty USE Office | | | |
| agency under which the application is submitted | | | | | Source Number | | | |
| ☐ Corp | oration \square Individu | ıal | Telephone | | Fax | • | | |
| Type of organization: | nership 🗌 Govern | ment Agency | | | | | | |
| 2. Mailing address: | | 3 3 3, | | | | | | |
| Street | | City, State, Zi | p | | | | | |
| | | | | | | | | |
| 3. Address at which the sourc | e will be operated | | | | | | | |
| Street | | City, State, Zip | | | | | | |
| | | | | | | | | |
| 4. Operation description: | | | | | | | | |
| Brief description of the operation | | | | | NAICS Code | | | |
| | | | | | | | | |
| 5. Technical/source contact in | formation: | | | | | | | |
| Print name of the technical/sour | ce contact | | | | | | | |
| | | | | | | | | |
| Telephone | Fax | | | Email | | | | |
| Тоюрноно | | | | Ziiiaii | | | | |
| Mailing Chapt | | Mailing aite | 4040 -in | | | | | |
| Mailing Street | | Mailing city, s | itate, zip | | | | | |
| | | | | | | | | |
| 6. Type of permit action reque | sted: (check and c | omplete applica | able items |) | | | | |
| ☐ Operating permit renewal | | | | | | | | |
| ☐ Permit(s) transfer due to ownership change* | | | | | | | | |
| The new owner or operator here | by: | | | | | | | |
| certifies no changes have be contained. | | | | | ition of m | odification as | | |
| defined in Knox County Air (| | | | | equilation | e (KCAOMB) | | |
| • 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 | Initial Start-up Date: | | | | | | | |
| ☐ Construction permit requeste | d (attach appropria | te APC forms f | or sources | being cons | tructed)** | | | |
| Estimated starting | | Estimated co | ompletion | - | • | | | |
| date of construction: | | date of cons | | | hans 2 | (CA ONE | | |
| * Notifications of ownership char Section 25.4-C) | nge must be submit | ted at least thir | ty (30) day | s arter the c | nange. (r | CAQIVIR | | |
| ** Construction applications mus | st be submitted at le | east ninety (90) | days prior | r to the estim | nated con | struction | | |
| starting date. (KCAQMR Section 25.1-H) | | | | | | | | |

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| 7. Sensitive receptors located | less than the inc | dicated 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 | | |
| | | |
| | | |
| | | after a reasonable inquiry, I certify that the information |
| contained in this application is | accurate and to | rue to the best of my knowledge. |
| Print name of the responsible off | icial | Title |
| Signature of responsible official | | Date of application |
| | Table of Emiss | ion Estimate Method Code |

Table of Emission Estimate Method Code

| Not applicable/Emissions known to be zero | |
|--|---|
| 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 | 2 |
| Emissions Factors | 3 |
| Judgment | 4 |
| Emission calculated using a special emission factor different from AP-42 | 5 |
| Other (specify in comments) | 6 |

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Table of Pollution Reduction Device or Method Code

| 000 | | |
|------|---|--|
| | Limestone Injection – Dry | 041 |
| 048 | Limestone Injection – Wet | 042 |
| 021 | Liquid Filtration System | 049 |
| 022 | Mist Eliminator – High Velocity | 014 |
| 019 | Mist Eliminator – Low Velocity | 015 |
| 020 | Process Change | 046 |
| 040 | Process Enclosed | 054 |
| 039 | Process Gas Recovery | 060 |
| 007 | Settling Chamber – High Efficiency | 004 |
| 800 | Settling Chamber – Medium Efficiency | 005 |
| 009 | Settling Chamber – Low Efficiency | 006 |
| 062 | Spray Tower (Gaseous Control Only) | 052 |
| | | |
| 010 | Sulfuric Acid Plant – Contact Process | 043 |
| 011 | Sulfuric Acid Plant – Double Contact Process | 044 |
| 012 | Sulfur Plant | 045 |
| 016 | Vapor Recovery System (Including Condensers, | 047 |
| 017 | Hooding and Other Enclosures) | 047 |
| 018 | Venturi Scrubber (Gaseous Control Only) | 053 |
| 0.50 | Wet Scrubber – High Efficiency | 001 |
| 059 | The corabber ingh Emelency | 001 |
| 059 | Wet Scrubber – Medium Efficiency | 001 |
| | <u> </u> | |
| 023 | Wet Scrubber – Medium Efficiency | 002 |
| | 022 019 020 040 039 007 008 009 062 010 011 012 016 | 022 Mist Eliminator – High Velocity 019 Mist Eliminator – Low Velocity 020 Process Change 040 Process Enclosed 039 Process Gas Recovery 007 Settling Chamber – High Efficiency 008 Settling Chamber – Medium Efficiency 009 Settling Chamber – Low Efficiency 062 Spray Tower (Gaseous Control Only) 010 Sulfuric Acid Plant – Contact Process 011 Sulfuric Acid Plant – Double Contact Process 012 Sulfur Plant 016 Vapor Recovery System (Including Condensers, 017 Hooding and Other Enclosures) |

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.