

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT INSTRUCTION PACKET

FORM APC-30

COFFEE ROASTER SOURCE COVER SHEET

This form should be completed for all new source permit applications and all renewals where source conditions have changes since the previous application. A separate form should be completed for each roaster. Show identifying number or other unique identification used for the roaster in question. All fuel burning stacks at the site should be identified by the number or other suitable code. Enter the identifying number or code for the stack serving the roaster.

If any of the information requested is considered confidential, two applications should be submitted; one application clearly marked to indicate that it contains confidential information which is not to be made public and another application which does not contain the confidential information which can be placed in our general files. Please contact the Department of Air Quality Management if there are any questions concerning confidentiality of information.

- Item 1. Business License Name of Corporation, Company, Individual Owner, or Governmental Agency under which application is submitted.
- Item 4. Provide the Standard Industrial Classification (SIC) or the North American Industry Classification System (NAICS) codes for your facility.
- Item 5. - Normal operation should reflect the schedule when any or all of the equipment covered by this application is in operation. Operation at less than normal load, such as boilers operating on an idle, stand-by basis should be included in the operating time. Days/years need to be completed only if operation is so limited that it cannot be adequately described by days/week and weeks/year.
- Item 6. - Percent annual throughput should reflect the approximate seasonal nature of the process. If the operation is not seasonal, enter 25% for each.
- Item 8. - Provide the facility name or I.D. number of the Roaster if applicable. Include all fuels so source will have permitted authority to use such fuels. Show roaster capacity in rated burner input capacity in millions of BTU/hour.
- Item 15. - Unsigned and/or undated applications will not be processed.

Knox County Department of Air Quality Management Permit Application

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Coffee Roaster Source Cover Sheet

(Please type or Print)

GENERAL INFORMATION				
1. Source Name: _____ _____ 2. Source Number: _____ 3. Source Address : _____ _____ _____ 4. Industrial Code Number: SIC _____ NAICS _____	Do Not Write in this Space			
Source Number: / / / / / / / / Process Number: / / / / / / / / Reviewer: / / / / / / / / Date Submitted: / / / / / / / / Date Reviewed: / / / / / / / /				
OPERATING SCHEDULE				
5. Normal Operation	Hours/Day	Days/Week	Weeks/Year	Days/Year
6. Percent Annual Throughput	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
7. Maximum Production Rate in _____ Batches/hr. _____ Batches/Day				
8. ROASTER INFORMATION: Name or ID No. _____				
Manufacturer: _____		Model No. _____ Serial No: _____		
Maximum design capacity: _____ lbs/batch				
Type of fuel Consumed in Roaster Burner: _____				
Maximum heat input rating: _____ Btu/hr _____ ACFM _____ degrees F				
Minutes into roast when roast is up to temperature: _____				
Minutes into roast when beans are dropped to the cooling tray: _____				
Where does the bean cooling take place? _____				
How is the bean cooling process vented? : () through afterburner () through separate stack () vented inside () Other (explain) _____				
Are the Beans () Direct Fired () Indirect Fired				
Are the beans processed in a cyclone (chaff collector) before roasting? _____				
Type of Green Bean Feed System: () Conveyors () Hoppers () Manual				
9. EXHAUST STACK DATA				
Height: _____ ft		Diameter: _____ inches		
Velocity: _____ ft/min		Gas temperature: _____ degrees F		
Weather Cap: () Yes () No		Type: () Fixed Cap () Auto Damper () None		
Exhaust Fan: _____		Manufacturer: _____ Model No. _____		
Horsepower _____		Total Flow Rate _____		
10. ADDITIONAL EQUIPMENT (if applicable): Grinders, Mixers, etc.				
Type of Equipment: _____				
Manufacturer Name: _____		Model No. _____ Serial No. _____		
Additional Comments: _____				

EMISSION CONTROL DEVICES (Complete all that applies)

11. Afterburner/Oxidizer: ID No. _____

Manufacturer: _____	Model No. _____
<input type="checkbox"/> Thermal _____	Type of fuel: _____
<input type="checkbox"/> Catalytic _____	Max. heat Input rating: _____ Btu/hr.

Afterburner/Oxidizer Characteristics

Average residence time _____ seconds

Operating chamber temperature: _____ degrees F

Maximum chamber temperature: _____ degrees F

Flow rate: _____ ACFM _____

Minutes into roast when afterburner is up to temperature: _____

12. Cyclone: ID No. _____

How is the roaster cyclone vented? () recirculated to roaster () through afterburner

Control Device ID No(s): _____	Settling Chamber
Inlet Temp. (F): Min. _____ Max _____	Length (inches): _____
Inlet Air Flow Rate (ACFM): _____	Width (inches): _____
Particle Density (Lb/Ft3): _____	Height (inches): _____
	Velocity (Ft/Sec): _____

13. Baghouse (Fabric Filter): ID No. _____

Control Device ID No (s): _____	Pressure Drop (IN H2O) Min _____ Max _____
Inlet Air Flow Rate (ACFM): _____	Inlet Temp (F) Min _____ Max _____
Filter Max Operating Temp (F): _____	Air to Cloth Ratio: _____
No. of Compartments: _____	Filter Material: _____
Gas Stream Moisture%: _____	Felted () Yes () No
Cleaning Method: _____	Filter Surface Area(F12): _____
Time between Changes: _____	Particulate Material: _____

Cleaning Method: () Mechanical () Reverse Flow () Simple Bag Collaspe () Sonic
 () Ringed Bag Collaspe () Air Pulse () Other: _____

14. COMMENTS

15. Signature: _____ Date: _____