

INSTRUCTIONS FOR APC 13
CONTROL EQUIPMENT - ADSORBERS

SOURCES THAT ARE REQUIRED TO OBTAIN A PERMIT UNDER PARAGRAPH 1200-03-09-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF APPLICABLE. APPLICATIONS ARE INCOMPLETE UNLESS ALL APPLICABLE INFORMATION REQUESTED HEREIN IS SUPPLIED. FAILURE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED BY THE TECHNICAL SECRETARY TO ENABLE HIM TO ACT ON THE APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. IF THERE IS ADDITIONAL INFORMATION THAT WILL NOT FIT ON A FORM, PLEASE DECLARE THE INFORMATION ON ADDITIONAL SHEET(S) AND ATTACH IT TO THE BACK OF THE ORIGINAL.

COMPLETE ONE FORM FOR EACH CONTROL DEVICE USED TO REDUCE AIR POLLUTION EMISSIONS FROM THE AIR POLLUTION SOURCES TO BE COVERED BY THE PERMIT.

IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION TO DEFINE ALTERNATIVE OPERATING SCENARIOS OR DEFINE PERMIT TERMS AND CONDITIONS ALLOWING EMISSIONS TRADING UNDER A FEDERALLY ENFORCEABLE EMISSIONS CAP TO BE ESTABLISHED IN THE PERMIT, PLEASE DECLARE THE INFORMATION ON AN APC FORM(S) OR ON ADDITIONAL SHEET(S). UNLESS OTHERWISE REQUESTED AS A LIMITING CONDITION, PERMIT IS BASED ON 8,760 HRS/YR.

ITEM 3 PROVIDE THE STACK IDENTIFICATION NUMBER OR ID OF THE STACK(S) WHICH EXHAUSTS THIS EQUIPMENT. THIS NUMBER SHOULD ALSO APPEAR ON THE APC 3.

ITEM 8 ENTER THE INLET POLLUTANT CONCENTRATION [IN EITHER GRAINS PER ACTUAL CUBIC FOOT (GACF) OR PARTS PER MILLION BY VOLUME (PPMV)], OUTLET POLLUTANT CONCENTRATION (SAME UNITS), CAPTURE EFFICIENCY AND THE OVERALL EFFICIENCY OF THE CONTROL DEVICE FOR EACH POLLUTANT EMITTED. PLEASE INDICATE HOW THE DATA ENTERED IN THIS TABLE WAS OBTAINED (STACK TEST OR MANUFACTURER SUPPLIED GUARANTEES, etc). PLEASE FILL IN THE ITEMS THAT ARE NECESSARY TO DETERMINE COMPLIANCE WITH EMISSION STANDARD(S) FROM THE APPLICABLE REQUIREMENTS.

ITEM 10 DISCUSS HOW COLLECTED MATERIAL IS CONTAINED, TRANSPORTED, AND ITS INTENDED DESTINATION SUCH AS A SANITARY LANDFILL OR FOR RECYCLE.

ITEM 12 PAGE NUMBER MUST BE FILLED IN. REVISION NUMBER AND DATE OF REVISION ARE TO BE FILLED IN ONLY IF THE INFORMATION ON THIS FORM IS BEING REVISED.

IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".