



JEFFERSON COUNTY DEPARTMENT OF HEALTH
Environmental Health Services
Air and Radiation Protection Division
P.O. Box 2648, Birmingham, AL 35202 · (205) 930-1239

Permit Application for Indirect Heating or Fuel Burning Unit

Does this application contain Confidential Business Information (CBI)?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do not write in this space

1. Name of Facility _____

Existing JCDH Air Permit Number (if applicable) _____

2. Equipment Information:

Type of Equipment _____

Name of Manufacturer _____

Model Number _____

Rated Capacity-Input (BTU/hr) _____

Rated Efficiency (%) _____

Emission Unit No. on Current Permit (if applicable) _____

Standard Classification Code (SCC) Nos. _____

Date Manufactured _____

Date of Construction/Installation _____

Date of Reconstruction _____

Date of Modification _____

3. Types and Quantity of Fuels Used:

Primary

Coal (Tons/yr) _____

BTU Value (BTU/lb as received) _____

Weight Percent Sulfur _____

Weight Percent Ash _____

Fuel Oil (Gal/yr) _____

Grade No. _____

Weight Percent Sulfur _____

BTU Value _____

Natural Gas (Million ft³/yr) _____

L.P. Gas (Gal/yr) _____

Other (Specify) _____

Standby

Coal (Tons/yr) _____

BTU Value (BTU/lb as received) _____

Weight Percent Sulfur _____

Weight Percent Ash _____

Fuel Oil (Gal/yr) _____

Grade No. _____

Weight Percent Sulfur _____

BTU Value _____

Natural Gas (Million ft³/yr) _____

L.P. Gas (Gal/yr) _____

Other (Specify) _____

4. Purpose (if multipurpose, provide percentage for each category):

_____ Process Heat _____ Space Heat _____ Steam _____ Hot Water

_____ Power Generation _____ Other (specify) _____

5. Normal operating schedule of unit:

Hours per Day _____ Days per Week _____ Weeks per Year _____

6. Stack Data:

Base Elevation (feet) _____

Gas Temperature at Exit (°F) _____

Inside Diameter (or equivalent diameter) at Exit (feet) _____

Stack Characteristics:

Vertical Yes No Horizontal Yes No Hooded Yes No

Volume of Gas Discharged (ACFM) _____

Gas Velocity (feet/sec) _____

Are sampling ports available? Yes No

If yes, describe: _____

7. Is this unit used in the production of electrical power or steam? Yes No

If yes, number of steam generators _____

Maximum Steam Capacity (lb/hr) _____

Enthalpy (h) of Steam (BTU/lb) _____

Steam Temperature (°F) _____

Steam Pressure (psig) _____

8. Is a control device installed on this emission source?

Yes No *If Yes, form JCDH-APCP-110 must be completed.*

9. Is this unit in compliance with all applicable Air Pollution Rules and Regulations?

Yes No *If No, form JCDH-APCP-114 must be completed.*

10. Please list the actual and allowable emission rates for all regulated air pollutants. Calculations and references documenting the emission rates must be provided. Please include the Chemical Abstract System (CAS) number for all Hazardous Air Pollutants (HAPs).

REGULATED POLLUTANT	ACTUAL (LB/HR)	ACTUAL (TON/YR)	ALLOWABLE (LB/HR)	ALLOWABLE (TON/YR)	APPLICABLE REGULATION

11. Supporting documentation should be submitted if any of the following apply to this unit:

- a. Monitoring devices are used to measure the operation of this unit.
- b. Special operational or physical restrictions are being requested as a part of this application.
- c. Performance tests or emission monitors are being used to demonstrate compliance.

Note: If a CEMS is used, form JCDH-APCP-113 must be completed.

Name of person preparing application _____

Title _____ Company _____

Signature _____ Date _____