**Section I - Facility Information**

1.1. **Business Name:** ____________________________  **Facility ID:** ____________________________

1.2. Do you claim confidentiality of data?  + No  + Yes (attach explanation)

**Section II.A – General Equipment Information**

2.1. Volatile Organic Compound Control Equipment (If control type is not listed, attach narrative and simplified process block diagram):
   a. + Afterburner/Oxidizer (Complete Sections II.A and II.B)
      + Catalytic + Thermal + Hot Rock Bed + Portable + Other (specify)
   b. + Adsorber (Complete Sections II.A and II.C)
   c. + Condenser (Complete Sections II.A and II.D)
   d. + Flare (Complete Sections II.A and II.B)

2.2. Equipment Manufacturer: ____________________________  **Model No.:** ____________________________  **Serial No.:** ____________________________

2.3. Maximum Heat Input Rating: (HHV) ________________ MMBTU/hr  or ________________ KW

2.4. Method of Heating (Check all that apply):

   If Digester Gas, Landfill Gas, and/or Other are checked, attach fuel analysis indicating higher heating value (HHV) and Sulfur content.

2.5. Exhaust Blower Capacity (total): ______ acfm  **Blower Power:** ______ HP

**Section II.B – Afterburner/Flare Information (Complete this section only if equipment is an afterburner or flare)**

2.6. Combustion Chamber Dimensions:
   - Diameter: ______ feet ______ inches;
   - Height: ______ feet ______ inches;
   - Cross Sectional Area: ______ ft²

2.7. Vapor Stream flow rate: ______ scfm;  % Moisture of Vapor Stream _________

2.8. Afterburner/Flare operating temperature: ________ °F

2.9. Retention time _________ Seconds

**Section II.C – Adsorber Information (Complete this section only if equipment is an adsorber)**

2.10. Dimensions: Diameter: ______ feet ______ inches;  Height: ______ feet ______ inches

2.11. Adsorbent Type: ____________________________;  Adsorbent Capacity: _______ lbs

2.12. Differential Pressure Across Adsorber: ______ inches of water or _________ mmHg

2.13. Relative Humidity of Inlet Stream: _________ %

2.14. Specify which parts of the adsorber are shut off at any time during operation. Attach reasons and specific details.

2.15. If adsorber has more than one unit, attach description of how units are connected.

2.16. Attach description of means for reactivating adsorbent and procedure used to prevent losses when cleaning or emptying adsorber.
Section II.D – Condenser Information (Complete this section only if equipment is a condenser)

2.17. Condenser Type:
   a. + Packed – Packing Material Type _____________ and Size ______________
   b. + Refrigerated c. + Shell and Tube  d. + Water Cooled

2.18. Dimensions: Diameter: ______ feet _____ inches; Height: ______ feet _____ inches
      Length: ______ feet _____ inches; Width: ______ feet _____ inches

2.19. Heat transfer area: ______ ft²

2.20. Heat Removal Capacity: _________ BTU/hr

2.21. Coolant Temperature: Inlet: _________ °F Outlet: _________ °F

Section III – Operating Information (Complete all items below)

3.1. Attach description of Equipment/ Emission Units vented to control equipment (Indicate PO or Emission Unit No.)

3.2. Attach Process Flow Diagram identifying specific equipment or emission unit vented to air pollution control equipment and source of air pollutant.

3.3. Stack/ Exhaust Emissions Data
   a. Drawings of exhaust system – Attach
   b. Maximum mass emission in lbs/hr and stack concentrations in ppmv of all air pollutants – Attach
   c. Stack Diameter: ______ feet _____ inches  d. Stack Height above ground level: ______ feet _____ inches
   e. Exhaust volumetric flow rate: Inlet: ________ scfm Outlet: _______ scfm
   f. Temperature: Inlet: ___________ °F Outlet: __________°F

3.4. Capture Efficiency: ________ % Destruction Efficiency: ________ % Attach data to substantiate.

3.5. Maximum Operating Schedule: ______ hr/day; ________ day/wk, _________ wk/year

Section IV - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: _____________________________________________ DATE: _____ /_____ / ______

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: __________________________________________ TITLE: __________________________________________