

INSTRUCTIONS FOR APC FORM V.14  
CONTROL EQUIPMENT - CATALYTIC OR THERMAL OXIDATION

SOURCES THAT ARE REQUIRED TO OBTAIN A PERMIT UNDER PARAGRAPH 1200-3-9-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF AVAILABLE. 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 APPROPRIATE APC FORM V.3.

ITEM 8 ENTER THE NAME OF THE POLLUTANT THAT YOU ARE CONTROLLING TO MEET APPLICABLE REQUIREMENTS 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).

ITEM 9 DISCUSS HOW SPENT CATALYST WILL BE CONTAINED, TRANSPORTED, AND ITS INTENDED DESTINATION.

ITEM 10 A. INDICATE THE MINIMUM TEMPERATURE IN THE CATALYST BED(°F)  
B. STATE THE MINIMUM OPERATING TEMPERATURE FOR THE INCINERATOR. THIS SHOULD BE THE TEMPERATURE IN THE COMBUSTION CHAMBER.

ITEM 12 STATE THE TYPE OF SUBSTANCE USED AS A CATALYST AND THE VOLUME OF CATALYST USED (FT<sup>3</sup>).

ITEM 13 A. STATE THE MAXIMUM HOURLY RATE OF FUEL CONSUMPTION FOR THIS UNIT IN BTU/HR.  
B. STATE THE MAXIMUM HOURLY RATE OF FUEL CONSUMPTION FOR THIS UNIT IN BTU/HR.

ITEM 14 A. INDICATE THE GAS RESIDENCE TIME WHICH IS GENERALLY EQUAL TO THE GAS VOLUMETRIC FLOW RATE AT COMBUSTION CONDITIONS DIVIDED BY THE VOLUME OF THE COMBUSTION CHAMBER.  
B. INDICATE THE GAS RESIDENCE TIME WHICH IS GENERALLY EQUAL TO THE GAS VOLUMETRIC FLOW RATE AT COMBUSTION CONDITIONS DIVIDED BY THE VOLUME OF THE COMBUSTION CHAMBER.

ITEM 16 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".