

**Major Source Operating Permit Application
Control Equipment – Catalytic or Thermal Oxidation**

Form 70-14

| | | | | |
|----------------------------------|---|---|---|-----------------------------|
| 1 | Facility Name | | | |
| 2 | Equipment name and identification number | | | |
| 3 | Stack ID or flow diagram point identification(s) | | | |
| 4 | Name of manufacturer | | | |
| 5 | Model Number | | | |
| 6 | LIST OF CONTAMINANTS TO BE CONTROLLED. GIVE THE CONCENTRATION OF EACH CONTAMINANT | | | |
| | Air Contaminant | Concentration (PPM or percent by volume at standard conditions) | | |
| | | | | |
| | | | | |
| | | | | |
| | LIST THE CONDITIONS OF THE GAS STREAM TO BE TREATED | | | |
| | | Maximum | Minimum | Average |
| | Temperature (°F) | | | |
| | Pressure (inches Hg) | | | |
| | Moisture (%) | | | |
| | Gas volume (CFM @ STP) | | | |
| Gas Velocity in duct (FPM @ STP) | | | | |
| This data has been determined by | <input type="checkbox"/> Source Test | | | |
| | <input type="checkbox"/> Calculations | | | |
| | <input type="checkbox"/> Other (specify) | | | |
| 7 | Afterburner data (check one) | <input type="checkbox"/> Catalytic | <input type="checkbox"/> Thermal | |
| 8 | Thermal (check all that apply) | <input type="checkbox"/> Gas Fired <input type="checkbox"/> Nozzle-mixing premixing <input type="checkbox"/> Mixing Plate <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Oil Fired <input type="checkbox"/> Multi-port | |
| 9 | | Maximum | Minimum | Average |
| | List operating temperatures of afterburner (°F) | | | |
| | List retention time for afterburner (sec) | | | |
| | List exit gas temperature (°F) | | | |
| 10 | Will heat recovery unit be used | <input type="checkbox"/> Yes Specify type: _____ | | <input type="checkbox"/> No |
| | If unit is catalytic, describe catalyst and substrate | | | |
| | State estimated catalyst life (hrs) | | | |
| | Theoretical efficiency | Efficiency % = $\frac{(\text{lbs contaminant/hr in}) - (\text{lbs contaminants/hr out})}{(\text{lbs contaminant/hr in})} \times 100\%$ = | | |
| 11 | Describe temperature sensory devices and their operating parameters | | | |
| 12 | List auxiliary fuel usage and identify type (ft ³ /hr; gal/hr) | Maximum | Minimum | Average |
| | Type: | | | |
| 13 | Submit drawings of all equipment with each application | | | |
| 14 | Page Number | Revision Number | Date of Revision | |