



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**District Department of the Environment**  
**Air Quality Division**

**APPLICATION FOR PERMIT TO CONSTRUCT/OPERATE PROCESS EQUIPMENT**

One set of forms must be completed for each piece of equipment. Deviation from approval plans and specifications are not permissible without securing the formal approval of the Air Quality Division.

1a) Business License Name of organization applying for registration

\_\_\_\_\_

1b) Name(s) of owner(s) or principal partner(s) of above organization

\_\_\_\_\_

2) Mailing address of (1b)

\_\_\_\_\_

No. Street City State Zip Code

3) Equipment location address:

\_\_\_\_\_

No. Street City State Zip Code

4a) Signature of owner or operator

\_\_\_\_\_  
\_\_\_\_\_

4b) Official title

\_\_\_\_\_

4c) Typed or printed name of above

\_\_\_\_\_  
\_\_\_\_\_

4d) Emergency or business phone number

( ) \_\_\_\_\_

5) Application type (check one)

- \_\_\_\_\_ Initial application (existing unit)  
\_\_\_\_\_ New unit to be installed  
\_\_\_\_\_ Change on existing unit  
\_\_\_\_\_ Change owner registered unit

6) Major activity at this location (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Mining                        | <input type="checkbox"/> Hospital or Laboratory        |
| <input type="checkbox"/> Quarry                        | <input type="checkbox"/> Offices                       |
| <input type="checkbox"/> Contract construct            | <input type="checkbox"/> Laundry/Dry Cleaner           |
| <input type="checkbox"/> Manufacturing                 | <input type="checkbox"/> Hotel/Motel                   |
| <input type="checkbox"/> Retail/Wholesale trade        | <input type="checkbox"/> Entertainment (theater, etc.) |
| <input type="checkbox"/> Public Services               | <input type="checkbox"/> Warehouse                     |
| <input type="checkbox"/> School or Church              | <input type="checkbox"/> Nursing Home                  |
| <input type="checkbox"/> Specify type of major produce | <input type="checkbox"/> Residential Apartment         |
- Other (specify) \_\_\_\_\_

7) Type of equipment for which application is made:

\_\_\_\_\_  
(Specify: paint spray booth, rotary cement kiln,  
sulfuric acid dip tank, etc.)

Draw a flow diagram of the process line, which includes this piece of equipment. Please indicate material balance in and out and probable air pollutant emissions - use an additional sheet.

8) Organic solvents used in or produced by this installation:

Used: Yes \_\_\_ No \_\_\_ Produced: Yes \_\_\_ No \_\_\_

Specific type(s) \_\_\_\_\_

9) Primary process fuel used in this equipment only (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Natural Gas     | <input type="checkbox"/> Oil #1                        |
| <input type="checkbox"/> LP Gas          | <input type="checkbox"/> Oil #2                        |
| <input type="checkbox"/> Other Gases     | <input type="checkbox"/> Oil #4                        |
| <input type="checkbox"/> Diesel Fuel     | <input type="checkbox"/> Oil #5                        |
| <input type="checkbox"/> Wood            | <input type="checkbox"/> Oil #6                        |
| <input type="checkbox"/> Coke            | <input type="checkbox"/> Anthracite Coal               |
| <input type="checkbox"/> Bituminous Coal | <input type="checkbox"/> Quantity/Year (specify units) |

10) Secondary process fuel(s) used in this equipment only (check all appropriate fuels)

- |  |  |
|--|--|
| <input type="checkbox"/> Natural Gas     | <input type="checkbox"/> Oil #1                        |
| <input type="checkbox"/> LP Gas          | <input type="checkbox"/> Oil #2                        |
| <input type="checkbox"/> Other Gases     | <input type="checkbox"/> Oil #4                        |
| <input type="checkbox"/> Diesel Fuel     | <input type="checkbox"/> Oil #5                        |
| <input type="checkbox"/> Wood            | <input type="checkbox"/> Oil #6                        |
| <input type="checkbox"/> Coke            | <input type="checkbox"/> Anthracite Coal               |
| <input type="checkbox"/> Bituminous Coal | <input type="checkbox"/> Quantity/Year (specify units) |

11) Operating schedule (average)  
Shifts/Day \_\_\_\_\_ Days/Week \_\_\_\_\_ Days/Year \_\_\_\_\_

12) Materials input-state (type and quantity):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type Quantity/Hour (average) Annual Quantity

13) Products produced-state (type and quantity):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type Quantity/Hour (average) Annual Quantity

14) Emission control devices: No \_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_ Settling chamber of baffles \_\_\_\_\_ Simple Cyclone  
\_\_\_\_\_ Electrostatic Precipitator \_\_\_\_\_ Multiple Cyclone  
\_\_\_\_\_ Fabric Filter (baghouse) \_\_\_\_\_ Chemical Control  
\_\_\_\_\_ Venturi Scrubber \_\_\_\_\_ Gas Washer  
\_\_\_\_\_ Other Inertial Scrubber \_\_\_\_\_ After Burner

15) Estimated efficiency of control device(s) \_\_\_\_\_%

16) Stack information:  
Stack height above ground: \_\_\_\_\_ feet Inner diameter at exit: \_\_\_\_\_ feet  
Gas temperature at exit: \_\_\_\_\_ °F Gas velocity at exit: \_\_\_\_\_ feet/second  
Moisture content of exit gas: \_\_\_\_\_% Gas volume through stack at exit: \_\_\_\_\_ ft<sup>3</sup>

17) Emission information:

Type	Total Yearly Tons		Peak (Tons/hour)	
	Uncontrolled	Controlled	Uncontrolled	Controlled
Particulate				
SO <sub>2</sub>				
NO <sub>2</sub>				
HC				
CO				

Basis of estimates:

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18) Emergency Episode Procedures:

How do you intend to comply with the requirements for reduced emissions during an air pollution episode?

- o Alert:
- o Warning:
- o Emergency:

19) Plans for permanent reduction of emission:

NOTE - If installation of control devices or modifications of equipment are contemplated, a

separate Application For Permit To Construct must be submitted):

Date of planned reductions: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Date received

Received by

\_\_\_\_\_  
Date received

\_\_\_\_\_  
Returned to subdivision

\_\_\_\_\_  
DATE