

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT CONSTRUCTION PERMIT APPLICATION

FORM APC-19

SOIL VAPOR EXTRACTION SYSTEM

(PLEASE TYPE OR PRINT)

GENERAL INFORMATION

- 1. COMPANY PERFORMING SOIL REMEDIATION: _____
- 2. NAME AND ADDRESS OF COMPANY, CORPORATION, OR OTHER OWNER OF SITE WHERE REMEDIATION PERFORMED:

- 3. REMEDIATION SITE ADDRESS: _____

STACK DATA

- 4. STACK HEIGHT ABOVE GRADE: _____ M
- 5. INSIDE DIAMETER: _____ M
- 6. EXIT FLOW RATE: _____ CFM AVG. _____ CFM MAX.
- 7. EXIT VELOCITY: _____ M/S
- 8. BLOWER HORSEPOWER: _____
- 9. EXHAUST STREAM TEMP. (°F): _____

EMISSION CONTROL DATA

10. CHECK AND COMPLETE ONE SECTION AS APPROPRIATE.

CARBON ADSORPTION
 BLOWER HORSEPOWER: _____
 MASS CARBON TO BE USED: _____ Kg
 DIMENSIONS OF CARBON BED:
 _____ x _____ x _____ cm
 PLANNED CARBON REPLACEMENT
 INTERVAL: _____ DAYS

THERMAL OXIDIZER
 BLOWER HORSEPOWER: _____
 TYPE OF FUEL: _____
 MAX. BTU/HR RATING: _____
 MIN. TEMP. MAINTAINED: _____ °C

CATALYTIC OXIDIZER
 BLOWER HORSEPOWER: _____
 TYPE OF FUEL: _____
 MAX. BTU/HR RATING: _____
 TEMP INCREASE AS FUNCTION
 OF VOC CONC.: _____
 CATALYST: TYPE: _____
 SUPPLIER: _____
 EXPECTED LIFE: _____
 (DAYS)

SITE DATA (PLEASE INCLUDE COPIES OF ANALYSIS)

- 11. HIGHEST CONCENTRATION FOUND IN PROCESSED AIR (INFLUENT EFFLUENT) OF:
 BENZENE: _____ TOLUENE: _____ ETHYLBENZENE: _____ XYLENES: _____ TPH: _____
 CONCENTRATIONS ARE IN: mg/M³ PPM VOL PPM WT OTHER: _____
- 12. ESTIMATED TOTAL MASS OF CONTAMINANT: _____ LBS.
- 13. ESTIMATED TOTAL REMEDIATION TIME: _____ YEARS _____ MONTHS
- 14. NORMAL OPERATING HOURS: CONTINUOUS OTHER: _____
- 15. SIGNATURE OF RESPONSIBLE MEMBER OF COMPANY: _____
- 16. DATE: _____ TITLE: _____