

Knox County Department of Air Quality Management
 Non-Title V Permit Application
 APC-20 Form: Air Stripper for Remediation of Groundwater
 (Please Type or Print)



Please fill out a form for each air stripper						
1. Business performing soil remediation information:					Air Quality Use Only	
Business license name of corporation, company, individual owner, or governmental agency performing soil remediation						
Street		City, State, Zip			Source Number	
					Emission Unit Number	
2. Emission unit name:						
3. Operating schedule:						
Hours per day	Days per week	Weeks per year	Days per year			
4. Percentage of yearly operation that occurs during the following quarters: (total must equal 100%)						
Dec-Jan-Feb	Mar-April-May	June-July-Aug	Sept-Oct-Nov			
5. Site data:						
Highest concentration found in groundwater of:	Benzene	Toluene	Ethylbenzene	Xylenes	Total Petroleum Hydrocarbon (TPH)	
Groundwater concentrations are in: <input type="checkbox"/> PPM wt <input type="checkbox"/> PPM vol <input type="checkbox"/> PPB (µg/L) <input type="checkbox"/> Other (specify):						
Estimated total mass of contaminant (lbs)			Estimated total remediation time (years and months)			
6. Exhaust stack and control device data: (complete for each vent/stack and attach additional sheets if necessary)						
Height above grade (ft)	Diameter (ft)	Blower horsepower	Distance to nearest property line (ft)			
Maximum water flow (gal/min)	Maximum air flow (actual ft ³ /min)	Average air flow (actual ft ³ /min)	Average air velocity (ft/sec)			
Control device(s): <input type="checkbox"/> None <input type="checkbox"/> Adsorption <input type="checkbox"/> Other (describe):					Control efficiency (%)	
7. Compliance demonstration and monitoring/recording devices:						
Description of proposed monitoring and recordkeeping to assure compliance with emission limits. Include operating parameters of source and/or control device being monitored (temperature, pressure drop, etc.).						
Check all attached monitoring and recording devices:	<input type="checkbox"/> No monitor <input type="checkbox"/> Pressure drop gauge <input type="checkbox"/> Temperature gauge <input type="checkbox"/> Electronic data logger <input type="checkbox"/> Strip chart <input type="checkbox"/> Other (describe):					

8. Comments

Large empty rectangular area for entering comments.

9. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.

Signature of responsible official	Date of application
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