

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

**APPLICATION FOR APPROVAL OF PLANS TO
CONSTRUCT, INSTALL, OR MODIFY FUEL BURNING EQUIPMENT**

Return to: RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
PERMIT APPLICATION CENTER
235 PROMENADE STREET
PROVIDENCE, RI 02908

Section A	1. FULL BUSINESS NAME _____ PHONE _____ 2. ADDRESS OF EQUIPMENT LOCATION _____ _____ SIC CODE _____ # EMPLOYEES _____ 3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.) _____ 4. NATURE OF BUSINESS _____
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Section B	APPROVAL REQUESTED FOR: 1. CONSTRUCTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> 2. ESTIMATED STARTING DATE _____ ESTIMATED COMPLETION DATE _____
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Section C	TYPE OF FUELS USED 1. FUEL: OIL <input type="checkbox"/> GRADE: 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> NAT. GAS <input type="checkbox"/> OTHER <input type="checkbox"/> 2. ANNUAL USAGE: OIL _____ GALS. NAT. GAS _____ FT ³ OTHER _____ 3. MAXIMUM FIRING RATE: OIL _____ GALS/HR. NAT. GAS _____ FT ³ /HR. OTHER _____ 4. MAXIMUM HEAT INPUT: OIL _____ BTU/HR. NAT. GAS _____ BTU/HR. OTHER _____ BTU/HR. 5. SEASONAL USE: OIL _____ TO _____ (MONTHS) NAT. GAS _____ TO _____ (MONTHS) OTHER _____ TO _____ (MONTHS) 6. FUEL SUPPLIER: OIL _____ NAT. GAS _____ OTHER _____
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Section D

BOILER

1. MANUFACTURER: _____ MODEL NO.: _____
2. BOILER TYPE: WATER TUBE FIRE TUBE PACKAGE OTHER (SPECIFY) _____
3. SIZE: _____ HP _____ BTU/HR
4. TYPE OF BURNER: STEAM ATOMIZER AIR ATOMIZER TANG. FIRED OTHER (SPECIFY) _____
5. ARE OIL HEATERS USED? YES NO TYPE: ELECTRICAL STEAM
6. BURNER MANUFACTURER: _____ BURNER CAPACITY: _____ (GPH)
NO. OF BURNERS: _____

COMBUSTION TURBINE

1. MANUFACTURER: _____ MODEL NO.: _____
2. SIZE: _____ MW MAXIMUM HEAT INPUT: _____ BTU/HR
3. STEAM OR WATER INJECTION: YES NO
4. INJECTION RATIO: _____ LB/LB

INTERNAL COMBUSTION ENGINES

1. MANUFACTURER: _____ MODEL NO.: _____
2. SIZE: _____ HP RICH BURN LEAN BURN

** IF THE FUEL BURNING EQUIPMENT DOES NOT FALL INTO ANY OF THESE CATEGORIES, PROVIDE ENOUGH INFORMATION TO ADEQUATELY DESCRIBE THE EQUIPMENT.

Section E

CONTINUOUS EMISSION MONITORS

MANUFACTURER/MODEL NO. _____

OPACITY _____

OXYGEN _____

CO₂ _____

NO_x _____

SO₂ _____

CO _____

Section F

STACK INFORMATION:

1. STACK EXIT DIMENSIONS I.D. _____ INCHES OR _____ INCHES X _____ INCHES
2. STACK HEIGHT ABOVE GROUND _____ FEET
3. VOLUME OF GAS DISCHARGED INTO OPEN AIR _____ ACFM @ _____ °F
4. IS STACK EQUIPPED WITH A RAIN HAT? YES NO
5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET

Section
G

EMISSIONS INFORMATION:
POLLUTANT

EMISSIONS BEFORE
CONTROL EQUIPMENT

AFTER

INDICATE METHOD USED TO DETERMINE EMISSIONS _____

This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, Regulation 9, and to the best of my knowledge and belief is true and correct.

Signature

Title

Printed Name

Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR RESOURCES**

AIR POLLUTION CONTROL PERMIT FEES

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted with permit application to:

RI Department of Environmental Management
Permit Application Center
235 Promenade Street
Providence, RI 02908

THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.

Please complete this form, attach it to the check or money order and submit it to the Office of Air Resources. Payment should be made payable to General Treasurer, State of Rhode Island. The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: _____

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____
TOTAL	_____

<p>FOR OFFICE USE ONLY: Fee Amount Received: \$ _____ Date Received: _____ Received By: _____ For Deposit into Account 1752-80600</p>
