



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION  
 P.O. BOX 19506  
 SPRINGFIELD, ILLINOIS 62794-9506

**FOR APPLICANT'S USE**

Revision #: \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_  
 Source Designation: \_\_\_\_\_

<b>SUPPLEMENTAL FORM          AIR POLLUTION CONTROL          EQUIPMENT          ADSORBER (260A)</b>	<b>FOR AGENCY USE ONLY</b>
	ID NUMBER: _____
	CONTROL EQUIPMENT #: _____
DATE: _____	

<b>DATA AND INFORMATION</b>		
1) FLOW DIAGRAM DESIGNATION OF ADSORBER: _____		
2) DESCRIPTION OF ADSORBER: _____		
3) ADSORBENT USED (CHECK ONE): <input type="checkbox"/> ACTIVATED CARBON <input type="checkbox"/> ACTIVATED ALUMINA <input type="checkbox"/> SILICA GEL <input type="checkbox"/> ZEOLITES <input type="checkbox"/> OTHER, SPECIFY: _____		
4) AMOUNT OF ADSORBENT (LB): _____	5) CYCLE TIME (HOURS): _____	
6) NUMBER OF BEDS: _____	7) BED DEPTH (FEET): _____	8) BED DIAMETER (FEET): _____
9) BED SURFACE AREA (SQUARE FEET): _____	10) PRESSURE DROP ACROSS UNIT (INCHES OF WATER): _____	
11) TYPE OF REGENERATION (CHECK ONE): <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> STEAM <input type="checkbox"/> OTHER, SPECIFY: _____		
12) REGENERATION TIME (HOURS): _____	13) TIME BED ALLOWED TO COOL/DRY BEFORE BRINGING BACK ON LINE (HOURS): _____	
14a) FREQUENCY OF ADSORBENT REPLACEMENT: _____		
b) CRITERIA WHICH INITIATES ADSORBENT REPLACEMENT: _____		

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

**APPLICATION PAGE** \_\_\_\_\_

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 260A-CAAPP

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15) INLET EMISSION STREAM PARAMETERS:

	MAX (%)	TYPICAL (%)
MOISTURE CONTENT:		
RELATIVE HUMIDITY:		
ARE HALOGENATED ORGANICS PRESENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE PARTICULATES PRESENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE METALS PRESENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

16) ADSORBER OPERATING PARAMETERS:

	DURING MAXIMUM OPERATION OF FEEDING UNIT(S)	DURING TYPICAL OPERATION OF FEEDING UNIT(S)
INLET GAS TEMPERATURE (DEGREES FAHRENHEIT):		
INLET VOM CONCENTRATION (PPM BY VOLUME):		
FLOW RATE (FT <sup>3</sup> /SEC):		
TIME TO BREAKPOINT (HRS):		
TIME TO REGENERATION (HRS):		
EFFICIENCY (VOM REDUCTION) (%):		

17) IS THE VOM CONCENTRATION OF EACH BED EXHAUST MONITORED AND RECORDED?

YES  NO

IF YES, DESCRIBE METHOD AND FREQUENCY OF MONITORING: