



Illinois Environmental Protection Agency

Fuel Combustion Emission Unit

Illinois Environmental Protection Agency
Bureau of Air – Permit Section (MC 11)
2520 West Iles Ave
P.O. Box 19276
Springfield, IL 62794-9276

Date Form Received

General Information

Source Name: _____

Source ID Number: _____

CAAPP Permit Number: _____

Environmental Contact Name: _____

Environmental Contact Email: _____

Environmental Contact Phone Number: _____

Name of Emission Unit: _____

Name of Process: _____

Description of Process: _____

Description of Product/Activity: _____

Flow Diagram Designation of Emission Unit: _____

Manufacturer of Emission Unit (if known): _____

Model Number (if known): _____

Serial Number (if known): _____

Actual or Planned Construction Date (Month/Year): _____

Actual or Planned Operation Date (Month/Year): _____

Actual or Planned Latest Modification Date (Month/Year): _____

Briefly Describe Modification (if applicable):

The Illinois EPA is authorized to require, and you must disclose, the requested information on this form pursuant to the Environmental Protection Act (“Act”), 415 ILCS 5/1 et seq., and its implementing regulations. This information shall be provided using either this form or in an alternative manner at your discretion. Failure to disclose the information may result in an incomplete application and other penalties as provided for in the Act, 415 ILCS 5/42-45. Intentional falsification of the information in this form may result in significant criminal and civil penalties as provided by law.

If the emission unit has more than one mode of operation, explain and identify which mode is covered by this form (note: a separate 240-CAAPP form must be completed for each mode):

Provide the name and designation of all air pollution control equipment controlling this emission unit, if applicable (form 260-CAAPP and the appropriate 260-CAAPP addendum form must be completed for each item of air pollution control equipment):

Provide any limitations on source operation affecting emissions or any work practice standards (e.g., only one unit is operated at a time):

Operating Information

Attach associated calculations and label as Exhibit 240-1.

Operating Hours	Maximum	Typical
Hours Per Day		
Hours Per Week		
Weeks Per Year		

Throughput	Dec-Feb(%)	Mar-May(%)	Jun-Aug(%)	Sep-Nov(%)
Annual Throughput				

Firing Rate Information

Rating or Design Heat Capacity (million Btu/hr): _____

If more than one fuel is fired at a time, explain:

If heat input capacity is 100 million Btu/hour or greater, provide furnace volume (cubic feet). Note: furnace volume is defined as that volume bounded by the front furnace wall where the burner is located, the furnace side waterwall, and extending to the level just below or in front of the first row of convection pass tubes. _____

Fuel	Natural Gas	Fuel Oil	Coal	Other
Single Fuel (maximum – mmBtu/hr)				
Single Fuel (typical – mmBtu/hr)				
Combined Fuel (typical – mmBtu/hr)				

Natural Gas Firing

Current origin of natural gas:

- Pipeline (Firm Contract)
 By-Product, specify origin: _____
 Pipeline (Interruptible Supply Contract)
 Other _____

Typical Heat Content (Btu/scf): _____

Maximum Consumption (scf/month): _____

Maximum Consumption (scf/year): _____

Typical Consumption (scf/month): _____

Typical Consumption (scf/year): _____

Oil Firing

Oil Type (check one):

- No.1
 No.2
 No.4
 No.5
 No.6
 Other, specify (include generator or supplier): _____

Typical Heat Content (specify Btu/lb or Btu/gal): _____

Is oil only used as a reserve fuel: Yes No

Typical Sulfur Content as Fired (WT %): _____

Typical Ash Content as Fired (WT %): _____

Maximum Consumption (gal/month): _____

Maximum Consumption (gal/year): _____

Typical Consumption (gal/month): _____

Typical Consumption (gal/year): _____

Firing Direction (Horizontal, Tangential, Other). If other, specify: _____

Solid Fuel Firing

Specify the solid fuel type fired (check all that apply):

Sub-Bituminous Coal

Bituminous Coal

Lignite Coal

Anthracite Coal

Other, specify: _____

If required, submit copies of those portions of coal supply contracts which set forth the specifications of the fuel and the duration of the contract. If the actual fuel fired is a blend of coal, submit appropriate portions of all fuel contracts and state the manner by which the fuels are blended and actually fired. Attach and label as Exhibit 240-2.

Typical Heat Content as Fired (Btu/lb): _____

Typical Moisture Content as Fired (WT%): _____

Typical Sulfur Content as Fired (WT %): _____

Typical Ash Content as Fired (WT %): _____

Typical Fines Content (% less than 1/8 inch): _____

Is the Coal Cleaned? Yes No

Coal Refuse in the Fuel? (WT %): _____

Maximum Consumption (ton/month): _____

Maximum Consumption (ton/year): _____

Typical Consumption (ton/month): _____

Typical Consumption (ton/year): _____

Specify the Firing Type:

Traveling Grate

Cyclone

Horizontally Opposed

Spreader Stoker % Reignition _____

Pulverized, Type (Wet Bottom, Dry Bottom): _____

Other, specify: _____

Other Fuel Firing

Specify the fuel type fired along with the supplier of that fuel:

Compliance Information

If the emission unit is not in compliance with all applicable requirements, then the 294-CAAPP form must be completed and submitted with this application.

Explanation of how initial compliance is to be, or was previously, demonstrated:

Explanation of how ongoing compliance will be demonstrated:

Testing, Monitoring, Recordkeeping, and Reporting

List the parameters that relate to air emissions for which records are being maintained to determine fees, rule applicability or compliance:

Operating Parameter to be monitored (e.g. flow rate)			
Method of measurement			
Unit of measurement			
The monitoring frequency			
Description of the location of each monitor (e.g., in stack monitor 3 feet from exit)			
Verification procedures to confirm the operational status of the monitoring			
Method of Recordkeeping (e.g. data logger, manual readings)			

If each monitor is not operated at all times the equipment is in operation, explain:

Provide information on the most recent tests, if any. If additional space is needed, attach and label as Exhibit 240-3:

Test Date	Test Method	Testing Company	Operating Conditions	Summary of Results

Describe all reporting requirements and provide the title and frequency of report submittals to the Agency:

Emission Information

Provide the controlled emissions (e.g. the emissions that would result after all control and capture efficacies are accounted for).

Name of Regulated Air Pollutant	Example: Particulate Matter			
Typical Emission Rate (lbs/hr)	4.00			
Maximum Emission Rate (lbs/hr)	5.00			
Typical Emission Rate (ton/year)	14.4			
Maximum Emission Rate (ton/year)	21.9			
Typical Emission Rate Other Terms (ppm, gr/dscf, etc.) _____	0.24 gr/dscf			
Maximum Emission Rate Other Terms (ppm, gr/dscf, etc.) _____	0.3 gr/dscf			
Applicable Rule	35 IAC 212.321			

Hazardous Air Pollutant Emission Information

Provide the controlled HAP emissions (e.g. the emissions that would result after all control and capture efficacies are accounted for).

Name of HAP Emitted	Example: Benzene			
Chemical Abstract Service (CAS) Number	71432			
Typical Emission Rate (lbs/hr)	8.0			
Maximum Emission Rate (lbs/hr)	10.0			
Typical Emission Rate (ton/year)	0.8			
Maximum Emission Rate (ton/year):	1.2			
Typical Emission Rate Other Terms (ppm, gr/dscf, etc.) _____				
Maximum Emission Rate Other Terms (ppm, gr/dscf, etc.) _____				
Applicable Rule	40 CFR 61.302(b), (d)			

Exhaust Point Information

This section should not be completed if emissions are exhausted through air pollution control equipment (form 260-CAAPP and the appropriate 260-CAAPP addendum form must be completed for each item of air pollution control equipment).

Flow Diagram Designation of Exhaust Point: _____

Description of exhaust point (stack, vent, indoors, etc.): _____

If the exhaust point discharges indoors, do not complete the remaining items.

Distance to Nearest Plant Boundary from Exhaust Point Discharge (ft): _____

Discharge Height Above Grade (ft): _____

Good Engineering Practice (GEP) Height, If Known (ft): _____

Diameter of Exhaust Point (ft): _____

For a non-circular exhaust point, the diameter is 1.128 times the square root of the area.

Parameter	Maximum	Typical
Exit Gas Flow Rate (acfm)		
Exit Gas Temperature (degree Fahrenheit)		

Direction of exhaust (vertical, lateral, downward): _____

List all emission units and control devices served by this exhaust point:

Name	Flow Diagram Designation

The following information need only be supplied if readily available.

Latitude: _____

Longitude: _____

UTM Zone: _____

UTM Vertical (KM): _____

UTM Horizontal (KM): _____