



Illinois Environmental Protection Agency

Supplemental Form Air Pollution Control Equipment – Adsorber

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

Data and Information

Flow Diagram Designation of Adsorber: _____

Description of Adsorber: _____

Indicate Which Adsorbent Used:

Activated Carbon

Silica Gel

Activated Alumina

Zeolites

Other (Specify): _____

Amount of Adsorbent (lbs): _____

Cycle Time (hours): _____

Number of Beds: _____

Bed Depth (ft): _____

Bed Diameter (ft): _____

Bed Surface Area (sqft): _____

Pressure Drop Across Unit (inches of water): _____

Type of Regeneration (Choose one):

Replacement

Steam

Other (Specify): _____

Regeneration Time (hours): _____

Time Bed Allowed to Cool/Dry Before Bringing Back Online (hours): _____

Frequency of Adsorbent Replacement: _____

Criteria Which Initiate Adsorbent Replacement: _____

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.

Inlet Emission Stream Parameters

Parameter	Maximum	Typical
Moisture Content (%)		
Relative Humidity (%)		

- Are Halogenated Organics Present? Yes No
 Are Particulates Present? Yes No
 Are Metals Present? Yes No

Adsorber Operating Parameters

Operating Parameter	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)		
Inlet Flow Rate (ft ³ /sec)		
Time to Breakpoint (hours)		
Time to Regeneration (hours)		
Efficiency, VOM reduction (%)		

Absorber Monitoring and Recordkeeping

Is the VOM concentration of each bed exhaust monitored and recorded? Yes No

Parameter to be Monitored (e.g. flow rate)		
Method of Measurement		
Unit of Measurement		
Monitoring Frequency		
Description of the Location of Each Monitor		
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 control equipment is in operation, explain:

Provide information on the most recent tests, if any. If additional space is needed, attach and label as exhibit 260A-1:

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: