



Environmental Requirements: Self-Certification Training Class

Presented by:

Emmanuel Adesanya
Environmental Engineer

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Overview

- Pollution Policies
- Permitting Programs
- Inspections
- Enforcement
- Types of Permits
- Applications and Plan Review
- Summary

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Sources of Air Pollution

Stationary Sources

- Factories
- Power plants

Mobile Sources

- Buses
- Trucks
- Cars

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Purpose

- The main purpose of CDPH's Air Pollution Permitting Program is to ensure that industrial facilities in the city operate in a manner that is protective of public health and the environment.

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CDPH's Role

Interagency agreement with Illinois EPA for:

- Air quality assistance
- Public education
- Clean Air Act implementation and legislative development
- Compliance and enforcement services

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CDPH's Role

City of Chicago Municipal Code:

- Air Pollution Control Permit (11-4-620)
- Certificate of Operation (11-4-660)

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  **Air Pollution Control Permits for:**

- Combustion equipment (boilers and furnaces)
- Process equipment
- Control devices
- Generators
- Dry cleaning machines
- Emergency generators
- Food preparation units

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  **Air Pollution Control Permits for:**

- Spray booths/powder booths
- Unfired pressure vessels
- Pathological waste incinerators
- After burners

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Other Permits

- Certificates of operation
- Architectural surface cleaning
- Demolitions (NESHAPS)
- Temporary Crushing
- Tank (UST/AST)
- Liquid Waste

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CDPH's Role

City of Chicago Municipal Code:

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When Is Environmental Review Required?

- Residential Buildings
- Commercial Buildings
- Industrial Buildings



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Is this project a single-family residence or a residential building of four units or less?

If the answer to both parts of the question is NO, a CDPH review is required.



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  **Has an Air Pollution Control Permit already been issued by the CDPH for the equipment or device involved?**

- If YES, CDPH review is not required. However, this must be verified by a designated CDPH professional.



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  **Does the application have building plans with mechanical drawings for the installation, erection, construction, reconstruction, alteration, addition to or repair of fuel burning equipment, process equipment or area control device, unfired pressure vessel or any equipment or device with a waste stream?**

If YES, see next question.



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What type of equipment is being installed?

- Process Equipment - Form B
- Control Device - Form C
- Combustion Emission Unit (boiler or furnace) Form FB
- Unfired Pressure Vessel - Form UPV
- Spray Booth - Form MVR
- Emergency Generator - Form EG
- Pathological Incinerator or After Burner –Form IN

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DEPARTMENT OF PUBLIC HEALTH
POLLUTION PREVENTION UNIT
333 SOUTH STATE STREET, ROOM 200
CHICAGO, ILLINOIS 60604

FORM A

CITY OF CHICAGO **APPLICATION DATE**

AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR REGULATED EQUIPMENT OR AREA (EQUIPMENT SUMMARY)

SOURCE INFORMATION

1) FACILITY NAME: _____

2) STREET ADDRESS: _____

3) CITY: _____ 4) STATE: _____ 5) ZIP: _____

7) NATURE OF BUSINESS: _____ 8) SIC: _____

9) ENVIRONMENTAL CONTACT PERSON: _____ PHONE #: _____

RAW MATERIAL AND PRODUCT SCHEDULE

LIST OF MATERIALS USED IN PROCESS	ANNUAL CONSUMPTION	LIST OF ALL PRODUCTS	ANNUAL PRODUCTION

PROCESS EQUIPMENT INFORMATION

NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION

CONTROL DEVICE INFORMATION

NO. OF UNITS	EQUIPMENT DESCRIPTION	NO. OF UNITS	EQUIPMENT DESCRIPTION

GENERAL INFORMATION

1) PROVIDE A SCHEMATIC FLOW DIAGRAM SHOWING ALL APPLICABLE PROCESS AND CONTROL DEVICES.
2) PROFESSIONAL BLUE PRINT MAY BE USED IN LIEU OF SCHEMATIC FLOW DIAGRAM.
3) COMPLETE FORM B FOR EACH TYPE OF PROCESS EQUIPMENT INVOLVED.
4) COMPLETE FORM C FOR EACH TYPE OF CONTROL DEVICE INVOLVED.

PROCESS FLOW DIAGRAM

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<p style="text-align: center;">DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604</p> <p style="text-align: right;">(BB64-100-72-3035-2509)</p> <p>CITY OF CHICAGO DATE</p> <p style="text-align: center;">AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR A PROCESS EQUIPMENT OR AREA FORM B</p> <hr/> <p style="text-align: center;">SOURCE INFORMATION</p> <p>1) SOURCE NAME: _____</p> <p>2) SOURCE STREET ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <p>6) TYPE OF RAW MATERIAL USED: _____ 7) TYPE OF PRODUCTS PRODUCED: _____</p> <p>8) PRIMARY INDUSTRIAL CLASSIFICATION (SIC) CATEGORY: _____ 9) PRIMARY SIC NO: _____</p> <p>10) SOURCE ENVIRONMENTAL CONTACT PERSON: _____ 11) CONTACT'S PHONE NO: _____</p> <hr/> <p style="text-align: center;">OWNER OR OPERATOR INFORMATION</p> <p>1) NAME: _____ <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR</p> <p>2) ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____ 6) PHONE: _____</p> <hr/> <p style="text-align: center;">EQUIPMENT OR AREA INFORMATION</p> <table border="1" style="width:100%; 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<p style="text-align: center;">DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604</p> <p style="text-align: right;">FORM C</p> <p>CITY OF CHICAGO APPLICATION DATE</p> <p style="text-align: center;">AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR CONTROL DEVICE</p> <hr/> <p style="text-align: center;">SOURCE INFORMATION</p> <p>1) FACILITY NAME: _____</p> <p>2) STREET ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <hr/> <p style="text-align: center;">OWNER OR OPERATOR INFORMATION</p> <p>1) NAME: _____</p> <p>2) STREET ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <p>6) FORM PREPARED BY: _____ SIGNATURE</p> <hr/> <p style="text-align: center;">GENERAL INFORMATION</p> <p>1) TYPE OF AIR POLLUTION CONTROL EQUIPMENT: <input type="checkbox"/> BAG HOUSE <input type="checkbox"/> CYCLONE <input type="checkbox"/> ELECTROSTATIC PRECIPITATOR <input type="checkbox"/> SIMPLE FILTER <input type="checkbox"/> THERMAL OXIDIZER <input type="checkbox"/> SCRUBBER <input type="checkbox"/> OTHER (DESCRIBE): _____</p> <p>2) FLOW DIAGRAM DESIGNATION OF CONTROL EQUIPMENT: _____</p> <p>3) MANUFACTURER OF CONTROL EQUIPMENT: _____</p> <p>4) MODEL NUMBER (IF KNOWN) _____ 5) SERIAL NUMBER (IF KNOWN) _____ NUMBER OF UNITS: _____</p> <p>6) LIST ALL EMISSION UNITS AND OTHER CONTROL EQUIPMENT DUCTING EMISSIONS TO THIS CONTROL EQUIPMENT:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<p style="text-align: center;">OPERATING INFORMATION</p> <p>1) IDENTIFY ANY PERIOD WHEN THE CONTROL EQUIPMENT WILL NOT BE OPERATING DUE TO SCHEDULED MAINTENANCE AND/OR REPAIRS WHEN THE FEEDING EMISSION UNIT(S) IS/ARE IN OPERATION: _____</p> <p>2) IS THIS CONTROL EQUIPMENT IN OPERATION AT ALL OTHER TIMES THAT THE FEEDING UNIT(S) IS/ARE IN OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN AND PROVIDE THE DURATION OF THE CONTROL EQUIPMENT DOWNTIME: _____</p> <p>3) BRIEFLY DESCRIBE THE METHOD BY WHICH RECORDS WILL BE CREATED AND MAINTAINED: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">PARAMETER:</th> <th style="width:30%;">METHOD OF RECORD KEEPING:</th> <th style="width:20%;">DATE:</th> <th style="width:20%;">BY:</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <hr/> <p style="text-align: center;">CAPTURE AND CONTROL INFORMATION</p> <p>4) DESCRIBE THE CAPTURE SYSTEM USED TO CONTAIN, COLLECT AND TRANSPORT EMISSION TO CONTROL DEVICE. INCLUDE ALL HOODS, DUCTS, FANS, ETC. _____</p> <p>5) PROVIDE THE OVERALL REDUCTION EFFICIENCY PROVIDED BY THE COMBINATION OF THE CAPTURE SYSTEM AND CONTROL DEVICE FOR EACH POLLUTANT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">POLLUTANT</th> <th style="width:15%;">REDUCTION EFFICIENCY %</th> <th style="width:15%;">ACTUAL EMISSION (TONS/YR)</th> <th style="width:20%;">POLLUTANT</th> <th style="width:15%;">REDUCTION EFFICIENCY %</th> <th style="width:15%;">ACTUAL EMISSION (TONS/YR)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>6) SHOW HOW ACTUAL EMISSION WAS CALCULATED: _____</p> <hr/> <p style="text-align: center;">STACKS, VENTS AND EXHAUST INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TYPE OF VENT: _____</td> <td style="width:30%;">DIMENSIONS (L x W): _____</td> <td style="width:40%;">HEIGHT ABOVE ROOF OR GRADE: _____</td> </tr> <tr> <td>NUMBER OF VENTS: _____</td> <td>CFM EXHAUSTED: _____</td> <td>TEMP.: _____</td> </tr> <tr> <td> </td> <td> </td> <td>CONNECTED TO: _____</td> </tr> </table> <p>REMARKS: _____</p> <p>_____</p> <p>_____</p>	PARAMETER:	METHOD OF RECORD KEEPING:	DATE:	BY:													POLLUTANT	REDUCTION EFFICIENCY %	ACTUAL EMISSION (TONS/YR)	POLLUTANT	REDUCTION EFFICIENCY %	ACTUAL EMISSION (TONS/YR)																			TYPE OF VENT: _____	DIMENSIONS (L x W): _____	HEIGHT ABOVE ROOF OR GRADE: _____	NUMBER OF VENTS: _____	CFM EXHAUSTED: _____	TEMP.: _____			CONNECTED TO: _____
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<p style="text-align: center;">DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60602</p> <p style="text-align: right;">FORM DC</p> <p>CITY OF CHICAGO DATE OF INSPECTION</p> <p style="text-align: center;">AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR DRY CLEANING MACHINE</p> <hr/> <p style="text-align: center;">BUSINESS INFORMATION</p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>ENVIRONMENTAL CONTACT PERSON: _____ PHONE: _____</p> <hr/> <p style="text-align: center;">OWNER OR OPERATOR INFORMATION</p> <p>1) NAME: _____</p> <p>2) STREET ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <p>6) FORM COMPLETED BY: _____ SIGNATURE: _____</p> <hr/> <p style="text-align: center;">EQUIPMENT INFORMATION</p> <p>TYPE OF MACHINE: <input type="checkbox"/> DRY TO DRY <input type="checkbox"/> TRANSFER</p> <p>MAKE AND MODEL: _____ NUMBER OF UNITS: _____</p> <p>TYPE OF CLEANING SOLVENT: <input type="checkbox"/> PERCHLOROETHYLENE <input type="checkbox"/> PETROLEUM DISTILLATE <input type="checkbox"/> OTHER: _____</p> <p>TYPE OF CONTROL DEVICE: <input type="checkbox"/> REFRIGERATED CONDENSER <input type="checkbox"/> CARBON ADSORBER</p> <hr/> <p style="text-align: center;">GENERAL INFORMATION</p> <p>1) DOES FACILITY HAVE A CURRENT IEPA OPERATING PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (IEPA Permit is required if 360 gallons or more of perchloroethylene is purchased per year)</p> <p>2) IF YES, PERMIT NUMBER: _____ EXPIRATION DATE: _____</p> <p>3) IF NO, HAS APPLICATION BEEN SUBMITTED TO IEPA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4) If control device is a refrigerated condenser, is the air-perc gas-vapor stream contained within each dry cleaning machine routed through the refrigerated condenser? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p>	<p style="text-align: center;">GENERAL INFORMATION CONTINUED</p> <p>5) Is the refrigerated condenser operated so as to not vent or release the air-perc gas-vapor stream contained within the dry-cleaning machine to the atmosphere while the dry cleaning machine drum is rotating? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p> <p>6) If the control device is a carbon adsorber, is the air-perc gas vapor stream contained within each dry cleaning machine routed through the carbon adsorber? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p> <p>7) Are all perc and waste containing perc kept in covered containers with no leaks? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8) Are cartridge filters drained in their housing or sealed containers for 24 hours before removing them from the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p> <p>9) Are machine doors closed at all times except when loading or unloading machine? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>10) Are machine components(hose and pipe connections, fittings, couplings, valves, door gaskets, filter gaskets, pump, solvent tanks and containers, water separators, etc, etc) inspected for leaks as required by the regulation (small area sources: biweekly; large area sources: weekly), that are obvious from sight, smell, or touch while the machine is operating? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>11) Is a log of inspection dates, name and location of leaks and repairs done maintained? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>12) For refrigerated condenser, is a log of the date and records of temperature monitoring results maintained? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align: center;">WASTE INFORMATION</p> <p>LIST TYPES AND AMOUNT OF WASTE GENERATED:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TYPE OF WASTE</th> <th>AMOUNT</th> <th>TYPE OF WASTE</th> <th>AMOUNT:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>WASTE DISPOSAL AGENT: _____</p> <p>WASTE DISPOSAL AGENT ADDRESS _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>WASTE DISPOSAL AGENT'S TELEPHONE NUMBER: _____</p>	TYPE OF WASTE	AMOUNT	TYPE OF WASTE	AMOUNT:																
TYPE OF WASTE	AMOUNT	TYPE OF WASTE	AMOUNT:																		

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<p style="text-align: center;">DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604</p> <p style="text-align: right;">(866-4-72-3035-2509)</p> <p>CITY OF CHICAGO DATE:</p> <p style="text-align: center;">AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR COMBUSTION EMISSION UNIT</p> <p style="text-align: right;">FORM FB</p> <hr/> <p style="text-align: center;">SOURCE INFORMATION</p> <p>1) TYPE OF EMISSION UNIT: <input type="checkbox"/> BOILER <input type="checkbox"/> WARM AIR FURNACE <input type="checkbox"/> ROOF TOP UNIT <input type="checkbox"/> OTHER</p> <p>2) STREET ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <p>6) TYPE OF BUILDING <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL</p> <p>7) INSTALLATION BY: _____</p> <p>8) FORM PREPARED BY: _____ (Signature) PHONE: _____</p> <hr/> <p style="text-align: center;">OWNER OR OPERATOR INFORMATION</p> <p>1) NAME: _____ <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR</p> <p>2) ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____ 6) PHONE: _____</p> <hr/> <p style="text-align: center;">INSTALLATION CONTRACTOR INFORMATION</p> <p>1) NAME: _____</p> <p>2) ADDRESS _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____ 6) PHONE: _____</p> <hr/> <p style="text-align: center;">GAS BURNER INFORMATION</p> <p>BURNER MFR: _____ MODEL: _____ NUMBER OF UNITS: _____</p> <p>INPUT (X 1000 BTU) _____ OUTPUT (X1000 BTU): _____</p>	<p style="text-align: center;">FUEL USAGE INFORMATION</p> <p><input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER</p> <p>ANNUAL FUEL USAGE:(SCF/YR., GAL/YR., TON/ YR.) _____ TYPICAL ASH CONTENT (% BY WT., NA FOR NATURAL GAS): _____</p> <p>TYPICAL HEAT CONTENT OF FUEL (BTU/LB, BTU/GAL OR BTU/SCF): _____ BTU/ _____ TYPICAL SULFUR CONTENT OF FUEL(WT %, NA FOR NATURAL GAS): _____</p> <p>MAXIMUM CONSUMPTION(GAL/YR.): _____ TYPICAL CONSUMPTION(GAL/YR.): _____</p> <hr/> <p style="text-align: center;">AIR SUPPLY INFORMATION</p> <p>COMBUSTION AIR SUPPLIED BY: <input checked="" type="checkbox"/> FAN <input type="checkbox"/> NATURAL DRAFT <input type="checkbox"/> FAN & NATURAL DRAFT</p> <p>FAN CAPACITY _____ CFM FAN MOTOR _____ RPM _____ HP</p> <p>DRAFT INTRODUCED: <input type="checkbox"/> AROUND BURNER <input type="checkbox"/> UNDER BURNER <input type="checkbox"/> THRU FLOOR CHECK</p> <p>NATURAL DRAFT DIMENSIONS X _____ INCHES AREA _____ SQUARE INCHES.</p> <hr/> <p style="text-align: center;">STACKS, VENTS AND EXHAUST INFORMATION</p> <p>TYPE OF VENT: _____ DIMENSIONS (L x W): _____ HEIGHT ABOVE ROOF OR GRADE: _____</p> <p>NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ Connected to _____</p> <hr/> <p style="text-align: center;">BOILER INFORMATION</p> <p>SAFETY VALVE MFR: _____ OPERATING PRESSURE: _____</p> <p>BOILER ROOM LAYOUT: SHOW ALL BOILERS, BREECHING, STACK AND AIR ADMISSION TO BOILER ROOM.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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<p style="text-align: center;">DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604</p> <p>CITY OF CHICAGO APPLICATION DATE:</p> <p style="text-align: center;">AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR FOOD PREPARATION UNIT FORM FP</p> <hr/> <p style="text-align: center;">BUSINESS INFORMATION</p> <p>1) NAME: _____</p> <p>2) STREET ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <p>6) ENVIRONMENTAL CONTACT PERSON: _____ 7) PHONE #: _____</p> <p>8) FORM COMPLETED BY: _____ SIGNATURE: _____</p> <hr/> <p style="text-align: center;">EQUIPMENT INFORMATION</p> <p>TITLE OF EQUIPMENT: _____ MAKE AND MODEL: _____</p> <p>DIMENSIONS: _____ NUMBER OF UNITS: _____</p> <p>CONSTRUCTION: <input type="checkbox"/> 14 GAUGE BLACK IRON <input type="checkbox"/> 18 GAUGE STAINLESS STEEL <input type="checkbox"/> OTHERS (DESCRIBE) _____</p> <p>AUXILIARY EQUIPMENT: _____ MAKE AND MODEL: _____ NUMBER OF UNITS: _____</p> <hr/> <p style="text-align: center;">STACKS, VENTS AND EXHAUST INFORMATION</p> <p>TYPE OF VENT: _____ DIMENSIONS (FEET): _____ HEIGHT ABOVE ROOF OR GRADE: _____</p> <p>NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ CONNECTED TO: _____</p> <p>TYPE OF FAN: _____ MAKE AND MODEL: _____ NUMBER OF FANS: _____ MOTOR _____ RPM _____ HP</p> <p><input type="checkbox"/> AXIAL <input type="checkbox"/> CENTRIFUGAL</p> <hr/> <p style="text-align: center;">WASTE INFORMATION</p> <p>DESCRIPTION OF WASTE: _____ AMOUNT COLLECTED: _____ LBS/MONTH</p> <p>WASTE HAULER: _____</p>	<p style="text-align: center;">GENERAL INFORMATION</p> <p>1) NAME OF AIR POLLUTION CONTROL DEVICE (IF ANY): _____</p> <p>2) MANUFACTURER OF CONTROL DEVICE: _____ 3) MODEL #: _____</p> <p>4) DESCRIPTION OF MAINTENANCE AND OPERATING RECORDS TO BE KEPT: _____</p> <p>5) OPERATING AND MAINTENANCE RECORDS TO BE KEPT BY: _____</p> <p>6) DESCRIPTION OF HOUSEKEEPING PROCEDURES TO BE USED IN MINIMIZING PUBLIC NUISANCE: _____</p> <hr/> <p style="text-align: center;">ISOMETRIC DIAGRAM OF KITCHEN HOOD SUPPLY AND EXHAUST FAN DETAIL</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <hr/> <p>IN THE EVENT THAT ODORS ARE PRESENT, AND/OR NUISANCE COMPLAINTS ARE RECEIVED FROM THE ABOVE OPERATION, IT IS HEREBY AGREED THAT AN APPROPRIATE EMISSION CONTROL DEVICE WILL BE INSTALLED ON THE SOURCE WHICH WILL MEET ALL OF THE REQUIREMENTS OF CHAPTER 11 OF THE MUNICIPAL CODE OF CHICAGO. FAILING THIS, WE AGREE TO REMOVE OR CEASE OPERATION OF THE OBJECTIONABLE SOURCE.</p> <p>SIGNED: _____</p> <p>NAME IN FULL _____ TITLE _____</p> <p>DATE _____</p>
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<p style="text-align: center;">DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604</p> <p>CITY OF CHICAGO DATE:</p> <p style="text-align: center;">AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR INCINERATOR OR AFTERBURNER FORM IN</p> <hr/> <p style="text-align: center;">SOURCE INFORMATION</p> <p>1) NAME: _____</p> <p>2) STREET ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <p>6) PRIMARY INDUSTRIAL CLASSIFICATION (SIC) CATEGORY: _____ 7) PRIMARY SIC #: _____</p> <p>8) ENVIRONMENTAL CONTACT PERSON: _____ 9) PHONE #: _____</p> <hr/> <p style="text-align: center;">OWNER OR OPERATOR INFORMATION</p> <p>1) NAME: _____ <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR</p> <p>2) ADDRESS: _____</p> <p>3) CITY: _____ 4) STATE: _____ 5) ZIP: _____</p> <hr/> <p style="text-align: center;">EQUIPMENT INFORMATION</p> <p>TITLE OF EQUIPMENT: _____ MAKE AND MODEL#: _____</p> <p>NUMBER OF UNITS: _____ NUMBER OF CHAMBERS: _____ TOTAL BURNING AREA (SQ. FT) _____</p> <p>GRATE AREA (SQ. FT): _____ HEARTH AREA (SQ. FT): _____</p> <p>PRIMARY VOLUME (CUBIC FT): _____ SECONDARY VOLUME (CUBIC FT): _____</p> <hr/> <p style="text-align: center;">FUEL USAGE INFORMATION</p> <p><input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHERS (SPECIFY) _____</p> <p>FIRING RATE: _____ BTU/HR NUMBER OF BURNERS: _____</p> <p>ANNUAL FUEL USAGE (SCFYR, TON/YR, GAL/ YR): _____ TYPICAL HEAT CONTENT OF FUEL (BTU/LB, BTU/GAL, OR BTU/SCF): _____</p>	<p style="text-align: center;">AIR SUPPLY INFORMATION</p> <p>COMBUSTION AIR SUPPLIED BY: <input type="checkbox"/> NATURAL DRAFT <input type="checkbox"/> FAN <input type="checkbox"/> FAN AND NATURAL DRAFT</p> <p>FAN CAPACITY: _____ CFM MOTOR _____ RPM _____ HP</p> <hr/> <p style="text-align: center;">STACKS, VENTS AND EXHAUST INFORMATION</p> <p>TYPE OF VENT: _____ DIMENSIONS: _____ HEIGHT ABOVE ROOF OR GRADE _____</p> <p>NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ CONNECTED TO: _____</p> <hr/> <p style="text-align: center;">GENERAL INFORMATION</p> <p>1) FLOW DIAGRAM DESIGNATION OF EQUIPMENT: _____</p> <p>2) DESCRIPTION OF WASTE AND AMOUNT INCINERATED: _____</p> <p>3) MINIMUM COMBUSTION CHAMBER TEMPERATURE (DEGREES FAHRENHEIT): _____</p> <p>4) IS A CATALYST USED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, DESCRIBE:</i> _____</p> <p>5) EXPECTED FREQUENCY OF CATALYST REPLACEMENT: _____</p> <p>6) EXPLAIN DEGRADATION OR PERFORMANCE INDICATOR CRITERIA DETERMINING CATALYST REPLACEMENT. _____</p> <p>7) DESCRIBE METHOD OF GAS MIXING USED: _____</p> <p>8) IS THE COMBUSTION CHAMBER TEMPERATURE CONTINUOUSLY MONITORED AND RECORDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9) FOR CATALYTIC AFTERBURNERS, IS THE TEMPERATURE RISE ACROSS THE CATALYST BED CONTINUOUSLY MONITORED AND RECORDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10) IS THE VOM CONCENTRATION OF EXHAUST MONITORED AND RECORDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align: center;">OPERATING INFORMATION</p> <p>COMBUSTION CHAMBER TEMPERATURE (DEGREES FAHRENHEIT) _____ COMBUSTION CHAMBER CROSS SECTIONAL AREA (SQUARE FEET) _____</p> <p>INLET GAS TEMP.(DEGREES FAHRENHEIT) _____ INLET FLOW RATE (SCFM): _____</p> <p>RETENTION TIME (SECONDS) _____ EFFICIENCY(VOM REDUCTION) _____</p> <p>REMARKS: _____</p>
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 DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604	
CITY OF CHICAGO	DATE
AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR FORM MVR SPRAY BOOTH OR AREA IN MOTOR VEHICLE REPAIR SHOP	
BUSINESS INFORMATION	
1) FACILITY NAME:	
2) STREET ADDRESS:	
3) CITY:	4) STATE:
5) ZIP:	
6) IEPA REGISTRATION NUMBER:	7) SIC NO.:
8) APPLICATION COMPLETED BY: SIGNATURE	
9) ENVIRONMENTAL CONTACT PERSON	10) PHONE NUMBER
SPRAY BOOTH OR AREA INFORMATION	
BOOTH MANUFACTURER: MAKE AND MODEL:	
TYPE: <input type="checkbox"/> DOWN DRAFT <input type="checkbox"/> UPDRAFT <input type="checkbox"/> OTHER _____	DIMENSIONS: NUMBER OF UNITS:
EXHAUST CONTROL/DEVICE: <input type="checkbox"/> WATER WASH <input type="checkbox"/> FILTERS <input type="checkbox"/> OTHER (DESCRIBE)	
AUXILIARY EQUIPMENT: <input type="checkbox"/> MAKEUP AIR UNIT <input type="checkbox"/> OTHER <i>IF UNIT IS EQUIPPED WITH A HEATER, PLEASE COMPLETE FURNACE APPLICATION FORM.</i>	
TYPE OF AREA: <input type="checkbox"/> SPRAY AREA <input type="checkbox"/> MIXING AREA <input type="checkbox"/> PREP AREA <input type="checkbox"/> OTHER (DESCRIBE)	
NUMBER OF AREAS:	FLOOR AREA: SQ. FT.
ROOM DIMENSIONS (L x W x H):	_____ FT x _____ FT x _____ FT
STACKS, VENTS AND EXHAUST OPENINGS	
TYPE OF VENTS:	DIMENSIONS: (L x W) _____ FT x _____ FT
NUMBER OF VENTS:	HEIGHT ABOVE ROOF OR GRADE: _____ FT

PAGE 1 OF 2, FORM MVR, REVISED BY OTIS 6/98, FUSER:EN00645/DOCS/FORMMVR.

FAN DATA				
TYPE OF FAN: <input type="checkbox"/> AXIAL <input type="checkbox"/> CENTRIFUGAL		MAKE AND MODEL OF FAN:		
NUMBER OF FANS:		CFM EXHAUSTED	MOTOR _____ RPM, _____ HP	
PAINT AND SOLVENT USAGE				
LIST TYPE OF PAINT SPRAYED	VOC CONTENT (LBS/GAL)	LIST AMOUNT SPRAYED (GALLONS/YEAR)	LIST TYPE OF SOLVENTS USED	LIST AMOUNT USED (GALLONS/YEAR)
TOTAL:			TOTAL	
WASTE INFORMATION				
DESCRIPTION OF WASTE:			AMOUNT COLLECTED: _____ LBS/MONTH.	
WASTE HAULER:				
OPERATIONAL DATA				
TYPE OF OPERATION: <input type="checkbox"/> BATCH <input type="checkbox"/> CONTINUOUS		NORMAL SCHEDULE (SHIFTS/DAY) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
TYPE OF SPRAY GUN USED: <input type="checkbox"/> HVLP <input type="checkbox"/> LVLP <input type="checkbox"/> OTHER (DESCRIBE)		CLEAN UP FREQUENCY:		
TYPE OF GUN WASHER USED:		MAKE AND MODEL:		
REMARKS:				

PAGE 2 OF 2, FORM MVR, REVISED BY OTIS 6/98, FUSER:EN00645/DOCS/FORMMVR.

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 DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604	
CITY OF CHICAGO	DATE
AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR FORM SB SPRAY BOOTH OR AREA	
BUSINESS INFORMATION	
1) FACILITY NAME:	
2) STREET ADDRESS:	
3) CITY:	4) STATE:
5) ZIP:	
6) NATURE OF BUSINESS:	7) SIC NO.:
8) APPLICATION COMPLETED BY: SIGNATURE	
9) ENVIRONMENTAL CONTACT PERSON	10) PHONE NUMBER
SPRAY BOOTH OR AREA INFORMATION	
BOOTH MANUFACTURER: MAKE AND MODEL:	
TYPE: <input type="checkbox"/> DOWN DRAFT <input type="checkbox"/> UPDRAFT <input type="checkbox"/> OTHER _____	DIMENSIONS: NUMBER OF UNITS:
EXHAUST CONTROL/DEVICE: <input type="checkbox"/> WATER WASH <input type="checkbox"/> FILTERS <input type="checkbox"/> OTHER (DESCRIBE)	
AUXILIARY EQUIPMENT: <input type="checkbox"/> MAKEUP AIR UNIT <input type="checkbox"/> OTHER <i>IF UNIT IS EQUIPPED WITH A HEATER, PLEASE COMPLETE FURNACE APPLICATION FORM.</i>	
TYPE OF AREA: <input type="checkbox"/> SPRAY AREA <input type="checkbox"/> MIXING AREA <input type="checkbox"/> PREP AREA <input type="checkbox"/> OTHER (DESCRIBE)	
NUMBER OF AREAS:	FLOOR AREA: SQ. FT.
ROOM DIMENSIONS (L x W x H):	_____ FT x _____ FT x _____ FT
STACKS, VENTS AND EXHAUST OPENINGS	
TYPE OF VENTS:	DIMENSIONS: (L x W) _____ FT x _____ FT
NUMBER OF VENTS:	HEIGHT ABOVE ROOF OR GRADE: _____ FT

FAN DATA				
TYPE OF FAN: <input type="checkbox"/> AXIAL <input type="checkbox"/> CENTRIFUGAL		MAKE AND MODEL OF FAN:		
NUMBER OF FANS:		CFM EXHAUSTED	MOTOR _____ RPM, _____ HP	
PAINT AND SOLVENT USAGE				
LIST TYPE OF PAINT SPRAYED	VOC CONTENT (LBS/GAL)	LIST AMOUNT SPRAYED (GALLONS/YEAR)	LIST TYPE OF SOLVENTS USED	LIST AMOUNT USED (GALLONS/YEAR)
TOTAL:			TOTAL	
WASTE INFORMATION				
DESCRIPTION OF WASTE:			AMOUNT COLLECTED: _____ LBS/MONTH.	
WASTE HAULER:				
CONVEYOR INFORMATION				
TYPE OF CONVEYOR:		MAKE AND MODEL: DIMENSIONS:		
CAPACITY:		CONNECTED TO:		
OPERATIONAL DATA				
TYPE OF OPERATION: <input type="checkbox"/> BATCH <input type="checkbox"/> CONTINUOUS		NORMAL SCHEDULE (SHIFTS/DAY) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
TYPE OF SPRAY GUN USED: <input type="checkbox"/> HVLP <input type="checkbox"/> LVLP <input type="checkbox"/> OTHER (DESCRIBE)		CLEAN UP FREQUENCY:		
TYPE OF GUN WASHER USED:		MAKE AND MODEL:		
REMARKS:				

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 DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604		CITY OF CHICAGO		APPLICATION DATE: _____	
		AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR UNFIRED PRESSURE VESSEL FORM UPV			
SOURCE INFORMATION					
1) TYPE OF PRESSURE VESSEL: <input type="checkbox"/> TANK <input type="checkbox"/> JACKETED KETTLE <input type="checkbox"/> OTHERS (Explain) _____					
2) INSTALLATION ADDRESS: _____					
3) CITY: _____		4) STATE: _____		5) ZIP: _____	
6) TYPE OF BUILDING <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NEW <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> EXISTING <input type="checkbox"/> INDUSTRIAL					
7) INSTALLATION BY: _____			COMPLETION DATE: _____		
8) FORM PREPARED BY: _____					(Signature)
OWNER OR OPERATOR INFORMATION					
1) NAME: _____ <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR					
2) ADDRESS: _____					
3) CITY: _____		STATE: _____	ZIP: _____	PHONE: _____	
VESSEL INFORMATION					
1) NAME OF MANUFACTURER: _____			2) MODEL #: _____		
3) MAXIMUM ALLOWED PRESSURE: _____ SHELL: _____ JACKET: _____ CHANNEL: _____					
4) DRUM OR SHELL DIMENSIONS:					
#1: _____		DIAMETER _____		LENGTH _____	
#2: _____		DIAMETER _____		LENGTH _____	
#3: _____		DIAMETER _____		LENGTH _____	

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 DEPARTMENT OF PUBLIC HEALTH POLLUTION PREVENTION UNIT 333 SOUTH STATE STREET, ROOM 200 CHICAGO, ILLINOIS 60604		CITY OF CHICAGO		APPLICATION DATE: _____	
		AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR A GENERATOR FORM EG			
SOURCE INFORMATION					
1) TYPE OF GENERATOR: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> STANDBY <input type="checkbox"/> OTHERS (Explain) _____					
2) INSTALLATION ADDRESS: _____					
3) CITY: _____		4) STATE: _____		5) ZIP: _____	
6) TYPE OF BUILDING <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NEW <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> EXISTING <input type="checkbox"/> INDUSTRIAL					
7) INSTALLATION BY: _____			COMPLETION DATE: _____		
8) FORM PREPARED BY: _____					(Signature)
OWNER OR OPERATOR INFORMATION					
1) NAME: _____ <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR					
2) ADDRESS: _____					
3) CITY: _____		STATE: _____	ZIP: _____	PHONE: _____	
GENERATOR INFORMATION					
1) NAME OF MANUFACTURER: _____			2) MODEL #: _____		
3) RATED POWER OUTPUT (KW): _____			4) NUMBER OF UNITS: _____		
5) TYPE OF FUEL: _____			6) FIRING RATE: _____		
7) ANNUAL CONSUMPTION OF FUEL: _____			8) HEAT CONTENT: _____		
9) MUFFLER TYPE: _____			10) SIZE OF MUFFLER EXHAUST: _____		
11) HEIGHT OF MUFFLER EXHAUST: _____ FEET ABOVE ROOF _____ ABOVE GRADE					
12) UST/TANK PERMIT OBTAINED BY: _____				PERMIT # _____	
13) ELECTRICAL PERMIT OBTAINED BY: _____				PERMIT # _____	
<small>FORM EG DESIGNED BY OTIS 12/2007, FUSERS EN00045/0005 FORM EG</small>					

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Architectural Surface Cleaning

- (Sandblasting, chemical washing, mortar grinding)
- All architectural surface cleaning
- permits must be applied for in the permit portal at <https://ipi.cityofchicago.org/profile/>
- Select “Apply for a Permit”
- Select “Air Quality Control Permits”

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Underground and Aboveground Storage (UST/AST) **Is the UST or AST greater than a 110 gallon capacity?**

- If YES, see next question.

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  **Is the permit for a UST installation, upgrade, repair, removal, abandonment, or installation of a State II vapor recovery system on or interior lining in a UST?**

- If YES, a CDPH review is required



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  **Is the permit for the installation and removal of a dispensing and non-dispensing AST?**

- If YES, a CDPH review is required.



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Summary

- Verify if your project requires a CDPH permit.
- Make sure you are using the correct application form. Forms are available on the CDPH website
- https://www.chicago.gov/city/en/depts/cdph/provdrs/health_y_communities/svcs/apply_for_an_airqualitypermit.html
- Assess fees correctly.
- Call 312-744-8026 or 312-745-7206 for additional assistance.

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Summary

- CDPH permit fees do NOT apply when submitted with a building permit, Pursuant to 11-4-650.
- Same fee for every process equipment, control device or process area.
- Fee is \$150.00 per equipment or area
- Architectural Surface Cleaning permit fee is \$200.00

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Summary

- Stand alone air pollution permits can be obtained online:
- <https://ipi.cityofchicago.org/profile/>
- Select “Apply for a Permit”
- Select “Air Quality Control Permits”

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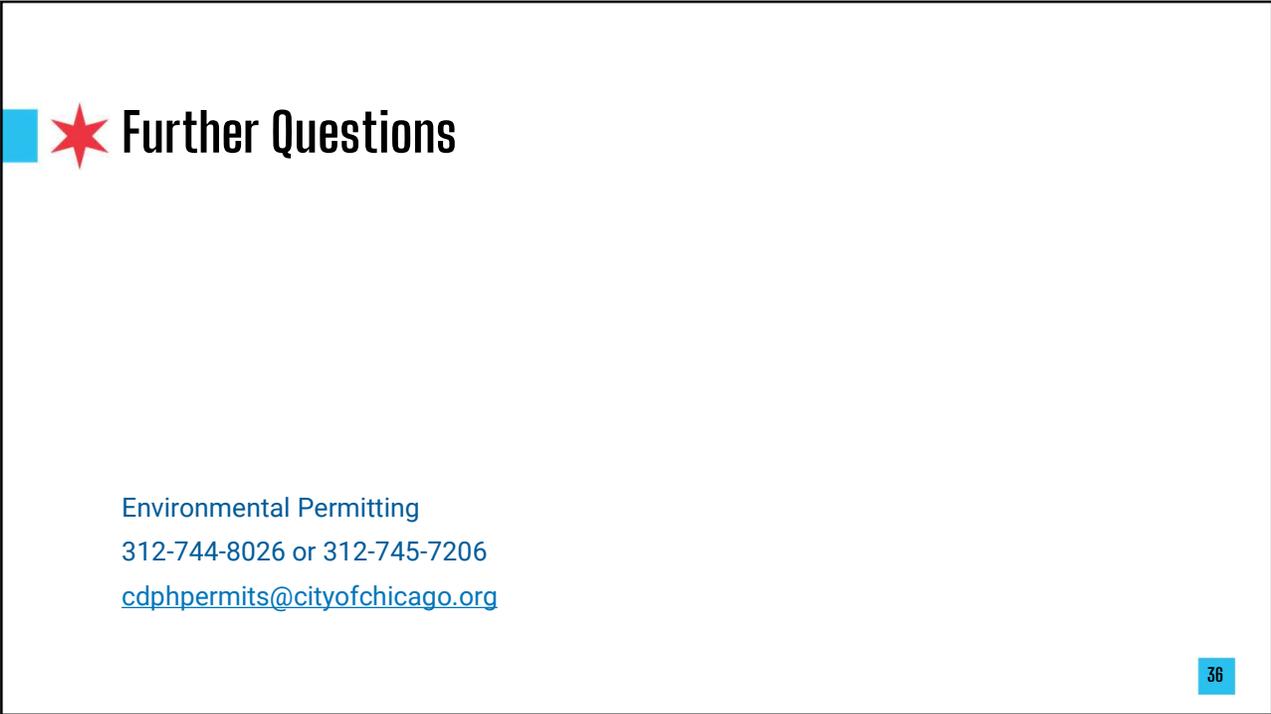
33

Warning

- Please note that failure to obtain an Air Pollution Control Permit or annual Certificate of Operation is a violation subject to the penalties set forth in 11-4-810. The fines depend on whether the facility is a Category A1, A2, B, or C.

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Further Questions

Environmental Permitting
 312-744-8026 or 312-745-7206
cdphpermits@cityofchicago.org

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CDPH
 Chicago Department of Public Health

Thank You!

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 HealthyChicago@cityofchicago.org
 [@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)
 [@ChiPublicHealth](https://twitter.com/ChiPublicHealth)

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