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

FORM C

CITY OF CHICAGO **APPLICATION DATE_____**

AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR CONTROL DEVICE

SOURCE INFORMATION

1) FACILITY NAME:		
2) STREET ADDRESS:		
3) CITY:	4) STATE:	5) ZIP:

OWNER OR OPERATOR INFORMATION

1) NAME:		
2) STREET ADDRESS:		
3) CITY:	4) STATE:	5) ZIP:
6) FORM PREPARED BY:	SIGNATURE	

GENERAL INFORMATION

1) TYPE OF AIR POLLUTION CONTROL EQUIPMENT: ☐ BAG HOUSE ☐ CYCLONE ☐ ELECTROSTATIC PRECIPITATOR ☐ SIMPLE FILTER ☐ THERMAL OXIDIZER ☐SCRUBBER ☐ OTHER (DESCRIBE):

2) FLOW DIAGRAM DESIGNATION OF CONTROL EQUIPMENT:

3) MANUFACTURER OF CONTROL EQUIPMENT:

4) MODEL NUMBER (IF KNOWN)	5) SERIAL NUMBER (IF KNOWN)	NUMBER OF UNITS:

6) LIST ALL EMISSION UNITS AND OTHER CONTROL EQUIPMENT DUCTING EMISSIONS TO THIS CONTROL EQUIPMENT:

OPERATING INFORMATION

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:

2) IS THIS CONTROL EQUIPMENT IN OPERATION AT ALL OTHER TIMES THAT THE FEEDING UNIT(S) IS/ARE IN OPERATION? ☐ YES ☐ NO
IF NO, EXPLAIN AND PROVIDE THE DURATION OF THE CONTROL EQUIPMENT DOWNTIME:

3) BRIEFLY DESCRIBE THE METHOD BY WHICH RECORDS WILL BE CREATED AND MAINTAINED.

PARAMETER:	METHOD OF RECORD KEEPING:	DATE:	BY:

CAPTURE AND CONTROL INFORMATION

4) DESCRIBE THE CAPTURE SYSTEM USED TO CONTAIN, COLLECT AND TRANSPORT EMISSION TO CONTROL DEVICE. INCLUDE ALL HOODS, DUCTS, FANS, ETC.

5) PROVIDE THE OVERALL REDUCTION EFFICIENCY PROVIDED BY THE COMBINATION OF THE CAPTURE SYSTEM AND CONTROL DEVICE FOR EACH POLLUTANT

POLLUTANT	REDUCTION EFFICIENCY %	ACTUAL EMISSION (TONS/YR.)	POLLUTANT	REDUCTION EFFICIENCY %	ACTUAL EMISSION (TONS/YR.)

6) SHOW HOW ACTUAL EMISSION WAS CALCULATED.

STACKS, VENTS AND EXHAUST INFORMATION

TYPE OF VENT:	DIMENSIONS (L x W):	HEIGHT ABOVE ROOF OR GRADE:
NUMBER OF VENTS:	CFM EXHAUSTED: TEMP.:	CONNECTED TO:

REMARKS:_____

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