

FORM C5

CONTROL DEVICE (ADSORBER)

REVISED 09/22/16

NCDEQ/Division of Air Quality - Application for Air Permit to Construct/Operate

C5

AS REQUIRED BY 15A NCAC 2Q .0112, THIS FORM MUST BE SEALED BY A PROFESSIONAL ENGINEER (P.E.) LICENSED IN NORTH CAROLINA.

CONTROL DEVICE ID NO:	CONTROLS EMISSIONS FROM WHICH EMISSION SOURCE ID NO(S):		
EMISSION POINT ID NO(S):	POSITION IN SERIES OF CONTROLS	NO. _____ OF _____ UNITS	
OPERATING SCENARIO:			
_____ OF _____			

DESCRIBE CONTROL SYSTEM:

POLLUTANT(S) COLLECTED:	_____	_____	_____	_____
BEFORE CONTROL EMISSION RATE (LB/HR):	_____	_____	_____	_____
CAPTURE EFFICIENCY:	_____ %	_____ %	_____ %	_____ %
CONTROL DEVICE EFFICIENCY:	_____ %	_____ %	_____ %	_____ %
CORRESPONDING EFFICIENCY:	_____ %	_____ %	_____ %	_____ %
EFFICIENCY DETERMINATION CODE:	_____	_____	_____	_____
TOTAL EMISSION RATE (LB/HR):	_____	_____	_____	_____

INLET AIR FLOW RATE (ACFM):	_____
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PRESSURE DROP (IN. H ₂ O): _____ MIN _____ MAX	WARNING ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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INLET TEMPERATURE (°F): _____ MIN _____ MAX	OUTLET TEMPERATURE (°F): _____ MIN _____ MAX
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SIZE OF COMPARTMENTS (FT)	LENGTH: _____	WIDTH: _____	HEIGHT: _____	DIAMETER: _____
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METHOD OF ADSORPTION: <input type="checkbox"/> ONE-PASS REGENERATIVE <input type="checkbox"/> ONE-PASS NONREGENERATIVE	
<input type="checkbox"/> RECIRCULATING <input type="checkbox"/> OTHER:	

TYPE OF ADSORPTION MATERIAL:	NUMBER OF COMPARTMENTS:
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REGENERATIVE METHOD: <input type="checkbox"/> DISCARDED <input type="checkbox"/> CHEMICAL <input type="checkbox"/> THERMAL (DRY HEAT)	
<input type="checkbox"/> THERMAL (STEAM) <input type="checkbox"/> OTHER:	

REGENERATIVE SCHEDULE	MAX. TIME FOR DESORPTION: _____	LENGTH OF TIME TO MAX. SATURATION: _____
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HOW ARE EMISSIONS CONTROLLED DURING REGENERATION? (Attach additional sheets as necessary.):

VOLATILE CONCENTRATIONS (PPMV)	ENTERING UNIT:	LEAVING UNIT:
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RELATIVE HUMIDITY OF AIR STREAM ENTERING UNIT (%):	ORIENTATION OF BEDS:
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BREAKTHROUGH CAPACITY (LB. VAPOR/LB. ADSORBENT):	BREAKTHROUGH ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CYCLE TIME:	_____
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DESCRIBE MAINTENANCE PROCEDURES:

DESCRIBE ANY FIRE DETECTION DEVICES AND ANY MEANS OF FIRE SUPPRESSION:

DESCRIBE ANY MONITORING DEVICES, GAUGES, TEST PORTS, ETC:

DESCRIBE HOW REGENERATION CYCLE IS INITIATED (e.g. - fixed time, ppm monitor, etc.):

ON A SEPARATE PAGE, ATTACH A DIAGRAM OF THE RELATIONSHIP OF THE CONTROL DEVICE TO ITS EMISSION SOURCE(S):

Attach Additional Sheets As Necessary