

MONTEREY BAY UNIFIED AIR POLLUTION CONTROL DISTRICT

24580 SILVER CLOUD COURT MONTEREY, CA 93940

PHONE (831) 647-9411 FAX (831) 647-8501

SOIL REMEDIATION EQUIPMENT SUPPLEMENTAL INFORMATION FORM

- A. Both sides of this form must be filled out completely.
- B. This form must be submitted with APCD Form #1, Application for Authority to Construct and Permit to Operate.
- C. Each application must include applicable equipment specifications with plans and equipment location drawing. Additional information may be required.
- D. Further information or clarification may be obtained by writing or calling the Engineering Division at the Air Pollution Control District.

NOTE: Your application for an Authority to Construct and a Permit to Operate must be approved prior to the commencement of any work. Any modification shall not be performed without first obtaining District approval.

1. Permit to be issued to:

2. Mailing Address:

3. Location of Equipment (be specific):

COMPLETE SECTION 4 FOR SOIL AERATION AND STOCKPILE PROJECTS ONLY:

4. Contaminated Soil Storage: Number _____ Volume/Pile _____ Cubic Yards

Dimensions _____ Ft. Wide X _____ Ft. Long X _____ Ft. High

Other Configuration: _____

Total Volume to be Treated _____ Cubic Yards Avg. TPH Concentration _____ ppm, $\mu\text{g}/\text{m}^3$

Avg. Benzene Concentration _____ ppm, $\mu\text{g}/\text{m}^3$
(attach lab results)

Mitigation Measures to Prevent Excessive Fugitive Dust and Vapor Emissions (covers, water, etc.)

4a. Storage Layout/Drawings Attached: Yes No

Shortest Distance to Property Line _____ Feet

4b. If Covered Pile and Biopile Venting to Control Equipment, Then Complete Section 6, 7, 8 and Following:

Number of Collection Lines _____ Design Flow _____

Line Spacing _____ Ft. Line Dimensions _____ Ft. Diameter X _____ Ft. Long

COMPLETE SECTION 5 FOR IN-SITU PROJECTS ONLY:

5. Extraction Well Information:

Number of Wells _____ Perforation Depth _____ Well Dimensions _____ Ft. Diameter X _____ Ft. Deep

Spacing _____ Ft. Radius of Influence _____ Ft.

5a. Sparging or Air Infiltration Well Information (if any):

Number of Wells _____ Perforation Depth _____ Ft. Blower _____ Hp _____ cfm

Well Dimensions _____ Ft. Diameter X _____ Ft. Deep

CHOOSE APPLICABLE SECTION 6,7,or 8

6. Carbon Adsorber Specifications:

6a. Make _____ Model _____

6b. Arrangement: Series Parallel Number in Use _____ Diagram Attached

6c. Canister Dimensions: _____ Feet Diameter X _____ Feet High Carbon Weight/Canister: _____ Lbs.

6d. Maximum Design Flow Through Carbon Bed: _____ SCFM/Canister

6e. Flow Monitoring & Recording Devices:

LOCATION

RECORDER
YES NO

6f. Vapor Phase Monitoring (attach additional sheets for other pollutants)

POLLUTANT	INSTRUMENT TYPE	LOCATION	DURATION (continuous/other)	RECORDER (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6g. Replacement Schedule: _____

6h. Controlled Emissions: TPH _____ Lb./Day Benzene _____ Lb./Day

6i. Stack Parameters: Height _____ Ft Diameter _____ In. Exhaust Flow Rate _____ SCFM _____ ACFM

6j. Exhaust Temperature _____ F Velocity _____ Ft/Sec.

6k. Sampling Port Locations (Inlet/Outlet): _____

6l. Control Efficiency _____ % Equipment Drawings Attached Yes No

7. Oxidizer Specifications: Catalytic Thermal

Make _____ Model _____

Dimensions: _____ Ft. Wide X _____ Ft. Long X _____ Ft. High

Supplemental Fuel Type _____ Quantity _____ SCFM/GPM

Rating _____ BTU/Hr, KW Capacity _____ SCFM

7a. Catalyst: Type _____ Life Expectancy _____ Hrs. of Operation Dimensions: _____ Ft. Wide X _____ Ft. Long X _____ Ft. High

7b. Design Operating Parameters: Catalyst Inlet Temperature _____ F

Catalyst Exhaust Temperature _____ F TPH Concentration _____ PPM inlet _____ PPM outlet

Benzene Concentration _____ PPM inlet _____ PPM outlet

7c. Flow Monitoring & Recording Devices:

LOCATION	RECORDER
_____	YES NO
_____	YES NO

7d. Vapor Phase Monitoring (attach additional for other pollutants)

POLLUTANT	INSTRUMENT TYPE	LOCATION	DURATION (continuous/other)	RECORDER (yes/no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7e. Safety System: Alarm Auto Shut-off Other _____

7f. Temperature Indicating Devices: Yes No

Locations: _____

7g. Stack Parameters: Height _____ Ft Diameter _____ In. Flow Rate _____ SCFM _____ ACFM

Temperature _____ F Velocity _____ Ft/Sec.

7h. Sampling Port Locations (Inlet/Outlet): _____

7i. Equipment Drawing Attached (including sampling port, temperature & flow monitoring locations): Yes No

8. Engine Specifications: Use APCD Form 402 and Include Control Efficiency (%) and Controlled TPH and Benzene Emission Rate (Lb/Day).

Date Received	9. Signature of Responsible Official, Partner, or Sole Proprietor of Organization:		
	10. Type or Print Name and Official Title of Person Signing This Application:		
	Name	Title	Date

