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| **Please fill out a form for each soil vapor extraction system** |
| **1. Business performing soil remediation information:** | **Air Quality Use Only** |
| Business license name of corporation, company, individual owner, or governmental agency performing soil remediation |
| **Source Number** |  |
| Street | City, State, Zip | **Emission Unit Number** |  |
| **2. Emission unit name:** |
|  |
| **3. Operating schedule:** |
| Hours per day | Days per week | Weeks per year | Days per year |
|  |  |  |  |
| **4. Percentage of yearly operation that occurs during the following quarters:** (total must equal 100%) |
| Dec-Jan-Feb | Mar-April-May | June-July-Aug | Sept-Oct-Nov |
|  |  |  |  |
| **5. Site data:** |
| Highest concentration found in soil of: | Benzene | Toluene | Ethylbenzene | Xylenes | Total Petroleum Hydrocarbon (TPH) |
| Soil concentrations are in: [ ]  PPM wt [ ]  PPM vol [ ]  mg/M3­ [ ]  Other (specify): |
| Highest concentration found in groundwater of: | Benzene | Toluene | Ethylbenzene | Xylenes | Total Petroleum Hydrocarbon (TPH) |
| Groundwater concentrations are in: [ ]  PPM wt [ ]  PPM vol [ ]  PPB (µg/L)­ [ ]  Other (specify): |
| Estimated total mass of contaminant (lbs) | Estimated total remediation time (years and months) |
| **6. Exhaust stack and control device data:** (complete for each vent/stack and attach additional sheets if necessary) |
| Height above grade (ft) | Diameter (ft) | Blower horsepower | Distance to nearest property line (ft) |
| Maximum flow (actual ft3/min) | Average flow (actual ft3/min) | Average velocity (ft/sec) | Temperature (oF) |
| Control device(s): | [ ]  None [ ]  Adsorption [ ]  Thermal oxidizer [ ]  Catalytic oxidizer [ ]  Other (describe): | Control efficiency (%) |

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| **7. Compliance demonstration and monitoring/recording devices:** |
| Description of proposed monitoring and recordkeeping to assure compliance with emission limits. Include operating parameters of source and/or control device being monitored (temperature, pressure drop, etc.). |
| Check all attached monitoring and recording devices: | [ ]  No monitor [ ]  Pressure drop gauge [ ]  Temperature gauge [ ]  Electronic data logger[ ]  Strip chart [ ]  Other (describe): |
| **8. Comments** |
|  |
| **9. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.** |
| Signature of responsible official | Date of application |