

**Environmental
Requirements**

**Self-Certification
Training Class**

Environmental Requirements

Presented by:

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Environmental Engineer

Pollution Prevention Unit
Department of Public Health



**Environmental
Requirements**

OVERVIEW

Pollution Overview

- Pollution Policies
- Permitting Programs
- Inspections
- Enforcement



Environmental Requirements

OVERVIEW

- Types of Permits
- Applications and Plan Review
- Summary



Environmental Requirements

POLLUTION OVERVIEW

Sources of Air Pollution

- Stationary Sources
 - Factories
 - Power plants
- Mobile Sources
 - Buses
 - Trucks
 - Cars



Environmental Requirements

MISSION

The Pollution Prevention Unit's Mission is to help make the City of Chicago one of the best livable cities in the world by ensuring that industrial facilities in the city operate in a manner that is protective of public health and the environment.



Environmental Requirements

POLLUTION POLICIES

PPU's Role

- Interagency agreement with Illinois EPA for:
 - Air quality assistance
 - Public education
 - Clean Air Act implementation and legislative development
 - Compliance and enforcement services



Environmental Requirements

POLLUTION POLICIES

PPU's Role

- City of Chicago Municipal Code:
 - Air Pollution Control Permit (11-4-620)
 - Certificate of Operation (11-4-660)



Environmental Requirements

TYPES OF PERMITS

Air Pollution Control Permits for:

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



Environmental Requirements

TYPES OF PERMITS

Air Pollution Control Permits for:

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



Environmental Requirements

TYPES OF PERMITS

Other Permits

- Architectural surface cleaning.
- Demolitions (NESHAPS).
- Certificates of operation.
- Ecological burn acknowledgement letter.
- Temporary Crushing.
- Tank (UST/AST).
- Liquid Waste.



Environmental Requirements

APPLICATIONS AND PLAN REVIEW



Question:

When Is Environmental Review Required?

- Residential Buildings
- Commercial Buildings
- Industrial Buildings

Environmental Requirements

APPLICATIONS AND PLAN REVIEW



Question:

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 PPU review is required.

Environmental Requirements

APPLICATIONS AND PLAN REVIEW



Question:

Has an installation permit already been issued by the Pollution Prevention Unit for the equipment or device involved?

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

Environmental Requirements

APPLICATIONS AND PLAN REVIEW



Question:

Air Quality or Equipment Permits

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.

Environmental Requirements

APPLICATIONS AND PLAN REVIEW



CITY OF CHICAGO

Question:

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

DEPARTMENT OF BUILDINGS

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Environmental Requirements

Form FB – Combustion Emission Unit


DEPARTMENT OF ENVIRONMENT
 POLLUTION PREVENTION UNIT
 30 NORTH LA SALLE STREET, 25TH FLOOR
 CHICAGO, ILLINOIS 60602
 (888) 100-73-3035 (2008)

CITY OF CHICAGO

INSTALLATION PERMIT APPLICATION FOR COMBUSTION EMISSION UNIT **FORM FB**

SOURCE INFORMATION

1) TYPE OF EMISSION UNIT: BOILER WARM AIR FURNACE ROOF TOP UNIT OTHER

2) STREET ADDRESS: _____

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

6) TYPE OF BUILDING: RESIDENTIAL NEW EXISTING
 COMMERCIAL INDUSTRIAL

7) INSTALLATION BY: _____ (Signature) PHONE: _____

8) FORM PREPARED BY: _____ (Signature) PHONE: _____

OWNER OR OPERATOR INFORMATION

1) NAME: _____ OWNER OPERATOR

2) ADDRESS: _____

3) CITY: _____ 4) STATE: _____ 5) ZIP: _____ 6) PHONE: _____

INSTALLATION CONTRACTOR INFORMATION

1) NAME: _____

2) ADDRESS: _____

3) CITY: _____ 4) STATE: _____ 5) ZIP: _____ 6) PHONE: _____

GAS BURNER INFORMATION

BURNER MFR: _____ MODEL: _____ NUMBER OF UNITS: _____

INPUT (X 1000 BTU): _____ OUTPUT (X1000 BTU): _____

FORM FB-1 (FORM FB) REVISED BY CHICAGO DEPARTMENT OF ENVIRONMENT

FUEL USAGE INFORMATION

NATURAL GAS OTHER

ANNUAL FUEL USAGE (SCF/YR, GAL/YR, TON/YR) _____ TYPICAL AER/CONTENT (% BY WT, NA FOR NATURAL GAS) _____

TYPICAL HEAT CONTENT OF FUEL (BTU/LB, BTU/GAL, OR BTU/TON) _____ TYPICAL SULFUR CONTENT OF FUEL (WT % NA FOR NATURAL GAS) _____

MAXIMUM COMBUSTION (GAL/YR) _____ TYPICAL COMBUSTION (GAL/YR) _____

AIR SUPPLY INFORMATION

COMBUSTION AIR SUPPLIED BY: EXH NATURAL DRAFT FAN & NATURAL DRAFT

FAN CAPACITY: _____ CFM EXH EXHAUSTOR: _____ RPM _____ HP

DRAFT INTRODUCED: ABOVE BURNER UNDER BURNER THROUGH FLOOR DRAPE

NATURAL DRAFT DIMENSIONS: _____ IN. _____ INCHES AREA _____ SQUARE FEET

STACKS, VENTS AND EXHAUST INFORMATION

TYPE OF VENT: _____ DIMENSIONS (L x W) _____ HEIGHT ABOVE ROOF OR GRADE _____

NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ COMMENTS: _____

BOILER INFORMATION

SAFETY VALVE TYPE: _____ OPERATING PRESSURE: _____

BOILER ROOM LAYOUT: SHOW ALL BOILERS, BRIDGEMAN STACK AND AIR ADMISION TO BOILER ROOM.

FORM FB-2 (FORM FB) REVISED BY CHICAGO DEPARTMENT OF ENVIRONMENT

CITY OF CHICAGO

DEPARTMENT OF BUILDINGS

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Environmental Requirements

Form B – Process Equipment

DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LASALLE STREET, 25TH FLOOR
CHICAGO, ILLINOIS 60602

CITY OF CHICAGO
INSTALLATION PERMIT APPLICATION
FOR PROCESS EQUIPMENT OR AREA
FORM B

SOURCE INFORMATION

1) SOURCE NAME
2) SOURCE STREET ADDRESS
3) CITY: _____ 4) STATE: _____ 5) ZIP: _____
6) TYPE OF MAIN MATERIAL USED: _____ 7) TYPE OF PRODUCTS PRODUCED: _____
8) PRIMARY INDUSTRIAL CLASSIFICATION (NAICS CATEGORY): _____ 9) PRIMARY SIC NO: _____
10) SOURCE ENVIRONMENTAL CONTACT PERSON: _____ 11) CONTACT'S PHONE NO: _____

OWNER OR OPERATOR INFORMATION

OWNER OPERATOR
1) NAME: _____
2) ADDRESS: _____
3) CITY: _____ 4) STATE: _____ 5) ZIP: _____ 6) PHONE: _____

EQUIPMENT OR AREA INFORMATION

EQUIPMENT DATA	TITLE OF EQUIPMENT	NAME AND MODEL	DIMENSIONS
NUMBER OF UNITS	AUXILIARY EQUIPMENT	CONNECTED TO:	
AREA DATA	TYPE OF AREA	FLOOR DIMENSIONS	FLOOR AREA
NUMBER OF AREAS	EQUIPMENT IN AREA	CONNECTED TO:	

GENERAL INFORMATION

1) DESCRIPTION OF PROCESS
2) DESCRIPTION OF PRODUCT OR ACTIVITY ACCOMPLISHED:
3) DESCRIPTION OF CONTROL EQUIPMENT CONTROLLING THIS UNIT

OPERATING INFORMATION

MODE OF OPERATION: Manual Auto
OPERATING SCHEDULE: 24 HOURS NIGHT CONTINUOUS

TYPE OF OPERATION: BATCH CONTINUOUS
SOLVENT USAGE: _____ GAL/YR

MAXIMUM FILING RATE (MBH): _____ TYPICAL FILING RATE (MBH): _____
 NATURAL GAS OTHER
ANNUAL FUEL USAGE (SPPH, GAL/YR, TON/YR): _____ TYPICAL SULFUR CONTENT OF FUELS BY WT. IN FOR NATURAL GAS:
TYPICAL HEAT CONTENT OF FUEL (BTU/LB) (SPPH OR BTU/GAL): _____ TYPICAL ASH CONTENT BY WT. IN FOR NATURAL GAS:
TYPE OF VENT: _____ DIMENSIONS (L x W): _____ HEIGHT ABOVE ROOF OR GRADE: _____
NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ CONNECTED TO: _____

PAGE 1 OF 2 FORM B, REVISION 07/10, TOLSON/BERNARD/SCOTT/CHANG

MATERIAL USAGE INFORMATION

RAW MATERIALS	LEAKS	SPILLS/HAZ

PRODUCTS

PRODUCTS	SPILL	TONS/YEAR

WASTE INFORMATION

TYPE OF POLLUTANT	TONS/YR	TYPE OF POLLUTANT	TONS/YR

FUEL USAGE DATA

MAXIMUM FILING RATE (MBH): _____ TYPICAL FILING RATE (MBH): _____
 NATURAL GAS OTHER
ANNUAL FUEL USAGE (SPPH, GAL/YR, TON/YR): _____ TYPICAL SULFUR CONTENT OF FUELS BY WT. IN FOR NATURAL GAS:
TYPICAL HEAT CONTENT OF FUEL (BTU/LB) (SPPH OR BTU/GAL): _____ TYPICAL ASH CONTENT BY WT. IN FOR NATURAL GAS:
TYPE OF VENT: _____ DIMENSIONS (L x W): _____ HEIGHT ABOVE ROOF OR GRADE: _____
NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ CONNECTED TO: _____

PAGE 2 OF 2 FORM B, REVISION 07/10, TOLSON/BERNARD/SCOTT/CHANG

Environmental Requirements

Form C - Control Device

DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LASALLE STREET, 25TH FLOOR
CHICAGO, ILLINOIS 60602

CITY OF CHICAGO
APPLICATION DATE: _____
INSTALLATION PERMIT APPLICATION
FOR CONTROL DEVICE
FORM C

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 DAMPER FILTER THERMAL OXIDIZER THERMOBLEN OTHER (SPECIFY): _____
2) FLOW DIAGRAM (DESIGNATION OF CONTROL EQUIPMENT): _____
3) MANUFACTURER OF CONTROL EQUIPMENT: _____
4) MODEL NUMBER, IF KNOWN: _____ 5) SERIAL NUMBER, IF KNOWN: _____
6) LIST ALL EMISSION UNITS AND OTHER CONTROL EQUIPMENT OUTLET EMISSIONS TO THIS CONTROL EQUIPMENT:

PAGE 1 OF 2 FORM C, REVISION 07/10, TOLSON/BERNARD/SCOTT/CHANG

OPERATING INFORMATION

1) IDENTIFY ANY PERIOD WHEN THE CONTROL EQUIPMENT WILL NOT BE OPERATING DUE TO SCHEDULED MAINTENANCE AND/OR REPAIRS WITH THE TYPICAL FREQUENCY AND DURATION.
2) IS THE CONTROL EQUIPMENT IN OPERATION AT ALL OTHER TIMES? 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 (NEEDS TO CONTAIN, COLLECT AND TRANSPORT EMISSION TO CONTROL DEVICE. INCLUDE ALL HOODS, DUCTS, PIPES, 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 (TON/YR)	POLLUTANT	REDUCTION EFFICIENCY %	ACTUAL EMISSION (TON/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: _____

PAGE 2 OF 2 FORM C, REVISION 07/10, TOLSON/BERNARD/SCOTT/CHANG

Environmental Requirements

Form FP - Food Preparation Unit


**DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LASALLE STREET, 25TH FLOOR
CHICAGO, ILLINOIS 60602**

CITY OF CHICAGO APPLICATION DATE: _____

INSTALLATION PERMIT APPLICATION FOR FOOD PREPARATION UNIT FORM FP

BUSINESS INFORMATION

1) NAME: _____
 2) STREET ADDRESS: _____
 3) CITY: _____ 4) STATE: _____ 5) ZIP: _____
 6) ENVIRONMENTAL CONTACT PERSON: _____ 7) PHONE #: _____
 8) FORM COMPLETED BY: _____ SIGNATURE: _____

EQUIPMENT INFORMATION

TITLE OF EQUIPMENT: _____ MAKE AND MODEL: _____
 DIMENSIONS: _____ NUMBER OF UNITS: _____
 CONSTRUCTION: 14 GAUGE BLACK IRON 18 GAUGE STAINLESS STEEL
 OTHER(S) DESCRIBE: _____
 AUXILIARY EQUIPMENT: _____ MAKE AND MODEL: _____ NUMBER OF UNITS: _____

STACKS, VENTS AND EXHAUST INFORMATION

TYPE OF VENT: _____ DIMENSION(S) (FEET): _____ HEIGHT ABOVE ROOF OR GRADE: _____
 NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ CONNECTED TO: _____
 TYPE OF FAN: _____ MAKE AND MODEL: _____ NUMBER OF FANS: _____ MOTOR: _____ RPM: _____ HP: _____
 MAKE CENTRIFUGAL

WASTE INFORMATION

DESCRIPTION OF WASTE: _____ AMOUNT COLLECTED: _____ LB/MONTH
 WASTE HAULER: _____

PAGE 1 OF 2, FORM FP, DESIGNED BY OTEB TML, 03/28/2010 08:00:00 CS/DM/FP

GENERAL INFORMATION

1) NAME OF AIR POLLUTION CONTROL DEVICE (IF ANY): _____
 2) MANUFACTURER OF CONTROL DEVICE: _____ 3) MODEL #: _____
 4) DESCRIPTION OF MAINTENANCE AND OPERATING RECORDS TO BE KEPT: _____
 5) OPERATING AND MAINTENANCE RECORDS TO BE KEPT BY: _____
 6) DESCRIPTION OF HOUSEKEEPING PROCEDURES TO BE USED IN MINIMIZING PUBLIC NUISANCE: _____

ISOMETRIC DIAGRAM OF KITCHEN HOOD SUPPLY AND EXHAUST FAN DETAIL

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.

SIGNED: _____
 NAME IN FULL: _____ TITLE: _____
 DATE: _____

PAGE 2 OF 2, FORM FP, DESIGNED BY OTEB TML, 03/28/2010 08:00:00 CS/DM/FP

Environmental Requirements

Form MRV - Spray Booth


**DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LASALLE STREET, 25TH FLOOR
CHICAGO, ILLINOIS 60602**

CITY OF CHICAGO DATE: _____

INSTALLATION PERMIT APPLICATION FOR SPRAY BOOTH OR AREA IN MOTOR VEHICLE REPAIR SHOP FORM MRV

BUSINESS INFORMATION

1) FACILITY NAME: _____
 2) STREET ADDRESS: _____
 3) CITY: _____ 4) STATE: _____ 5) ZIP: _____
 6) EPA 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: DOWN DRAFT UP DRAFT OTHER _____ DIMENSION(S) (L x W x H): _____
 EXHAUST CONTROL DEVICE: WATER WASH FILTERS OTHER(S) DESCRIBE: _____
 AUXILIARY EQUIPMENT: WAXES WAXES OTHER _____
IF UNIT IS EQUIPPED WITH A HEATER, PLEASE COMPLETE FURNACE APPLICATION FORM.
 TYPE OF AREA: SPRAY AREA WAXING AREA PREP AREA OTHER (DESCRIBE): _____
 NUMBER OF AREAS: _____ ROOM DIMENSIONS (L x W x H): _____ FLOOR AREA: _____ SQ. FT.
 _____ FT x _____ FT x _____ FT

STACKS, VENTS AND EXHAUST OPENINGS

TYPE OF VENTS: _____ DIMENSION(S) (L x W): _____ FT x _____ FT
 NUMBER OF VENTS: _____ HEIGHT ABOVE ROOF OR GRADE: _____ FT

PAGE 1 OF 2, FORM MRV, REVISED BY OTEB TML, 03/28/2010 08:00:00 CS/DM/FP

FAN DATA

TYPE OF FAN: MAKE 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 (LB/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: _____ LB/MONTH
 WASTE HAULER: _____

OPERATIONAL DATA

TYPE OF OPERATION: BATCH CONTINUOUS NORMAL SCHEDULE (SHIFTS/DAY) _____
 TYPE OF SPRAY GUN USED: HPLP LVLP OTHER CLEAN UP FREQUENCY: _____
 (DESCRIBE): _____
 TYPE OF GUN WASHER USED: _____ MAKE AND MODEL: _____

REMARKS: _____

PAGE 2 OF 2, FORM MRV, REVISED BY OTEB TML, 03/28/2010 08:00:00 CS/DM/FP

Environmental Requirements

Form UPV - Unfired Pressure Vessel

**DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LA SALLE, 25TH FL.
CHICAGO, ILLINOIS 60602**

CITY OF CHICAGO APPLICATION DATE: _____

INSTALLATION PERMIT APPLICATION FOR UNFIRED PRESSURE VESSEL FORM UPV

SOURCE INFORMATION

1) TYPE OF PRESSURE VESSEL: TANK JACKETED KETTLE
 OTHERS (Specify): _____

2) INSTALLATION ADDRESS: _____

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

6) TYPE OF BUILDING: RESIDENTIAL NEW COMMERCIAL EXISTING INDUSTRIAL

7) INSTALLATION BY: _____ COMPLETION DATE: _____

8) FORM PREPARED BY: _____ (Signature)

OWNER OR OPERATOR INFORMATION

1) NAME: _____ OWNER 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: _____

4" _____ DIAMETER _____ LENGTH _____

6" _____ DIAMETER _____ LENGTH _____

8" _____ DIAMETER _____ LENGTH _____

10" _____ DIAMETER _____ LENGTH _____

FORM UPV - 06/2008 (REVISED 07/16/14) (RUBENRICH@CDPCHICAGO.IL.GOV)

Environmental Requirements

Form IN - Incinerator or After Burner

**DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LA SALLE STREET, 25TH FLOOR
CHICAGO, ILLINOIS 60602**

CITY OF CHICAGO DATE: _____

INSTALLATION PERMIT APPLICATION FOR INCINERATOR OR AFTERBURNER FORM IN

SOURCE INFORMATION

1) NAME: _____

2) STREET ADDRESS: _____

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

6) PRIMARY INDUSTRIAL CLASSIFICATION (SIC) CATEGORY: _____ 7) PRIMARY SIC #: _____

8) ENVIRONMENTAL CONTACT PERSON: _____ 9) PHONE #: _____

OWNER OR OPERATOR INFORMATION

1) NAME: _____ OWNER OPERATOR

2) ADDRESS: _____

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

EQUIPMENT INFORMATION

TITLE OF EQUIPMENT: _____ MAKE AND MODEL #: _____

NUMBER OF UNITS: _____ NUMBER OF CHAMBERS: _____ TOTAL BURNING AREA (SQ. FT.): _____

GRATE AREA (SQ. FT.): _____ HEARTH AREA (SQ. FT.): _____

PRIMARY VOLUME (CUBIC FT.): _____ SECONDARY VOLUME (CUBIC FT.): _____

FUEL USAGE INFORMATION

1) NATURAL GAS OTHERS (SPECIFY): _____

FIRING RATE: _____ BTU/HR NUMBER OF BURNERS: _____

ANNUAL FUEL USAGE (SCFYR, TONNAGE GAL, YR): _____ TYPICAL HEAT CONTENT OF FUEL (BTU/LB, BTU/GAL, OR BTU/SCF): _____

FORM IN - 06/2008 (REVISED 07/16/14) (RUBENRICH@CDPCHICAGO.IL.GOV)

AIR SUPPLY INFORMATION

COMBUSTION AIR SUPPLIED BY: NATURAL DRAFT FAN FAN AND NATURAL DRAFT

FAN CAPACITY: _____ CFM _____ METERS _____ RPM _____ HP _____

STACKS, VENTS AND EXHAUST INFORMATION

TYPE OF VENT: _____ DIMENSIONS: _____ HEIGHT ABOVE ROOF OR GRADE: _____

NUMBER OF VENTS: _____ CFM EXHAUSTED: _____ TEMP: _____ CONNECTED TO: _____

GENERAL INFORMATION

1) FLOW DIAGRAM DESIGNATION OF EQUIPMENT: _____

2) DESCRIPTION OF WASTE AND AMOUNT INCINERATED: _____

3) MINIMUM COMBUSTION CHAMBER TEMPERATURE (DEGREES FAHRENHEIT): _____

4) IS A CATALYST USED? YES NO
IF YES, DESCRIBE: _____

5) EXPECTED FREQUENCY OF CATALYST REPLACEMENT: _____

6) EXPLAIN DEGRADATION OR PERFORMANCE INDICATOR CRITERIA DETERMINING CATALYST REPLACEMENT: _____

7) DESCRIBE METHOD OF GAS MIXING USED: _____

8) IS THE COMBUSTION CHAMBER TEMPERATURE CONTINUOUSLY MONITORED AND RECORDED? YES NO

9) FOR CATALYTIC AFTERBURNERS, IS THE TEMPERATURE RISE ACROSS THE CATALYST BED CONTINUOUSLY MONITORED AND RECORDED? YES NO

10) IS THE VOM CONCENTRATION OF EXHAUST MONITORED AND RECORDED? YES NO

OPERATING INFORMATION

COMBUSTION CHAMBER TEMPERATURE (DEGREES FAHRENHEIT) _____ COMBUSTION CHAMBER CROSS SECTIONAL AREA (SQUARE FEET) _____

INLET GAS TEMP (DEGREES FAHRENHEIT) _____ INLET FLOW RATE (SCFM) _____

RETENTION TIME (SECONDS) _____ EFFICIENCY/VOM REDUCTION: _____

REMARKS: _____

FORM IN - 06/2008 (REVISED 07/16/14) (RUBENRICH@CDPCHICAGO.IL.GOV)

Environmental Requirements

Form DC - Dry Cleaning Machine

**DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LASALLE STREET, 25TH FL.
CHICAGO, ILLINOIS 60602**

CITY OF CHICAGO
APPLICATION DATE: _____
**INSTALLATION PERMIT APPLICATION FOR
DRY CLEANING MACHINE FORM DC**

BUSINESS INFORMATION

1) NAME: _____
2) STREET ADDRESS: _____
3) CITY: _____ 4) STATE: _____ 5) ZIP: _____
6) EMPLOYMENT CONTACT PERSON: _____ 7) CONTACT'S PHONE NO.: _____

OWNER OR OPERATOR INFORMATION

1) NAME: _____ OWNER OPERATOR
2) STREET ADDRESS: _____
3) CITY: _____ 4) STATE: _____ 5) ZIP: _____
6) PERMIT PREPARED BY: _____ SIGNATURE: _____

EQUIPMENT INFORMATION

TYPE OF MACHINE: DRY TO DRY TRAPPER NUMBER OF SEATS: _____
MADE IN: _____
TYPE OF CLEANING SOLVENT USED: PERCHLOROETHYLENE PERFLUOROPOLYETHER OTHER: _____
ANNUAL LEASE: _____ DOLLARS
TYPE OF CONTROL DEVICE: REGENERATED CONDENSER CARBON ADSORBER
DOES THE FACILITY HAVE A CURRENT EPA OPERATING PERMIT? YES NO
IF YES, PERMIT NUMBER: _____ EPA REGIONAL OFFICE: _____

FORM DC - 01/01 (REVISED 01/01) (THE INFORMATION ON THIS FORM IS SUBJECT TO CHANGE WITHOUT NOTICE)

GENERAL INFORMATION

1) Control device is a refrigerated condenser, is the air per gas vapor stream contained within each dry cleaning machine routed through the refrigerated condenser? YES NO NA

2) Is the refrigerated condenser operated so as to heat or reduce the air per gas vapor stream contained within the dry cleaning machine to the atmosphere while the dry cleaning machine drum is rotating? YES NO NA

3) The control device is a carbon adsorber, is the air per gas vapor stream contained within each dry cleaning machine routed through the carbon adsorber? YES NO NA

4) Are all per- and waste containing gases kept in closed containers with no leaks? YES NO

5) Are cartridge filters drawn in their housings or sealed containers for 24 hours before being removed from facility? YES NO

6) Are machine components (fans and pipe connections, filling, couplings, valves, door gaskets, pumps, etc.) inspected regularly for leaks that are obvious from sight, smell, or touch while the dry cleaning machine is operating? YES NO

7) Is a log of the inspection dates, name and location of system components where leaks are found maintained? YES NO

8) Is the temperature of the air per gas vapor stream on the outlet side of the refrigerated condenser measured once a week with a temperature sensor? YES NO

9) Are records of date of measurements and temperatures recorded maintained? YES NO

WASTE INFORMATION

LIST TYPES AND AMOUNT OF WASTE GENERATED

TYPE OF WASTE	AMOUNT	TYPE OF WASTE	AMOUNT

1) WASTE DISPOSAL AGENT: _____
2) WASTE DISPOSAL AGENT'S ADDRESS: _____
3) CITY: _____ 4) STATE: _____ 5) ZIP: _____
6) WASTE DISPOSAL AGENT'S TELEPHONE NUMBER: _____

FORM DC - 01/01 (REVISED 01/01) (THE INFORMATION ON THIS FORM IS SUBJECT TO CHANGE WITHOUT NOTICE)

Environmental Requirements

Form EG – Emergency Generators

**DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
30 NORTH LASALLE, 25TH FL.
CHICAGO, ILLINOIS 60602**

CITY OF CHICAGO APPLICATION DATE: _____
INSTALLATION PERMIT APPLICATION FOR A GENERATOR FORM EG

SOURCE INFORMATION

1) TYPE OF GENERATOR: EMERGENCY STANDBY OTHERS (Explain): _____
2) INSTALLATION ADDRESS: _____
3) CITY: _____ 4) STATE: _____ 5) ZIP: _____
6) TYPE OF BUILDING: RESIDENTIAL NEW COMMERCIAL EXISTING INDUSTRIAL
7) INSTALLATION BY: _____
8) FORM PREPARED BY: _____ (Signature)

OWNER OR OPERATOR INFORMATION

1) NAME: _____ OWNER OPERATOR
2) ADDRESS: _____
3) CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

GENERATOR INFORMATION

1) NAME OF MANUFACTURER: _____ 2) MODEL #: _____
3) POWER OUTPUT: _____ 4) TYPE OF FUEL: _____ 5) FIRING RATE: _____
6) ANNUAL CONSUMPTION OF FUEL: _____ 7) HEAT CONTENT: _____
8) MUFFLER TYPE: _____ 9) SIZE OF MUFFLER EXHAUST: _____
10) HEIGHT OF MUFFLER EXHAUST: _____ FEET ABOVE ROOF _____ ABOVE GRADE
11) LATEST TANK PERMIT OBTAINED BY: _____ PERMIT # _____
12) ELECTRICAL PERMIT OBTAINED BY: _____ PERMIT # _____

FORM EG (REVISED BY CTE 02/01) (THE INFORMATION ON THIS FORM IS SUBJECT TO CHANGE WITHOUT NOTICE)

Environmental Requirements

APPLICATIONS AND PLAN REVIEW

Architectural Surface Cleaning (Sandblasting, chemical washing, mortar grinding)

All architectural surface cleaning permits must be reviewed by PPU.



Environmental Requirements

Form SC - Architectural Surface Cleaning

DEPARTMENT OF ENVIRONMENT
POLLUTION PREVENTION UNIT
20 NORTH LA Salle STREET, 20TH FL.
CHICAGO, ILLINOIS 60602

CITY OF CHICAGO APPLICATION DATE

ARCHITECTURAL SURFACE CLEANING PERMIT APPLICATION FORM SC

BUILDING INFORMATION

BUILDING ADDRESS: _____

BUILDING TYPE: LOW DENSITY RESIDENTIAL (4 Units or less) HIGH DENSITY RESIDENTIAL (More than 4 units) COMMERCIAL/INDUSTRIAL

BUILDING SIZE: (Length) _____ (Width) _____ (Height) _____

CLEANING DATE: _____ TO _____ CLEANING HOURS: _____ TO _____
Any change in cleaning date must be reported to D.O.E. in writing as per §11-4-2100.2(a), § 8, & § 9.

OWNER INFORMATION

NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

CLEANING CONTRACTOR INFORMATION

NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

GENERAL INFORMATION

CLEANING METHOD: DRY (Grinding) DRY (Sandblasting) WET (Chemical Wash)

IS ARCHITECTURAL SURFACE BEING CLEANED PAINTED? YES NO

IF PAINTED, WERE REPRESENTATIVE PAINT SAMPLE TAKEN BY A LEAD INSPECTOR LICENSED BY THE STATE OF ILLINOIS AND TESTED FOR LEAD CONTENT BY A USEPA CERTIFIED LABORATORY? YES NO

NAME OF LABORATORY: _____ USEPA CERTIFICATION # _____

IS LABORATORY TEST RESULT ATTACHED? YES NO

IS A WRITTEN DUST MINIMIZATION/CONTAINMENT PLAN ATTACHED? YES NO

Dust suppression method (spray, wetting, track filter, vacuum attachment etc.)

GENERAL INFORMATION CONT'D.

Chemical Name: _____ Trade Name: _____ pH: _____

Material required? Yes No
About Material Safety Data Sheet for this chemical

Over spray suppression method: _____

Procedure for limiting non-employee access to cleaning area: _____

Dust, Debris, and Waste Water Disposed Site: _____

NOTIFICATION REQUIREMENT

AS REQUIRED BY CITY OF CHICAGO CODE 11-4-2100 (b) & 6, WE HAVE GIVEN PROPER NOTIFICATION OF THE SCHEDULED SANDBLASTING OPERATION TO THE FOLLOWING: (attach sample of written notification delivered or to be delivered to occupants of remaining building)

ADDRESS NOTIFICATION	OCCUPANT	DATE NOTIFIED	METHOD

By signing this form, the undersigned attests that all information contained herein is accurate and agrees to comply with the notification requirements as per §11-4-2100 (b) & (c), hearing and dust minimization requirements as per §11-4-2100 (b) & (d)

Signed (Owner): _____ Date: _____
Signed (Contractor): _____ Date: _____

PERMIT CONDITIONS

- All open or broken doors and windows shall be covered to prevent dust emission. Clean-up procedures will be carried out during and after the period of operation to remove accumulated debris and prevent the materials from becoming airborne.
- The compressor will be equipped with sound-dampening devices to bring operation into compliance with Article 4 of Chapter 11-4 of the Municipal Code. Furthermore, time restrictions for construction projects must be observed.
- Warning signs must be posted in the vicinity of the work area so that the public is made aware of potential injury to eyes, ears and lungs.
- All painted surfaces to be sandblasted shall be considered to contain leaded paint and precautions on the removal of the contaminated spent abrasives or chemical runoff shall be exercised in accordance with all applicable federal, state and local regulations.
- The applicant by signing this application certifies that he will fulfill all the requirements of the permit conditions listed above and the requirements of the City code.

FILED IN PERMITS DIVISION FILED IN DATA PROCESSING UNIT

**Environmental
Requirements**

**APPLICATIONS
AND PLAN
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Question:

Underground and Aboveground
Storage (UST/AST)

*Is the UST or AST greater than a 110 gallon
capacity?*

If YES, see next question.

*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 PPU review is required.

**Environmental
Requirements**

**APPLICATIONS
AND PLAN
REVIEW**



Question:

Underground and
Aboveground Storage
(UST/AST)

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

If YES, a PPU review is required.

Environmental Requirements

SUMMARY

- Verify whether or not your project requires a PPU permit.
- Make sure you are using the correct application form. Forms are available on the PPU website at www.cityofchicago.org/publichealth under air quality permits.
- Assess fees correctly.
- Call 312-744-8026 or 312-745-7206 for additional assistance.



Environmental Requirements

FEE SCHEDULE

- PPU permit fees do NOT apply when submitted with a building permit.
- Fees simplified in 2008 per 11-4-130
- Same fee for every process equipment, control device or process area.
- Fee is \$150.00 per equipment or area

Asbestos/Demolition Fees:

Residential bldg. with 1 to 4 dwelling units	\$300.00
Residential bldg. with more than 4 dwelling units	\$450.00
All other structures	\$600.00
Architectural Surface Cleaning permit fee is	\$200.00



Environmental Requirements

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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QUESTIONS AND ANSWERS

