

**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF PLANNING AND NATURAL RESOURCES  
DIVISION OF ENVIRONMENTAL PROTECTION  
AIR POLLUTION CONTROL**

**GENERAL APPLICATION INFORMATION**

A separate application is required for each unit of basic equipment (the use of which may cause the issuance of air contaminants). Such a unit may consist of one individual item, or a group of two or more items. A separate application is also required for each air pollution control system (equipment which eliminates or reduces the emission of air contaminants).

With each application for authority to construct and permit to operate, the following data specifications, plans and drawings must be submitted in **DUPLICATE**:

- 1) **EQUIPMENT LOCATION DRAWING.** The drawing or sketch submitted must be to scale (suggested scale: 1 inch – 100 feet accuracy of measurement to the nearest 5 feet will be satisfactory) and must show at least the following:
  - a. The property involved and outlines and heights of all buildings on it. Identify property lines plainly.
  - b. Location and identification of the proposed equipment on the property.
  - c. Location of the property with respect to streets and adjacent properties. Identify adjacent properties.
  
- 2) **DESCRIPTION OF EQUIPMENT.** State make, model, size, and type for either the entire unit or for its major parts.
  
- 3) **DESCRIPTION OF PROCESS.** The application must be accompanied by a written description of each process to be carried out in the equipment of the function of the equipment itself in the process. The descriptions must be complete and in detail concerning all operations. Particular attention must be given to explaining all stages in the process where the discharge of any material might contribute in any way to air pollution. All concentrations of all types of air contaminants that may be discharged at each stage in the process. Similarly, control procedure must be described in sufficient detail to show the extent of control air contaminants anticipated in the design, specifying the expectant efficiency of the control devices.
  
- 4) **OPERATING SCHEDULE.** Specify the hours per day and days per week the equipment is to be operated.
  
- 5) **PROCESS WEIGHT.** Detail type and total weight of each material charged into the equipment or the process on the basis of pounds per hour or other specific unit of time.

- 6) **FUELS AND BURNERS USED.** Indicate for fuel gas-type and cubic feet per hour; for fuel oil-grade and gallons per hour (specify temperature to which oil is preheated); for solid fuels-type and pounds per hour; indicate for burners-make, model, size, type, number of burners, and capacity range of each burner (from minimum to maximum).
  
- 7) **DRAWINGS OF EQUIPMENT.** (See **NOTE** Below). Supply an assembly drawing, dimension and to scale, in plan, elevation and as many selections as are needed to show clearly the design and operation of the equipment and the means by which air contaminants are controlled. The following must be shown:
  - a. Size and shape of the equipment. Show exterior and interior dimensions and features.
  - b. Location, Sizes and shape details of all features which may affect the production, collection, conveying or control of air contaminants of any kind; location, size, and shape details concerning all materials handling equipment.
  - c. All data and calculations used in selecting or designing the equipment.
  - d. Horsepower rating of all electric motors driving the equipment.
  
- 8) **RADIOACTIVE MATERIAL.** Describe any use of processing of radioactive materials.

**NOTE:** **Structural design calculations and details are not required. When standard commercial equipment is to be installed, the manufactures catalog describing the equipment may be submitted in lieu of the parts of Item 8 that it covers. All information required above that the catalog does not contain must be submitted by the applicant.**

**NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED.**

After authority to construct or to install is granted for any equipment, deviations from the approved plans are not permissible without first securing additional approval for the changes from the Air Pollution Control Engineers.

Further information or clarification concerning permits can be obtained by writing or calling the Division of Environmental Protection Office located at #45 Mars Hill Frederiksted , VI 00840 (340) 773-1082.

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AIR POLLUTION CONTROL**

**Application for Authority to Construction and Permit to Operate**

**“GENERAL INSTRUCTIONS”**

- A. This application must be filled out completely and must be filed in **DUPLICATE**.
- B. Applications are incomplete unless accompanied by **DUPLICATE** copies of all plans, specifications and drawings required. Details required for specific equipment are listed on separate forms which are available upon request.

**NOTE: INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE**

Date of Application: \_\_\_\_\_

**“APPLICATION INFORMATION”**

- 1. Permit to be issued to: *(Business License Name of Corporation, Company, Individual Owner, or Governmental Agency that is to operate the Equipment):*

\_\_\_\_\_  
\_\_\_\_\_

- 2. Mailing Address:

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Island \_\_\_\_\_ Zip \_\_\_\_\_.

- 3. Address at which the equipment is to be operated:

Number \_\_\_\_\_ Street \_\_\_\_\_ Island \_\_\_\_\_ Zip \_\_\_\_\_.

Parcel Identification Number: \_\_\_\_\_.

*(May be obtained from upper right hand corner of tax bill)*

- 4. Contact Number: Telephone (\_\_\_\_) \_\_\_\_\_, Cell (\_\_\_\_) \_\_\_\_\_,  
Other(\_\_\_\_) \_\_\_\_\_

- 5. Check Type of Organization:

Corp.     Partnership     Individual Owner     Governmental Agency

- 6. Describe General Nature of Business:

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7. Equipment Description: Pursuant to the Provisions of the U.S. Virgin Islands Code and the Rules and Regulations of the Air Pollution Control Region, application is hereby made for authority to construct and permit to operate the equipment listed in the table below:

A.		
1.	<input type="checkbox"/>	NEW PROCESS EQUIPMENT AND NEW AIR POLLUTION CONTROL APPARATUS
	<input type="checkbox"/>	NEW AIR POLLUTION CONTROL APPARATUS ON EXISTING PROCESS EQUIPMENT
	<input type="checkbox"/>	NEW PROCESS EQUIPEMNT WITH NO CONTROL APPARATUS
	<input type="checkbox"/>	OTHER: _____
2.		PRIOR PERMIT NUMBERS COVERING THE INSTALLATIONS, SPECIFY.
3.		ESTIMATED STARTING DATE: _____ . EST. COMPLETION _____ .
B.		
NAME/BRAND/MAKE of the GENERATOR: _____		
ENGINE MODEL: _____		
ENGINE SERIAL NUMBER: _____		
YEAR ENGINE MANUFACTURED: _____		
DATE OF PURCHASE: _____		
NUMBER OF CYLINDER: _____		
ENGINE DISPLACEMENT: _____		
POWER OUTPUT:	In KW: _____	In HP: _____

TYPE OF FUEL USED:

FUEL CONSUMPTION in gallons per hour:

FUEL CONSUMPTION in gallons per year:

NUMBER OF HOURS OF OPERATIONS PER YEAR:

C.

1. DESCRIPTION OF OPERATION

2. IDENTIFY PROCESS EQUIPMENT

3. RAW MATERIALS (NAMES)

TOTAL POUNDS PER HOUR \_\_\_\_\_ TOTAL GALLONS PER HOUR \_\_\_\_\_

4. OPERATING FREQUENCY:

- Continuous: \_\_\_\_\_ HRS. PER DAY: \_\_\_\_\_ DAYS PER:  WEEK  MONTH  
 Batch: \_\_\_\_\_ HRS. PER DAY: \_\_\_\_\_ BATCH PER:  DAY  WEEK

D.

Air Contaminants	Emission Level	
	With Control Apparatus	Without Control Apparatus
PARTICULATE MATTER		
CARBON MONOXIDE		
OXIDES OF NITROGEN (NO <sub>x</sub> )		
OXIDES OF SULFUR (SO <sub>x</sub> )		
VOLATILE ORGANIC COMPOUND (VOCs)		

E.
1. DESCRIBE AIR POLLUTION CONTROL APPARATUS:
2. Efficiency of control apparatus: _____%
3. Height of discharge above ground: _____ft.
4. Distance from discharge to nearest property line: _____ft.
5. Volume of gas discharged into open air: _____ft <sup>3</sup> /min. at stack conditions.
6. Exit velocity at point of discharge: _____ft./min. at stack conditions
7. Temperature at point of discharge: _____°F.
8. Will emissions comply with existing local requirements? _____.
9. Initial cost of control apparatus: \$_____.
10. Estimated annual operating cost: \$_____.

This application is submitted in accordance with the provisions of the Virgin Islands Code 12, Chapter 9, Air Quality Control Regulations Section 206 -20, and to the best of my knowledge and belief is true and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Title**

**Mailing Address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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