



JEFFERSON COUNTY DEPARTMENT OF HEALTH
Environmental Health Services
Air and Radiation Protection Division
P.O. Box 2648, Birmingham, AL 35202 (205) 930-1239

Permit Application for Coal Preparation Facility

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Do not write in this space

1. Name of firm or organization _____

2. Plant location _____

3. Check the applicable operation(s):

- a. Coal loading to rail cars, trucks or barges.
- b. Coal crushing
- c. Screening
- d. Coal cleaning (wet)
- e. Coal cleaning (dry)
- f. Coal drying
- g. Other (specify) _____

4. Date of initial *construction* at this site:

Date of initial *operation* at this site:

a. Crusher _____

b. Screens _____

c. Washer _____

d. Air table _____

e. Other (specify) _____

5. Equipment manufacturer's information:

a. Crusher - Type _____

Rated capacity _____

Manufacturer's name _____

Model # _____

b. Screens - Type _____

Rated capacity _____

Manufacturer's name _____

Model # _____

c. Washer - Type _____

Rated capacity _____

Manufacturer's name _____

Model # _____

d. Dryer - Type _____ Rated capacity _____
 Manufacturer's name _____ Model # _____

e. Other (specify) - Type _____ Rated capacity _____
 Manufacturer's name _____ Model # _____

6. Normal Operating Schedule:

Hours per day _____ Days per week _____ Weeks per year _____
 Maximum operating hours/year _____

7. Individual Process Rates:

PROCESS	MAXIMUM OPERATION (TONS/HOUR)	NORMAL OPERATION (TONS/HOUR)	QUANTITY (TONS/HOUR)
Crushed	_____	_____	_____
Screened	_____	_____	_____
Washed	_____	_____	_____
Air Cleaned	_____	_____	_____
Dried	_____	_____	_____
Other (specify: _____	_____	_____	_____

8. Is a water source currently available at site? Yes No

Is a wet suppression system used at site? Yes No

If "yes," indicate points where suppression occurs on the flow diagram in item 12.

What is the water pressure used? _____

What type of spray nozzles are used? _____

9. Are conveyors covered? Yes No

(Indicate which are and which are not on the flow diagram in #12.)

Are surge bins and truck dumps enclosed? Yes No

10. Is a water truck available at this facility? Yes No

11. Is a car/truck wash facility available at this site? Yes No

12. Using a flow diagram, label the following (attach extra sheets as needed):

- a. All major pieces of equipment and conveyors.
- b. Points where wet suppression is used at present.
- c. Which conveyors are covered, which are open.
- d. Which equipment is enclosed, which is open.
- e. Show traffic patterns of all vehicular traffic.

13. Supply the following information:

- a. Silt content of coal _____ %
- b. Moisture content of coal _____ %
- c. Dumping capacity of trucks, front-end loaders, railcard, etc. and height coal dumped:

VEHICLE	CAPACITY (YD ³)	HEIGHT DUMPED (FT)
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Vehicle activity:

VEHICLE	TRIPS OF HOURS PER DAY	MILES PER YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Surface of travel areas at site:

Paved _____ (Miles)
 Unpaved _____ (Miles)

14. Permit application is made for:

Existing Unit	_____	New Unit (to be constructed)	_____
Modification	_____	Ownership Change	_____
Change in location	_____	Other	_____

15. If application is being made to construct or modify, provide the following:

Name of installer or contractor _____
 Mailing address _____ Phone _____
 Date construction or modification to begin _____
 Date construction or modification to be complete _____

16. Is this coal stored in stockpiles? Yes No

List storage piles:

TYPE COAL (RAW, SCREENED, WASHED, ETC.)	SCREEN SIZE	PILE SIZE (AVERAGE TONS ON PILE)	PILE WETTED (YES OR NO)	PILE COVERED (YES OR NO)	AVERAGE DURATION COAL STOCKPILED (DAYS)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. If a baghouse, wet scrubber, cyclone, etc., is to be used in conjunction with the above equipment, complete an APCP 110 form, permit application for air pollution control device, and attach to this form.

Name of person submitting report _____

Signature _____ Title _____

Date _____ Phone _____