

Attachment E201A: Anaerobic Digestion Facility Supplemental Application Form

Applicant Name: _____
 Unit No.: _____

DEEP USE ONLY
App. No.: _____

Complete this form in accordance with the [instructions](#) (DEEP-NSR-INST-201A) to ensure the proper handling of your application. Print or type unless otherwise noted.

Questions? Visit the [Air Permitting](#) web page or contact the Air Permitting Engineer of the Day at DEEP.BAM.AirPermits@ct.gov or 860-424-4152.

Part I: General Information

Location of Anaerobic Digestion Facility:	<input type="checkbox"/> Farm <input type="checkbox"/> Wastewater Treatment Plant <input type="checkbox"/> Other, Specify: _____
Anaerobic Digester Type:	
Type of Raw Material Used:	
Describe the purpose of the anaerobic digestion facility:	
If the anaerobic digestion facility will be located on leased property, provide expiration date of the lease:	<input type="checkbox"/> Not on Leased Property
Proposed Construction Date	

Part II: Receiving Operation, Anaerobic Digester and Effluent Tank Information

Receiving Operation						
Describe how the raw material is transported to the holding and/or mixing tanks of the receiving operation:						
Holding/Mixing Tanks (Digester Influent): Provide the following information for each tank:						
Tank No.	Tank Shape	Dimensions (feet)	Maximum Daily Throughput of Feedstock (gallons)	Maximum Daily Throughput of Feedstock (lbs)	Maximum Annual Throughput of Feedstock (Tons)	Conversion Factor Based on Feedstock (lb/gal)

**Part II: Receiving Operation, Anaerobic Digester and Effluent Tank Information
(continued)**

For Each Anaerobic Digester				
Anaerobic Digester No.	Tank Shape	Dimensions (feet)	Maximum Storage Capacity (gallons)	How often does the Anaerobic Digester require a clean out?
Describe how the feedstock enters the anaerobic digester(s) and how the digestate leaves the anaerobic digester(s):				
Describe Use of Digestate:				
If final storage of digestate is a lagoon, indicate the maximum capacity of the lagoon in gallons:		gallons <input type="checkbox"/> No Lagoon		
For Each Effluent Tank				
Effluent Tank No.	Maximum Capacity of Effluent Tank (gallons)	Final Storage		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part III – Fuel Burning Equipment

Is any fuel burning equipment (boiler, IC engine, other) being installed as part of this project?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes”, provide the following information:		
Type of Unit(s):		Is the Equipment Used to Provide Supplemental Heat to Anaerobic Digester?
<input type="checkbox"/> Boiler <input type="checkbox"/> IC Engine <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Boiler <input type="checkbox"/> IC Engine <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Boiler <input type="checkbox"/> IC Engine <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Boiler <input type="checkbox"/> IC Engine <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete and submit the following forms for each fuel burning unit:		<input type="checkbox"/> Attachment E202: Fuel Burning Equipment Form (DEEP-NSR-APP-202) <input type="checkbox"/> Attachment E210: Air Pollution Control Equipment (DEEP-NSR-APP-210), if applicable

Part IV: Flare Information

Complete and submit this form for each flare:	<input type="checkbox"/> Attachment E203: Incinerators or Flares (DEEP-NSR-APP-203)
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Part V: Gas Upgrading Unit

Is a gas upgrading unit being installed as part of this project?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", provide the following information:			
Description of Equipment:			
Pollutant(s) Controlled			
Gas Upgrading Unit Overall Control Efficiency			
Tail Gas Vent Description and Location:			
Tail Gas Vent Maximum Methane Concentration (outlet):		ppm	
Tail Gas Vent Maximum Hydrogen Sulfide (H₂S) Concentration (outlet):		ppm	
Tail Gas Vent Maximum Concentration of Other Pollutant(s) (outlet):		Pollutant Name: ppm Pollutant Name: ppm Pollutant Name: ppm Pollutant Name: ppm	

Part VI: Control Devices Used to Remove H₂S and/or Other Pollutants

Are any other control devices being used to remove H ₂ S and/or other pollutants as part of this project?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", provide the following information:			
Description and Location of other control devices used to remove H₂S and/or other pollutant(s):			
Complete and submit this form for each control device:		<input type="checkbox"/> Attachment E210: Air Pollution Control Equipment (DEEP-NSR-APP-210)	

Part VII: Attachments

Please check the attachments being submitted as verification that all applicable attachments have been submitted with this application form. When submitting such documents, please label the documents as indicated in this Part (e.g., Attachment E201A-A, etc.) and be sure to include the applicant's name.

- Attachment E201A-A: *Process Information and Flow Diagram* – Submit a process flow diagram indicating all related equipment, air pollution control equipment and stacks, as applicable. Identify all materials entering and leaving each such device indicating quantities and parameters relevant to the proper operation of the device. Indicate all monitoring devices and controls. **REQUIRED**
- Attachment E201A-B: *Manufacturer Information* - Submit copies of the manufacturer specification sheets for the unit, the air pollution control equipment, and the monitoring systems. **REQUIRED**
- Attachment E202: *Fuel Burning Equipment (DEEP – NSR-APP-202)*
IF APPLICABLE AS INDICATED IN PART III OF THIS FORM
- Attachment E203: *Incinerators or Flares (DEEP-NSR-APP-203)*
IF APPLICABLE AS INDICATED IN PART IV OF THIS FORM
- Attachment E210: *Air Pollution Control Equipment (DEEP-NSR-APP-210)*
IF APPLICABLE AS INDICATED IN PARTS III OR VI OF THIS FORM