

EMISSION SOURCES - MAXIMUM ALLOWABLE EMISSION RATES

Permit No. 20315

This table lists the maximum allowable emission rates and all sources of air contaminants on the applicant's property covered by this permit. The emission rates shown are those derived from information submitted as part of the application for permit and are the maximum rates allowed for these facilities. Any proposed increase in emission rates may require an application for a modification of the facilities covered by this permit.

AIR CONTAMINANTS DATA

Emission Point No. (1)	Source Name (2)	Air Contaminant Name (3)	Emission Rates *	
			lb/hr	TPY
F1	Meal Dryer Cooler Deck Cyclone No. 1	PM ₁₀	0.22	0.96
		Hexane	7.88	34.49
F2	Meal Dryer Cooler Deck Cyclone No. 2	PM ₁₀	0.12	0.53
		Hexane	7.88	34.49
F3	Meal Dryer Cooler Deck Cyclone No. 3	PM ₁₀	0.53	2.30
G	Main Vent	Hexane	39.90	174.76
FUG	Fugitives	Hexane	26.25	114.98
BAG-1	Corn Germ Receiving Baghouse	PM ₁₀	0.05	0.20
BAG-2	Meal Loadout Baghouse	PM ₁₀	0.64	2.82
PB1	Screening Baghouse	PM ₁₀	1.07	4.69
PB3	Cake Transfer System	PM ₁₀	0.38	1.66
PB4	Grinding Aspiration No. 1	PM ₁₀	0.46	2.01
PB5	Grinding Aspiration No. 2	PM ₁₀	0.46	2.01
PB6	Dust Control Grinding	PM ₁₀	0.25	1.08
PB7	Grinding Aspiration No. 2	PM ₁₀	0.01	0.04

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Emission (*)	Source	Air Contaminant	Emission	Rates
Point No. (1)	Name (2)	Name (3)	lb/hr	TPY
PB8	Grinding Aspiration No. 3	PM ₁₀	0.46	2.01
PC9	Cake Overflow Cyclone	PM ₁₀	0.15	0.64
LC13	2nd Cut Delinter Cyclone Line C	PM ₁₀	4.98	16.70
LC14	2nd Cut Delinter Cyclone Line D	PM ₁₀	4.98	16.70
LC15	2nd Cut Delinter Cyclone Line E	PM ₁₀	4.86	16.31

(1) Emission point identification - either specific equipment designation or emission point number from plot plan.

(2) Specific point source name. For fugitive sources use area name or fugitive source name.

(3) PM₁₀ - particulate matter less than 10 microns

* Emission rates are based on and the facilities are limited by the following maximum operating schedule and throughputs:

24 Hrs/day 7 Days/week 52 Weeks/year or 8,760
Hrs/year

Dated _____