



- A ADD
- C CHANGE
- D DELETE

READ INSTRUCTIONS CONTAINED IN FORM 76-11-12 BEFORE ANSWERING ANY QUESTION

PROCESS, EXHAUST OR VENTILATION SYSTEM

APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE

1. NAME OF OWNER / FIRM NYC Department of Correction	9. NAME OF AUTHORIZED AGENT AKRF, Inc.	10. TELEPHONE 212-696-0670	19. FACILITY NAME (IF DIFFERENT FROM OWNER / FIRM) NYC-DOC-Rikers Island
2. NUMBER AND STREET ADDRESS 60 Hudson Street, Room 719	11. NUMBER AND STREET ADDRESS 440 Park Avenue South, 7th Floor		20. FACILITY LOCATION (NUMBER AND STREET ADDRESS) 17-25 Hazen Street
3. CITY - TOWN - VILLAGE New York	4. STATE NY	5. ZIP 10013	12. CITY - TOWN - VILLAGE New York
6. OWNER CLASSIFICATION A. <input type="checkbox"/> COMMERCIAL C. <input type="checkbox"/> UTILITY F. <input type="checkbox"/> MUNICIPAL I. <input type="checkbox"/> RESIDENTIAL B. <input type="checkbox"/> INDUSTRIAL D. <input type="checkbox"/> FEDERAL G. <input type="checkbox"/> EDUC. INST. J. <input checked="" type="checkbox"/> OTHER	15. NAME OF P.E. OR ARCHITECT PREPARING APPLICATION Ramon Li, P.E.	16. N.Y.S. P.E. OR ARCHITECT LICENSE NO. 646-388-9724	17. TELEPHONE 646-388-9724
7. NAME & TITLE OF OWNERS REPRESENTATIVE Gregory McLaughlin, Warden/Support Services Division	8. TELEPHONE 718-546-1429	21. CITY - TOWN - VILLAGE East Elmhurst, NY	
23. BUILDING NAME OR NUMBER Outside		24. FLOOR NAME OR NUMBER NA	
25. START UP DATE 07 / 2012		26. DRAWING NUMBERS OF PLANS SUBMITTED Figure 1	
27. PERMIT TO CONSTRUCT A. <input checked="" type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION		28. CERTIFICATE TO OPERATE A. <input type="checkbox"/> NEW SOURCE C. <input type="checkbox"/> EXISTING SOURCE B. <input type="checkbox"/> MODIFICATION	

29. EMISSION POINT ID	30. GROUND ELEVATION (FT.)	31. HEIGHT ABOVE STRUCTURES (FT.)	32. STACK HEIGHT (FT.)	33. INSIDE DIMENSIONS (IN.)	34. EXIT TEMP (°F)	35. EXIT VELOCITY (FT./SEC.)	36. EXIT FLOW RATE (ACFM)	37. SOURCE CODE	38. HRS / DAY	39. DAYS / YR	40. % OPERATION BY SEASON			
U 0 0 3 3	15.5	0	13.5	18	896	152	16,103		1	12	Winter	Spring	Summer	Fall
											2	5	2	5

41. DESCRIBE PROCESS OR UNIT
 One 2 MW black start emergency generator to be operated only during emergencies. The generator will be tested for 1 hour each month to ensure reliability. The generator will be an MTU model 16V 4000 G43 (T1638A36) diesel unit or equivalent unit.

42. EMISSION CONTROL EQUIPMENT ID.	43. CONTROL TYPE	44. MANUFACTURER'S NAME AND MODEL NUMBER	45. DISPOSAL METHOD	46. DATE INSTALLED MONTH / YEAR	47. USEFUL LIFE
None				/	
48.	49.	50.	51.	52.	53.

49. CALCULATIONS
 See attached emissions calculation sheet.

CONTAMINANT	NAME	CAS NUMBER	INPUT OR PRODUCTION	UNIT	ENV. RATING	EMISSIONS			% CONTROL EFFIC. BY	HOURLY EMISSIONS (LBS/HR)		ANNUAL EMISSIONS (LBS/YR)	
						ACTUAL	UNIT	HOW DET.		PERMISSIBLE	EXP.	ACTUAL	ACTUAL
Total Particulates		NY 7 5 - 0 0 - 0				0.88	01	4		0.88	0.88	11	0
Sulfur Dioxide		7 4 4 6 - 0 9 - 5				0.03	01	4		0.03	0.03	0.39	0
Nitrogen Oxides		NY 2 1 0 - 0 0 - 0				26.01	01	4		26.01	28.22	312	0
Carbon Monoxide		6 3 0 - 0 8 - 0				8.38	01	4		8.38	15.43	101	0
Volatile Organic Compounds		NY 9 9 8 - 0 0 - 0				1.72	01	124		1.72	1.72	21	0

144. TYPE	145. SOLID FUEL TONS / YR	146. % S	147. TYPE	148. LIQUID FUEL THOUSANDS OF GALLONS/YR	149. % S	150. TYPE	151. GAS THOUSANDS OF CFYR	152. STU/CF	153. APPLICABLE RULE	154. APPLICABLE RULE
	40			1,768	15 ppm					

155. SIGNATURE OF AUTHORIZED REPRESENTATIVE OR AGENT _____ DATE _____

156. LOCATION CODE _____ 157. FACILITY ID. NO. _____ 158. U.T.M. (E) _____ 159. U.T.M. (N) _____ 160. SIC NUMBER _____ 161. DATE APPL. RECEIVED _____ 162. DATE APPL. REVIEWED _____ 163. REVIEWED BY _____

PERMIT TO CONSTRUCT			
164. DATE ISSUED	165. EXPIRATION DATE	166. SIGNATURE OF APPROVAL	167. FEE
/ /	/ /		
CERTIFICATE TO OPERATE			
169. DATE ISSUED	170. EXPIRATION DATE	171. SIGNATURE OF APPROVAL	172. FEE
/ /	/ /		

173. 1. INSPECTED BY _____ DATE _____
 2. INSPECTION DISCLOSED DIFFERENCES AS BUILT VS. PERMIT, CHANGES INDICATED ON FORM
 3. ISSUE CERTIFICATE TO OPERATE FOR SOURCE AS BUILT
 4. APPLICATION FOR C.O. DENIED _____ DATE _____ INITIALS _____

174. SPECIAL CONDITIONS

1	2
3	4
5	6
7	8

AGENCY USE ONLY



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373-5108
Records Control (718) 595-3855

Date: December 2 2010

Installation #: _____

Reference: Rikers Island, 17-25 Hazen Street East Elmhurst NY 11370 Queens
Premise's Address City State Zip Borough

PROFESSIONAL CERTIFICATION

Being duly mindful of my responsibilities as a licensed Professional Engineer / Registered Architect in the State of New York and acting as designated agent for the applicant, I hereby certify that the application, plans, and all supplementary documents submitted in connection with this filing are complete and fully comply with all applicable laws, codes, rules, regulations, and directives of the Department of Environmental Protection, Bureau of Environmental Compliance of the City of New York in effect at the time filed.

N.Y.S. P.E. or R. A. Seal:

N.Y.S. P.E. or R. A. Signature:

N.Y.S. P.E. or R. A. Name:

Ramon Li, P.E.

N.Y.S. P.E. or R. A. License Number:

INSTRUCTIONS: Pursuant to Engineering Directive Number 1-78, this certification must be submitted in triplicate with all APC 5-0, APC 5-R, and APC 5-PA applications and does not preclude the necessity to sign and seal the certification now contained on the application forms.