

MINOR POLLUTION SOURCE APPLICATION

**FORM E014
07/2001**

1. Name of Company: _____

(As shown on Line 1 of Form E001)

2. Name of Equipment: _____

(As shown on Line 9 of Form E001)

3. Type of Operation: _____

4. Major Raw Materials: _____

5. Control Equipment Data:

<input type="checkbox"/> Emissions Uncontrolled	<input type="checkbox"/> Inertial Separators (File Form E105)
<input type="checkbox"/> Baghouse (File Form E102)	<input type="checkbox"/> Adsorption System (File Form E108)
<input type="checkbox"/> Wet Collecting Device (File Form E103)	<input type="checkbox"/> Flame or Catalytic Destruction (File Form E109)
<input type="checkbox"/> Electrostatic Precipitator (File Form E104)	<input type="checkbox"/> Masking Agent or Odor Counteragent (File Form E111)
<input type="checkbox"/> Other (specify): _____	

6. Control Equipment Efficiency:

Control equipment efficiency for each pollutant emitted by this equipment (from appropriate Form E102, E103, E104, E105, E107 or enter zeros if "A" is checked in Item 5):

	Pollutant	% Efficiency
	Particulates	_____
	SO _x	_____
	NO _x	_____
	CO	_____
	Hydrocarbons	_____
Other:	_____	_____
	_____	_____

7. Uncontrolled Emissions into Atmosphere:

	Pollutant	Amount Emitted (lbs/hr)
	Particulates	_____
	SO _x	_____
	NO _x	_____
	CO	_____
	Hydrocarbons*	_____
	_____	_____
	_____	_____

The values shown were determined by actual stack test (submit copy of stack test report with full details).
 The values shown were estimated (file Form E106 for each pollutant shown).
 *This should include only true hydrocarbons such as ethane, propane, ethylene, etc. List other organic compounds separately.

8. Those emissions indicated in Item 7 may at times under normal operating conditions cause (check one or more):

<input type="checkbox"/> Odors	<input type="checkbox"/> Eye Irritations
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Other nuisances outside of plant property
<input type="checkbox"/> Health Effects	<input type="checkbox"/> No environmental damage

9. Do the emissions from this equipment contain asbestos, mercury, or beryllium?

Yes No

10. Emission Point Data:

Stack height (emission point) above ground:	_____	Ft
Ground elevation above sea level at stack base:	_____	Ft
Stack Diameter:	_____	Ft
Volume of gas discharged into atmosphere:	_____	Cfm
Gas exit Temperature:	_____	°F

11. Average Equipment Operating Time:

Daily	_____	Hours
Weekly	_____	Days
Yearly	_____	Weeks

*This is to certify that I am familiar with the operations concerning this equipment and that the information provided on this application is true and complete to the best of my knowledge. **This form must be completely filled out before it will be acceptable.***

Mail to:
 CHATTANOOGA-HAMILTON COUNTY
 AIR POLLUTION CONTROL BUREAU
 2034 Hamilton Place Blvd. Suite 300
 Chattanooga, TN 37421

Company Official: _____
Signature

Title: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

_____ Engineer Approval This form corresponds to permit number: _____

UTM coordinates of company: EW: _____ NS: _____

Special Notations: _____

