

**PROCESS EQUIPMENT APPLICATION**

FORM E010  
07/2000

1. **Name of Company** (as shown on Line 1, Form E001): \_\_\_\_\_
2. **Equipment Name** (as shown on Line 10, Form E001): \_\_\_\_\_
3. **Installation Date:** \_\_\_\_\_ 4. **Type of Process:** \_\_\_\_\_
5. **Major Raw Materials Used:** \_\_\_\_\_

6. **Process Weight:** \_\_\_\_\_ Pounds per hour  
This is the total weight of all materials introduced into the process.

7. **Control Equipment**

Emissions Uncontrolled	Baghouse (File Form E102)
Wet Collecting Device (File Form E103)	Inertial Separators (File Form E105)
Electrostatic Precipitator (File Form E104)	Other – Specify: _____

8. **Control Efficiency**

Enter the control efficiency for each pollutant emitted by this equipment (for appropriate Forms E102, E103, E104, E105, E107, or enter zeros if the emissions are uncontrolled as noted in Item 7.

Pollutant	% Efficiency
Particulates	_____
SO <sub>x</sub>	_____
NO <sub>x</sub>	_____
CO	_____
Hydrocarbons	_____
Other:	_____

9. **Emissions Summary**

Enter the amount of each pollutant listed in pounds per hour.

Pollutant	Uncontrolled Emissions (File Form E106)	Actual Emissions (Stack Test Report)		Estimated Emissions (See Formula A)
Total Suspended Particulate	_____	_____	OR	_____
PM10	_____	_____		_____
Sulfur Oxides	_____	_____		_____
Nitrogen Oxides (as NO <sub>2</sub> )	_____	_____		_____
Other (specify)	_____	_____		_____
	_____	_____		_____

Formula A: Estimated Emissions =  $\frac{(100\% - \text{Control Efficiency (\%)})}{100\%}$  X Uncontrolled Emissions

10. **Environmental Impact**

Those emissions indicated in Item 9 may at times under normal operating conditions cause (check all that apply):

Odors	Eye Irritations	Property Damage	Health Effects
Other nuisances outside of plant property	No environmental damage		

11. **Emission Point Data**

Stack Height (emission point) above ground: _____ Ft.	Volume of gas discharged into atmosphere: _____ cfm
Ground Elevation above sea level at stack base: _____ Ft.	Gas exit temperature: _____ °F
Stack Diameter: _____ Ft.	

12. **Ave. 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.

\_\_\_\_\_  
Company Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

CHATTANOOGA-HAMILTON COUNTY  
AIR POLLUTION CONTROL BUREAU  
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