Masking Agent or Odor Counteragent (Must File Form E001)

FORM E111 07/2001

1.	Nan	me of Company:	(As shown on Line 1 of Form E001)			
2.	Nan	me of Equpment:				
_			(As shown on Line 9 of Form E001)			
3.	A. T B. C	cess Information: Type of process this equip Odor caused by: Physical state of odors ma	Product I	By Product Waste Liquid Gaseous		
4.	Emi	issions Data:				
+.		List all odorous emissions	s discharged into the atmosphere r Contaminant	Amount Emitted (lbs/hr)		
	В.	These emissions and a conditions cause (chec Property Damage Health Effects	ck all that apply): E	t or alteration of these emission may under normal operating No Environmental Damage outside of plant property Do Not Know		
5.	Emi	ission Point Data:				
·	A.	Stack height above gro Ground elevation abov Stack diameter: Uncorrected exit gas vo Exit gas temperature:	elocity:	Ft		
	В.	Are emissions fugitive	in nature: Yes – (Desc	cribe):		
6.	General Information: A. Operation Time – Indicate operational times during normal conditions: Period Total Hours					
			Fall			
			Winter			
			Spring			
			Summer			
			Daily			
			Weekly			
	В.	or masking agent will be stack or atmosphere, m producing substance, e				
	C.		ng substance that will be treated: rous Substance	Counteragent or Masking Agent and Concentration		

Mail to: CHATTANOOGA-HAMILTON COUNTY AIR POLLUTION CONTROL BUREAU 6125 Preservation Drive Chattanooga, TN 37416	Company Official: Title: Date:	Signature
De	O NOT WRITE BELOW THIS LINE	
Engineer Approval	This form corresponds to permit number:	

Submit drawings and specifications for all equipment and their locations.

7.