## 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 Do Not Know
5.	Emi	ission Point Data:		
J.	A.	Stack height above gro	elocity:	Ft Exit gas direction: Up Ft Down Ft Horizontal Ft/sec oF
	В.	Are emissions rugiuve	n nature: Yes – (Desc	cribe):
6.		neral Information: Operation Time – Indicate	e operational times during normal	conditions:  Total Hours
			Fall	
			Winter	
			Spring	
			Summer	
			Daily	
		~ 1 . 1	Weekly	
	B. C.	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:	Company Official:	
CHATTANOOGA-HAMILTON COUNTY		Signature
AIR POLLUTION CONTROL BUREAU	Title:	
2034 Hamilton Place Blvd. Suite 300 Chattanooga, TN 37421	Date:	
DO N	OT WRITE BELOW THIS LINE	
DO N  Engineer Approval	This form corresponds to permit number	r:
		r:

Submit drawings and specifications for all equipment and their locations.

7.