

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

FORM APC-9 (Page 1 of 2)
(Please Type or Print)

ORGANIC SOLVENTS AND DEGREASERS

ONE COPY OF THIS FORM MUST BE FILLED OUT COMPLETELY FOR EACH PLANT.

1. Business license Name of Corporation, Company, or Individual owner or operator or Governmental agency under which application is submitted:

2. Solvent Usage:

SOLVENTS USED	USAGE IN GAL/DAY

3. List Equipment used:

4. Operating Schedule:

A. Hours per day _____

B. Days per week _____

C. Weeks per year _____

D. Indicate percent of yearly operation that occurs during the following quarters (total must be 100):

DEC-FEB	MAR-MAY	JUNE-AUG	SEPT-NOV

If a degreaser is used, complete questions 5 through 8.

5. Dimensions of hood _____ wide X _____ long

6. Type of vapor level controls: THERMOSTATIC WATER RING OTHER NONE

7. Solvent drained and discarded _____ gal/month

8. Complete items 1, 2, & 3 in the Table below:

POLLUTANT	1	FOR OFFICE USE ONLY				2		3 METHOD OF MEASUREMENT*
	PRE-SENT ?	POTENTIAL EMISSIONS		ALLOWABLE EMISSIONS		ACTUAL EMISSIONS		
		LB/HR	LB/HR	LB/HR	LB/HR	LB/HR	LB/HR	
PARTICULATE								
SULFUR DIOXIDE								
NITROGEN OXIDES								
HYDROCARBONS								
CARBON MONOXIDE								

*ATTACH A COPY OF THE TEST PROCEDURE, PROCESS MATERIAL BALANCE STUDY OR OTHER BASIS USED AS METHOD OF MEASUREMENT