

**Knox County Department of Air Quality Management**  
 APC-13 Form: Proposed Schedule of Corrective Action  
 (Please Type or Print)



<b>1. Business information:</b>		<b>Air Quality Use Only</b>	
Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted		<b>Source Number</b>	
Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency	Telephone	Fax	
<b>2. Mailing address:</b>			
Street		City, State, Zip	
<b>3. Address at which the source is operated:</b>			
Street		City, State, Zip	
<b>4. Source of operation affected:</b>			
Type of Equipment		Manufacturer	
Description and Details			
<b>5. Proposed action:</b> (attach additional sheets if necessary)			
Describe the method proposed for controlling this source. The description must be sufficient in detail to enable Air Quality to evaluate the control plan.			

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<b>6. Compliance schedule:</b>		
Action	Starting Date	Completion Date
Engineering		
Procurement		
Fabrication		
Installation		
Adjustment		

**7. Comments**

**8. This proposed schedule of corrective action is submitted to explain and describe action which will be taken to control emissions. The Director is requested to consider this proposed schedule of corrective action in determining action with regard to such emissions.**

Print name of the responsible official	Title
Signature of responsible official	Date of application