

Knox County Department of Air Quality Management
 Non-Title V Permit Application
 APC-9 Form: Solvent/Degreaser Source Data
 (Please Type or Print)



Please fill out a form for each solvent/degreaser source			
1. Business information:			Air Quality Use Only
Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted			
2. Emission unit name:			Source Number
			Emission Unit Number
3. Describe articles cleaned/degreased:			
4. Operating schedule:			
Hours per day	Days per week	Weeks per year	Days per year
5. Percentage of yearly operation that occurs during the following quarters: (total must equal 100%)			
Dec-Jan-Feb	Mar-April-May	June-July-Aug	Sept-Oct-Nov
6. Solvent/degreaser equipment data:			
Solvent/degreaser equipment manufacturer	Model number	Date constructed or last modified	
Equipment type: <input type="checkbox"/> Vapor <input type="checkbox"/> Cold-cleaning <input type="checkbox"/> ConveyORIZED <input type="checkbox"/> Other (describe):			
Tank data (if applicable):	Width (ft)	Height (ft)	Length (ft)
7. Solvent(s) used:			
Solvent	Input rates (gallons/month)		
	Average	Maximum	
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			

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8. Exhaust stack and control device data: (complete for each vent/stack and attach additional sheets if necessary)

Height above grade (ft)	Diameter (ft)	Flow (actual ft ³ /min)	Temperature (°F)	Direction of Exit (up, down, or horizontal)	Distance to nearest property line (ft)

Control device(s): <input type="checkbox"/> None <input type="checkbox"/> Surface condensers <input type="checkbox"/> Closed loop <input type="checkbox"/> Adsorption <input type="checkbox"/> Other (describe):	Control Efficiency (%)
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Emission units that share this stack:

9. Compliance demonstration and monitoring/recording devices:

Description of proposed monitoring and recordkeeping to assure compliance with emission limits. Include operating parameters of source and/or control device being monitored (temperature, pressure drop, etc.).

Check all attached monitoring and recording devices:	<input type="checkbox"/> No monitor <input type="checkbox"/> Pressure drop gauge <input type="checkbox"/> Temperature gauge <input type="checkbox"/> Electronic data logger <input type="checkbox"/> Strip chart <input type="checkbox"/> Other (describe):
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10. Comments

11. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.

Signature of responsible official	Date of application
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