

FORM X

WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
BUREAU OF ENVIRONMENTAL QUALITY

PROCESS, EXHAUST OR VENTILATION SYSTEM

APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE

38. DESCRIBE PROCESS OR UNIT	1.		2.						
	3.		4.						
	5.		6.						
	7.		8.						
39. EMISSION CONTROL EQUIPMENT I.D.	40. CONTROL TYPE	41. MANUFACTURER'S NAME AND MODEL NUMBER			42. DISPOSAL METHOD	43. DATE INSTALLED MONTH/YEAR	44. USEFUL LIFE		
CONTAMINANT		EMISSIONS			50. % CONTROL EFFICIENCY	HOURLY EMISSIONS (LBS/Hr)		ANNUAL EMISSIONS (LBS/YR)	
45. NAME	46. CAS NUMBER	47. ACTUAL	48. UNIT	49. HOW DET.		51. ERP	52. ACTUAL	53. ACTUAL	54. 10 <sup>x</sup>
Upon completion of construction sign the statement listed below and forward to the appropriate filed representative THE PROCESS EXHAUST OR VENTILATION SYSTEM HAS BEEN CONSTRUCTED AND WILL BE OPERATED IN ACCORDANCE WITH STATED SPECIFICATIONS AND IN CONFORMANCE WITH ALL PROVISIONS OF EXISTING REGULATIONS.						55. Signature of Authorized Representative of Agent		Date	