

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT
FORM APC-10 **PERMIT APPLICATION - OVEN**

(Please type or print)

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

1. BUSINESS LICENSE NAME OF CORPORATION, COMPANY, INDIVIDUAL OWNER, OR GOVERNMENT AGENCY UNDER WHICH APPLICATION IS SUBMITTED:

2. OVEN MANUFACTURER: _____

3. OVEN DIMENSIONS: _____ WIDTH X _____ LENGTH X _____ HEIGHT

4. FUEL (DESIGN RATING):

GAS TYPE _____ CU FT/HR _____

OIL GRADE _____ GAL/HR _____

ELECTRIC ELEMENTS INFRA-RED

OTHER TYPE _____ RATE _____

STANDBY FUEL YES TYPE _____ NO

5. OPERATING SCHEDULE:

A. HOURS PER DAY _____

C. WEEKS PER YEAR _____

B. DAYS PER WEEK _____

D. INDICATE PERCENTAGE OF YEARLY OPERATIONS THAT OCCURS DURING THE FOLLOWING QUARTERS (TOTAL MUST BE 100)

| JAN-MAR | APR-JUN | JUL-SEP | OCT-DEC |
|---------|---------|---------|---------|
| | | | |

6. OPERATION: CONTINUOUS BATCH _____ HRS/BATCH

7. ARE COATINGS APPLIED IN SPRAY BOOTH? YES _____ BOOTH NO. NO

| POLLUTANT | 1 PER- CENT | FOR OFFICE USE ONLY | | | | 2 | | 3 METHOD OF MEASUREMENT* |
|-----------------|-------------------|---------------------|---------|---------------------|----------|------------------|---------|--------------------------------|
| | | POTENTIAL EMISSIONS | | ALLOWABLE EMISSIONS | | ACTUAL EMISSIONS | | |
| | | LB/HR | TONS/YR | LB/HR | TONS/YR. | LB/HR | TONS/YR | |
| 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