

# KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

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(Please Type or Print)

ORGANIC SOLVENTS AND DEGREASERS

ONE COPY OF THIS FORM MUST BE FILLED OUT COMPLETELY FOR EACH DRY CLEANING 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

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

POLLUTANT	1	FOR OFFICE USE ONLY				2		3 METHOD OF MEASURE- MENT*
	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