

KNOX COUNTY DEPARTMENT OF AIR QUALITY MANAGEMENT

FORM APC-8

DRY CLEANING PLANTS

(Please Type or Print)

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. List all types and quantity of organic solvent used: (Any other convenient measure such as lbs. per day or gals. per day may be used if desired and specified.)

Trichloroethylene _____ 55 Gal. drums per month

Perchloroethylene _____ 55 Gal. drums per month

Other (Specify) _____ 55 Gal. drums per month

3. Operational Data:

A. Hours per day _____

C. Weeks per year _____

B. Days per week _____

D. Indicate percent of yearly operation that occurs during the following quarters (total must be 100):

DEC-FEB	MAR-MAY	JUNE-AUG	SEPT-NOV

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

POLLUTANT	1	FOR OFFICE USE ONLY				2		3	
	PRE-SENT ?	POTENTIAL EMISSIONS		ALLOWABLE EMISSIONS		ACTUAL EMISSIONS			METHOD OF MEASUREMENT*
		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