

FORM Y

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY
UNIT PROCESS
STATIONARY COMBUSTION INSTALLATION
APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE**

34. PERMIT TO CONSTRUCT A. <input type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION C. <input type="checkbox"/> EXISTING SOURCE		35. CERTIFICATE TO OPERATE A. <input type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION C. <input type="checkbox"/> EXISTING SOURCE		36. UNIT MANUFACTURER'S NAME & MODEL NUMBER		37. UNIT HEAT INPUT (MMBTU/HR)		38. AIR INTAKE	
39. BURNER TYPE	40. BURNER MANUFACTURER'S NAME AND MODEL NO.			41. FUEL TYPE	42. AVG. QTY FUEL/HR	43. MAX. QTY FUEL/HR	44. QTY OF FUEL/YR	45. HRS/DAY	46. DAYS/YR
47. BURNER TYPE	48. BURNER MANUFACTURER'S NAME AND MODEL NO.			49. FUEL TYPE	50. AVG. QTY FUEL/HR	51. MAX. QTY FUEL/HR	52. QTY OF FUEL/YR	53. HRS/DAY	54. DAYS/YR

55. CONTROL TYPE	56. MANUFACTURER'S NAME & MODEL NO.	57. DISPOSAL METHOD
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58. DESCRIPTION OF PROCESS

ATTACH SEPARATE SHEET SHOWING DETAILS ON THE CALCULATON OF CONTAMINANT (UNIT PROCESS) SIGNED AND SEALED BY NYSPE

59. CONTAMINANT		61. CONTROL EFFICIENCY	62. ACTUAL HOURLY EMISSIONS	63. ACTUAL ANNUAL EMISSIONS
NAME	CAS NUMBER	%	LBS/Hr	LBS/Yr
TOTAL PARTICULATES	NY075-00-0			
SULFUR DIOXIDE	7448-09-0			
NITROGEN OXIDES	NY210-00-0			
CARBON MONOXIDE	630-08-0			

PROFESSIONAL ENGINEER
DATE
SEAL/STAMP