

FORM B1

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY

PROCESS, EXHAUST OR VENTILATION SYSTEM

APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE

| 1. NAME OF OWNER/FIRM | | | | 2. NAME OF PROFESSIONAL ENGINEER | | | 9. TELEPHONE | | 18. FACILITY NAME | | | | |
|--|-----------------------|----------------------------------|---|--|--------------------------|---|---|--|---|---------------------|--|--|--|
| 2. NUMBER AND STREET ADDRESS | | | | 10. NUMBER AND STREET ADDRESS | | | | | 19. FACILITY LOCATION (# & ST. ADDRESS) | | | | |
| 3. CITY-TOWN-VILLAGE | | 4. STATE | 5. ZIP | 11. CITY-TOWNVILLAGE | | 12. STATE | 13. ZIP | | 20. CITY-TOWNVILLAGE | | 21. ZIP | | |
| | | | | 14. NYSPE STAMP/SEAL | | 15. NYSPE LICENSE # | 16. DATE OF SIGNATURE | | 22. BUILDING NAME OR NO. | | 23. START UP DATE ____/____/____ MO. YR. | | |
| | | | | 6. NAME & TITLE OF OWNERS REP. | | | 7. TEL. # | 17. SIGNATURE OF PROFESSIONAL ENGINEER WHEN APPLYING FOR A PERMIT TO CONSTRUCT | | | | 24. DRAWING NUMBERS OF PLANS SUBMITTED | |
| 25. EMISSION POINT NO. | 26. GROUND ELEV.(FT.) | 27. HEIGHT ABOVE STRUCTURES (FT) | | 28. STACK HGT.(FT) | 29. INSIDE DIMEN.(IN) | 30. EXIT TEMP (°F) | 31. EXIT VELOCITY (FT./SEC.) | | 32. EXIT FLOW RATE (ACFM) | | | | |
| | | | | | | | | | | | | | |
| 33. PERMIT TO CONSTRUCT A. <input type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION | | | 34. CERTIFICATE TO OPERATE A. <input type="checkbox"/> NEW SOURCE C. <input type="checkbox"/> EXISTING SOURCE B. <input type="checkbox"/> MODIFICATION | | | 35. % OPERATION BY SEASON WINTER SPRING SUMMER FALL / / / / | | | | 36. HRS./DAY | | 37. DAYS/YR. | |
| 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 | | |
| | | | | | | | | | | | | | |
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| CONTAMINANT | | EMISSIONS | | | 50. % CONTROL EFFICIENCY | HOURLY EMISSIONS (LBS/HH) | | ANNUAL EMISSIONS (LBS/YR) | | | | | |
| 45. NAME | 46. CAS NUMBER | 47. ACTUAL | 48. UNIT | 49. HOW DET. | | 51. ERP | 52. ACTUAL | 53. ACTUAL | | 54. 10 ^x | | | |
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| Upon completion of construction sign the statement listed below and forward to the appropriate filed representative | | | | | | | 55. Signature of Authorized Representative of Agent | | | | Date | | |
| 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. | | | | | | | | | | | | | |