



MAJOR SOURCE OPERATING PERMIT APPLICATION
COMPLIANCE DEMONSTRATION BY PORTABLE MONITORS

1. FACILITY NAME:		
2. STACK ID OR FLOW DIAGRAM POINT IDENTIFICATION (S):	3. PROCESS EMISSION SOURCE (IDENTIFY):	4. POLLUTANT(S) BEING MONITORED:
5. NAME OF MANUFACTURER (IF AVAILABLE):	6. MODEL NUMBER (IF AVAILABLE):	
7. TYPE: _____ IN SITU _____ EXTRACTIVE _____ DILUTION _____ OTHER (SPECIFY): _____		
8. DESCRIBE HOW MONITOR WORKS.		
9. COMPLIANCE DEMONSTRATION FREQUENCY (SPECIFY THE FREQUENCY WITH WHICH COMPLIANCE WILL BE DEMONSTRATED):		
12. PAGE NUMBER:	REVISION NUMBER:	DATE OF REVISION:

INSTRUCTIONS FOR APC FORM V.21
COMPLIANCE DEMONSTRATION BY PORTABLE MONITORS

SOURCES THAT ARE REQUIRED TO OBTAIN A PERMIT UNDER PARAGRAPH 1200-3-9-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF APPLICABLE. APPLICATIONS ARE INCOMPLETE UNLESS ALL APPLICABLE INFORMATION REQUESTED HEREIN IS SUPPLIED. FAILURE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED BY THE TECHNICAL SECRETARY TO ENABLE HIM TO ACT ON THE APPLICATION MAY RESULT IN DENIAL OF THIS APPLICATION. IF THERE IS ADDITIONAL INFORMATION THAT WILL NOT FIT ON A FORM, PLEASE DECLARE THE INFORMATION ON ADDITIONAL SHEET(S) AND ATTACH IT TO THE BACK OF THE ORIGINAL.

ONE FORM SHOULD BE COMPLETED FOR EACH STACK OR PROCESS BEING MONITORED FOR COMPLIANCE.

IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION TO DEFINE ALTERNATIVE OPERATING SCENARIOS OR DEFINE PERMIT TERMS AND CONDITIONS ALLOWING EMISSIONS TRADING UNDER A FEDERALLY ENFORCEABLE EMISSIONS CAP TO BE ESTABLISHED IN THE PERMIT, PLEASE DECLARE THE INFORMATION ON AN APC FORM(S) OR ON ADDITIONAL SHEET(S). UNLESS OTHERWISE REQUESTED AS A LIMITING CONDITION, PERMIT IS BASED ON 8,760 HRS/YR.

ITEM 2 PROVIDE THE STACK IDENTIFICATION NUMBER OR ID OF THE STACK WHICH EXHAUSTS THIS EQUIPMENT. THIS NUMBER SHOULD ALSO APPEAR ON THE APC FORM V.3.

ITEM 3 IDENTIFY THE EMISSION SOURCE.

ITEM 4 IDENTIFY POLLUTANTS BEING MONITORED.

ITEM 7 INDICATE THE TYPE OF MONITOR.

ITEM 8 DESCRIBE HOW THE MONITOR WORKS.

ITEM 9 INDICATE THE FREQUENCY WITH WHICH COMPLIANCE WILL BE DEMONSTRATED FOR ITEM 4.

ITEM 10 PAGE NUMBER MUST BE FILLED IN. REVISION NUMBER AND DATE OF REVISION ARE TO BE FILLED IN ONLY IF THE INFORMATION ON THIS FORM IS BEING REVISED.

IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".