

FORM Y

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY

STATIONARY COMBUSTION INSTALLATION

APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE

37. UNIT TYPE		38. UNIT MANUFACTURER'S NAME & MODEL NUMBER			39. UNIT HEAT INPUT			40. AIR INTAKE	
41. BURNER TYPE	42. NO. OF BURNERS	43. BURNER MANUFACTURER'S NAME & MODEL NO.			44. FUEL TYPE	45. AVG. QTY. OF FUEL/HR.	46. MAX. QTY. OF FUEL/HR.	47. QTY. OF FUEL/YR.	
48. HRS./DAY		49. DAYS/YR.	50. % OPERATION BY SEASON				51. NAME OF SUPPLIER(S)		
			Winter	Spring	Summer	Fall			
			/	/	/	/			
52. BURNER TYPE	53. NO. OF BURNERS	54. BURNER MANUFACTURER'S NAME & MODEL NO.			55. FUEL TYPE	56. AVG. QTY. OF FUEL/HR.	57. MAX. QTY. OF FUEL/HR.	58. QTY. OF FUEL/YR.	
59. HRS./DAY		60. DAYS/YEAR	61. % OPERATION BY SEASON				62. NAME OF SUPPLIER(S)		
			Winter	Spring	Summer	Fall			
			/	/	/	/			
63. EMISSION CONTROL EQUIP. I.D.	64. CONTROL TYPE	65. MANUFACTURER'S NAME & MODEL NO.			66. DISPOSAL METHOD	67. DATE INSTALLED MO./YR.	68. USEFUL LIFE		
TO BE COMPLETED FOR ALL SOURCES USING ITEM 25									
CONTAMINANT		EMISSIONS			74. % CONTROL EFFICIENCY	HOURLY EMISSIONS (LBS/Hr)		ANNUAL EMISSIONS (LBS/YR)	
69. NAME	70. CAS NUMBER	71. ACTUAL	72. UNIT	73. HOW DET.		75. ACTUAL		76. ACTUAL	77. 10 ^x
TOTAL PARTICULATES	NY075-00-0								
SULFUR DIOXIDE	7448-09-0								
NITROGEN OXIDES	NY210-00-0								
CARBON MONOXIDE	630-08-0								
Upon completion of construction sign the statement listed below and forward to the appropriate filed representative					78. Signature of Authorized Representative of Agent			Date	
THE STATIONARY COMBUSTION INSTALLATION HAS BEEN CONSTRUCTED AND WILL BE OPERATED IN ACCORDANCE WITH STATED SPECIFICATIONS AND IN CONFORMANCE WITH ALL PROVISIONS OF EXISTING REGULATIONS.									