

SHELBY COUNTY HEALTH DEPARTMENT  
POLLUTION CONTROL SECTION  
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NOT TO BE USED FOR TITLE V APPLICATIONS

## DEGREASER SOURCE DESCRIPTION

<b>PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH DEGREASER. ATTACH TO THE PERMIT APPLICATION.</b>					
<b>1. ORGANIZATION'S LEGAL NAME:</b>				<b>SCHD-APC FACILITY ID.:</b>	
<b>2. EMISSION SOURCE NUMBER:</b>			<b>NAICS CODE:</b>	<b>SCHD-APC PERMIT ID.:</b>	
<b>3. SOURCE LOCATION</b>	<b>LATITUDE:</b>	<b>LONGITUDE:</b>	<b>UTM VERTICAL:</b>	<b>UTM HORIZONTAL:</b>	
<b>4. DEGREASER MANUFACTURER:</b>			<b>MODEL NUMBER:</b>	<b>SERIAL NUMBER:</b>	
<b>CONSTRUCTION DATE:</b>		<b>MODIFICATION DATE:</b>		<b>DESCRIBE ANY MODIFICATIONS:</b>	
<b>5. DEGREASER</b>	<b>VAPOR:</b>	<b>COLD CLEANING:</b>	<b>CONVEYORIZED:</b>	<b>OTHER (DESCRIBE)</b>	
<b>6. TANK DIMENSIONS (FT)</b>	<b>WIDTH:</b>	<b>HEIGHT:</b>	<b>LENGTH:</b>		
<b>7. DESCRIBE ARTICLES DEGREASED:</b>					
<b>8. NORMAL OPERATION</b>	<b>HOURS/DAY:</b>	<b>DAYS/WEEK:</b>	<b>WEEKS/YEAR:</b>	<b>DAYS/YEAR:</b>	
<b>9. SOLVENT(S) USED*</b>	<b>AVERAGE (GALLONS/MONTH)</b>	<b>MAXIMUM (GALLONS/MONTH)</b>	<b>POUNDS/GALLON</b>	<b>FOR APC USE ONLY (TONS/YEAR)</b>	
A. 1,1,1-TRICHLOROETHANE (METHYL-CHLOROFORM)			11.0		
B. TRICHLORO-TRIFLUOROETHANE					
C. STODDARD (NAPHTHA)					
D. PERCHLOROETHYLENE			13.47		
E. METHYLENE CHLORIDE			10.98		
F. TRICHLOROETHYLENE			12.11		
G. TOLUENE			7.26		
H. OTHER (SPECIFY)					
			<b>TOTAL (ROWS C. THROUGH H. ONLY)</b>		
<b>10. EXHAUST GAS CONTROL</b>	<b>NONE:</b>	<b>SURFACE CONDENSERS:</b>	<b>CLOSED LOOP:</b>	<b>ADSORPTION:</b>	<b>OTHER (DESCRIBE):</b>
	<b>CAPTURE EFFICIENCY (%):</b>		<b>REMOVAL EFFICIENCY(%):</b>		<b>OVERALL CONTROL EFFICIENCY (%):</b>

\* SEE INSTRUCTIONS FOR FURTHER DETAILS. A MATERIAL SAFETY DATA SHEET (MSDS) MUST BE ATTACHED FOR EACH SOLVENT USED.

(OVER)

11.

COMMENTS: