

SANTA BARBARA AIR POLLUTION CONTROL DISTRICT

260 North San Antonio Rd, Suite A
 (805) 979-8050 FAX (805) 594-0142

Equipment & Emissions Summary

CO/AGENCY _____ PREPARED BY _____ PHONE _____

LOCATION _____ DATE _____

BRIEF DESCRIPTION OF THE ARTICLE, MACHINE, EQUIPMENT OR CONTRIVANCE WITH ID NO. AND/OR PTO NO.	1. MAXIMUM HOURLY PROCESS FEED OR USAGE RATE 2. AVERAGE HOURLY PROCESS FEED OR USAGE RATE 3. MAXIMUM ANNUAL PROCESS FEED OR USAGE RATE	OPERATING SCHEDULE (SHOW BOTH): 1. HOURS/DAY 2. DAYS/YR	FOR EACH STACK (OR VENT): EXIT DIAMETER & HEIGHT FROM GROUND LEVEL, EXHAUST FLOW RATE (scfm), EXHAUST CONCENTRATION (ppmv and/or grains/dsf), AND TEMPERATURE	POLLUTANT IN UNITS OF (SHOW BOTH): A. lbs/hr B. lbs/day C. Tons/year (TPY)							FOR APCD USE ONLY
				ROC	NOx	SOx	CO	TSP	PM ₁₀	OTHER	

NOTES: 1. Attach calculations or source test data to support emissions reported above. Indicate what assumptions were made and reference any emission factors used.
 2. Is stack equipped with (a) continuous monitor? ___ YES. ___ NO. (b) sampling ports? ___ YES. ___ NO.

PREPARERS REMARKS: