

## AIR EMISSION CHECKLIST

### Other Emission Sources

- 1) Submitted By  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
- 2) Facility Name and Project #: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3) Unit Number: \_\_\_\_\_
- 4) Process Description: \_\_\_\_\_
- 5) Manufacturer: \_\_\_\_\_  
Model Number: \_\_\_\_\_
- 6) Installation Date: \_\_\_\_\_ Construction Start Date: \_\_\_\_\_  
[Removal Date for Existing Sources: \_\_\_\_\_ *See Question 14*]
- 7) Material Handled: \_\_\_\_\_
- 8) Rated Throughput: \_\_\_\_\_ (include units)
- 9) Stack/Exhaust Exits: Stacks must discharge vertically  
Stack/Exhaust Exit No: \_\_\_\_\_  
Height: \_\_\_\_\_ feet above grade  
Inside Dimension(s): \_\_\_ feet diameter or \_\_\_ feet x \_\_\_\_\_ feet  
Exhaust Gas Flow: \_\_\_ acfm @ \_\_\_\_\_ degrees F
- 10) Please describe process in detail:

### **Additional Information Requested**

11) A site plan that indicates the relative position of the discharge stack on the building, as well as any nearby offsite buildings, property lines or fences. All building and stack heights also need to be indicated.

12) Any form of metering available that will allow ongoing reporting of operation to MPCA.

13) Please provide information regarding pollution control equipment, booths and collection take-off points for the emission source. Attach plans and specifications sufficient to determine emissions.

14) Are any units being replaced or removed as part of this project? If yes, please complete a second form, which indicates the planned removal date in question 6 as well as all other checklist information.

### **Notes**

Item 3 - Unit number refers to any established code by which the equipment is referred to in plans or specifications. If none, leave blank.

Item 9 - Exhaust gas flow is in actual cubic feet per minute (acfm) at the designated temperature in degrees Fahrenheit. Stack/exhaust exit number refers to any established code by which the stack is referred to on plans or specifications. If none, leave blank.

### **Please Return To:**

**Environmental Compliance Specialist  
Department of Environmental Health and Safety  
W-135 Boynton Health Service  
410 Church Street  
University of Minnesota  
Minneapolis, MN 55455  
Phone: (612) 626-7095  
Fax: (612) 624-1949**

### **End of Appendix HH**

**Part 4 - New Processes and Equipment that may Require Air Permits  
University of Minnesota Facilities Management and  
Department of Environmental Health & Safety  
March 2006**