FORM B1

WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY

PROCESS, EXHAUST OR VENTILATION SYSTEM

APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE

1. NAME OF OWNER/FIRM			2. NAME OF PROFESSIONAL ENGINEER	9. TELEPHONE		18. FACILITY NAME	
2. NUMBER AND STREET ADDRESS			10. NUMBER AND STREET ADDRESS			19. FACILITY LOCATION (# & ST. ADDRESS)	
3. CITY·TOWN·VILLAGE	4. STATE	5. ZIP	11. CITY·TOWNVILLAGE	12. STATE	13. ZIP	20. CITY·TOWNVILLAGE	21. ZIP
			14. NYSPE STAMP/SEAL	15. NYSPE LICENSE #	16. DATE OF SIGNATURE	22. BUILDING NAME OR NO.	23. START UP DATE _____/_____ MO. YR.
6. NAME & TITLE OF OWNERS REP.		7. TEL. #	17. SIGNATURE OF PROFESSIONAL ENGINEER WHEN APPLYING FOR A PERMIT TO CONSTRUCT			24. DRAWING NUMBERS OF PLANS SUBMITTED	

25. EMISSION POINT NO.	26. GROUND ELEV(FT.)	27. HEIGHT ABOVE STRUCTURES (FT)	28. STACK HGT.(FT)	29. INSIDE DIMEN.(IN)	30. EXIT TEMP (°F)	31. EXIT VELOCITY (FT./SEC.)	32. EXIT FLOW RATE (ACFM)		

33. PERMIT TO CONSTRUCT	34. CERTIFICATE TO OPERATE	35. % OPERATION BY SEASON				36. HRS./DAY	37. DAYS/YR.
A. □ NEW SOURCE B. □ MODIFICATION	A. □ NEW SOURCE C. □ EXISTING SOURCE B. □ MODIFICATION	WINTER /	SPRING /	SUMMER /	FALL /		

38. DESCRIBE PROCESS OR UNIT		
	1.	2.
	3.	4.
	5.	6.
	7.	8.

39. EMISSION CONTROL EQUIPMENT I.D.	40. CONTROL TYPE	41. MANUFACTURER'S NAME AND MODEL NUMBER	42. DISPOSAL METHOD	43. DATE INSTALLED MONTH/YEAR	44. USEFUL LIFE

CONTAMINANT		EMISSIONS			50. % CONTROL	HOURLY EMISSIONS (LBS/HH)		ANNUAL EMISSIONS (LBS/YR)	
45. NAME	46. CAS NUMBER	47. ACL	48. UNIT	49. HOW DET.	EFFICIENCY	51. ERP	52. ACTUAL	53. ACTUAL	54. 10^X

Upon completion of construction sign the statement listed below and forward to the appropriate filed representative	55. Signature of Authorized Representative of Agent	Date
THE PROCESS EXHAUST OR VENTILATION SYSTEM HAS BEEN CONSTRUCTED AND WILL BE OPERATED IN ACCORDANCE WITH STATED SPECIFICATIONS AND IN CONFORMANCE WITH ALL PROVISIONS OF EXISTING REGULATIONS.		