



City of St. Louis
Department of Health
AIR POLLUTION CONTROL



FRANCIS G. SLAY
Mayor

<http://stlouis.missouri.org/citygov/airpollution>

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Source Registration Permit Application

1. Application Date: _____ 2. Plant I.D. #: _____ 3. Approximate Completion Date: _____

4. Company Name: _____ Contact Name: _____ Phone # _____

5. Company Address: _____

6. Location where New Emissions Unit will be installed: _____ 7. Zip Code: _____

8. Is your facility an "EIQ Source" or a "City Source" according to Ordinance 68657 Sec. 20? (Check one)

9. Emission Unit Description: _____

10. Operation is: Batch Continuous

11. Maximum Throughput (Material & Rate): _____

12. Normal Hours of Operation: _____

13. Control Device (CD) Information (If NO CD, please describe work practices to minimize emissions.):

14. Capture Efficiency: _____% Control Efficiency: _____% 15. How Determined: _____

16. Estimated Annual Emissions (include units): _____

_____ PM₁₀ _____ PM_{2.5} _____ VOC _____ NOx _____ SOx _____ CO _____ HAP

Individual HAP: _____ Other (Lead, Ammonia, etc.): _____

17. How Determined: Emission Factor Stack Test Mass Balance Other _____

18. Comments: _____

Please Attach All Calculations, Equipment Specifications and MSDS'

Applicant Signature: _____ Applicant Name (Print): _____