



State of Illinois
 Environmental Protection Agency
 Division of Air Pollution Control
 1021 North Grand Avenue East
 Springfield, IL 62794-9276

DCEO

OPERATION DURING STARTUP (WHERE OPERATION DURING STARTUP EXCEEDS ALLOWABLE EMISSIONS)	FOR AGENCY USE ONLY
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1. NAME OF PLANT OWNER:	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF EMISSION SOURCE:	4. CITY OF EMISSION SOURCE:
5. THE APPLICANT SHALL SUBMIT THE INFORMATION REQUESTED BY THIS FORM FOR EACH EMISSION SOURCE WHICH, DURING STARTUP, MAY VIOLATE THE STANDARDS AND LIMITATIONS SET FORTH IN 35 ILL. ADM. CODE.	

6. FOR EACH SUCH EMISSION SOURCE AND DIRECTLY RELATED EQUIPMENT, SUBMIT THE FOLLOWING INFORMATION AND ATTACH TO THIS APPLICATION AS EXHIBIT E:

- (a) DESCRIBE THE STARTUP PROCEDURE.
- (b) DESCRIBE THOSE PROCEDURES THE APPLICANT WILL TAKE DURING STARTUP TO REDUCE THE EMISSIONS.
- (c) DESCRIBE THE FREQUENCY AND DURATION OF STARTUPS.
- (d) DESCRIBE ALL MEASURES THE APPLICANT WILL TAKE TO MINIMIZE THE FREQUENCY AND DURATION OF STARTUPS.
- (e) IDENTIFY THE EMISSION SOURCE ON THE PROCESS FLOW DIAGRAM TO BE OPERATED DURING STARTUP THAT EXCEEDS APPLICABLE STANDARDS AND LIMITATIONS.

TOTAL NUMBER OF PAGES IN EXHIBIT E: _____

ANALYSIS OF EXHAUST GAS TO THE AMBIENT AIR DURING STARTUP					
CONTAMINANT	CONCENTRATION	OR	EMISSION RATE	METHOD OF MEASURE AND ANALYSIS	METHOD OF MONITORING
7. CARBON MONOXIDE	a.	PPM	b.	LB/HR	d.
8. ORGANIC MATERIALS	a.	PPM	b.	LB/HR	d.
9. HYDROGEN SULFIDE	a.	PPM	b.	LB/HR	d.
10. NITROGEN OXIDES	a.	PPM	b.	LB/HR	d.
11. SULFUR DIOXIDE	a.	PPM	b.	LB/HR	d.
12. PARTICULATE MATTER	a.	GR/SCF	b.	LB/HR	d.
13. OTHER (SPECIFY)	a.	PPM	b.	LB/HR	d.

14. EXHAUST GAS FLOW RATE: _____ ACFM @ _____ °F

15. IF OTHER EMISSION SOURCES OR AIR POLLUTION CONTROL EQUIPMENT ARE EXHAUSTED THROUGH THE STACK OR VENT SERVING THE EQUIPMENT COVERED BY THIS APPLICATION, THE APPLICANT SHALL DEFINE THE EMISSIONS FROM SUCH OTHER EQUIPMENT AND ATTACH SUCH INFORMATION TO THIS APPLICATION AS EXHIBIT G.

TOTAL NUMBER OF PAGES IN EXHIBIT G: _____