



Permit Application for Continuous Emission Monitor (CEM)

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Do not write in this space

1. Name of firm or organization _____

2. Check pollutant or parameter the continuous emission monitor is measuring:

- | | |
|------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Sulfur Dioxide | <input type="checkbox"/> Carbon Monoxide |
| <input type="checkbox"/> Nitrogen Oxides | <input type="checkbox"/> Particulates |
| <input type="checkbox"/> PM10 | <input type="checkbox"/> Exhaust Temperature |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Hydrogen Chloride |
| <input type="checkbox"/> Pressure | <input type="checkbox"/> Opacity |
| <input type="checkbox"/> Carbon Dioxide | <input type="checkbox"/> Temperature |
| | <input type="checkbox"/> Exhaust Gas |
| <input type="checkbox"/> Flow Rate | <input type="checkbox"/> Combustion Zone |
| | <input type="checkbox"/> Secondary Chamber |
| <input type="checkbox"/> HAP | |
| <input type="checkbox"/> Other _____ | |

3. CEM manufacturer's information:

Name of manufacturer _____

Model number _____ Range (PPM) _____

Extractive _____ In-situ _____

4. Data acquisition system to be used (data logger, strip chart):

Name of manufacturer _____

Model number _____

5. Indicate emission source to be monitored and the location of the specific CEM:

6. Briefly describe the calibration and operational procedures to be used in operating the CEM (Indicate estimate of time lost in calibrating, maintaining, repairing, etc.):

7. Indicate CEM calibration/maintenance schedule:

Name of person preparing application _____

Position Title _____ Company _____

Signature _____ Date _____