

SHELBY COUNTY HEALTH DEPARTMENT
 POLLUTION CONTROL SECTION
 1826 Sycamore Road
 Memphis, TN 38134
 Telephone: (901) 222-9942
 FAX: (901) 222-9550



NOT TO BE USED FOR TITLE V APPLICATIONS

**PROPOSED SCHEDULE
 OF CORRECTIVE ACTION**

SCHD RECEIPT DATE

PLEASE TYPE OR PRINT AND SUBMIT IN DUPLICATE FOR EACH EMISSION SOURCE. FOR ASSISTANCE TO COMPLETE THIS FORM CALL THE SHELBY COUNTY HEALTH DEPARTMENT-POLLUTION CONTROL SECTION (SCHD-PCS).

THE FOLLOWING STATEMENT OF CORRECTIVE ACTION IS SUBMITTED TO EXPLAIN AND DESCRIBE ACTION, WHICH WILL BE TAKEN TO CONTROL EMISSIONS THAT ARE NOT NOW IN COMPLIANCE WITH THE REGULATIONS OR OTHER APPLICABLE REQUIREMENTS OF THE MEMPHIS AND SHELBY COUNTY AIR POLLUTION CONTROL CODES. THE TECHNICAL MANAGER OF THE SHELBY COUNTY HEALTH DEPARTMENT -POLLUTION CONTROL SECTION (SCHD-APC), IS HEREBY REQUESTED TO CONSIDER THIS SCHEDULE IN DETERMINING COMPLIANCE ACTION WITH REGARD TO SUCH EMISSIONS.

1. ORGANIZATION'S LEGAL NAME:			SCHD-APC FACILITY ID.:	
2. MAILING ADDRESS (ST/RD/P.O. BOX):			SCHD-APC PERMIT ID.:	
CITY:	STATE:	ZIP CODE:	PHONE WITH AREA CODE:	
3. PRINCIPAL TECHNICAL CONTACT:			PHONE WITH AREA CODE:	
4. SITE ADDRESS (ST/RD/HWY):			PHONE:	FAX:
CITY OR DISTANCE TO NEAREST TOWN:			ZIP CODE:	E-MAIL:
5. SOURCE LOCATION	LATITUDE:	LONGITUDE:	UTM VERTICAL:	UTM HORIZONTAL:
6. NORMAL OPERATION	HOURS/DAY:	DAYS/WEEK:	WEEK/YEAR:	DAYS/YEAR:
7. MAXIMUM OPERATION	HOURS/DAY:	DAYS/WEEK:	WEEK/YEAR:	DAYS/YEAR:
8. PERCENT ANNUAL THROUGHPUT	DEC.-FEB.:	MARCH-MAY:	JUNE-AUG.:	SEPT.-NOV.:
9. EMISSION SOURCE NUMBER:	FLOW DIAGRAM POINT NUMBER:		NAICS CODE:	

10. DESCRIPTION/DETAILS OF THE OPERATION AND ITS EMISSIONS (ATTACH A SKETCH IF APPROPRIATE):

(OVER)

11. MATERIAL PROCESSED AND/OR FUEL BURNED: WOOD WASTE COAL NATURAL GAS
 PAPER PLASTICS OIL
 OTHER (DESCRIBE) _____

12. DESCRIBE THE PROPOSED METHOD FOR CONTROLLING THE EMISSIONS. THE DESCRIPTION SHOULD BE SUFFICIENT IN DETAIL TO ENABLE THE MSCHD-APC TO EVALUATE THE SITUATION.

13. DESCRIBE WHAT ACTION YOU HAVE ALREADY TAKEN, IF ANY, TO CORRECT THIS SITUATION OR TO MINIMIZE THE EMISSIONS UNTIL THE PROBLEM IS CORRECTED.

14. THE CORRECTIVE ACTION WILL NOT BE CONSIDERED FOR APPROVAL UNLESS THE INFORMATION REQUESTED IN THIS SECTION IS SUPPLIED.		STARTING DATE	COMPLETION DATE
	A. ENGINEERING		
	B. PROCUREMENT		
	C. FABRICATION		
	D. INSTALLATION		
	E. ADJUSTMENT		

15. REMARKS:

16. SIGNATURE: _____ **DATE:** _____

17. SIGNER'S NAME (TYPE OR PRINT): _____ **TITLE:** _____