

Emission Source Modification Form

Department/Division: _____ Building Number: _____

Permit Identification No. (if applicable):

Brief Description of Modifications to Equipment/Operation:

Date of Proposed Modifications to Equipment/Operation:

Identify Changes to the Following (as applicable)

1. Maximum number of hours per day equipment/operation will be used:

2. Maximum number of days per year equipment/operation will be used:

3. Materials/Chemicals to be used Estimated Quantity (Volume or Weight/Unit Time)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are New Material Safety Data Sheets (MSDS) attached? Yes ___ No ___

Describe Changes to Emissions Control Devices: _____

Completed by: _____ Date: _____

Return completed forms to the Environmental Subject Matter Expert.

EC5020.04