

New York State Department of Environmental Conservation

Location					Facility				

Division of Air Resources

SMS Facility Status Form

Facility Name		
Facility Address		
Facility City	State	ZIP

<u>Title V:</u>	<input type="checkbox"/> Potential	<input type="checkbox"/> Actual	<input type="checkbox"/> Capped	<input type="checkbox"/> N/A *
<u>NOx RACT:</u>	<input type="checkbox"/> Subject	<input type="checkbox"/> Capped	<input type="checkbox"/> N/A *	
<u>VOC RACT:</u>	<input type="checkbox"/> Subject	<input type="checkbox"/> Capped	<input type="checkbox"/> N/A *	
<u>MACT</u>	<input type="checkbox"/> Subject	<input type="checkbox"/> Capped	<input type="checkbox"/> N/A *	

* Not Applicable

Comments
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Completed By:	
_____	_____
Name	Date

Send To: Gordon Howe - Bureau of Technical Services
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