

## Toxic Air Pollutant Off-Site Concentrations

## Instructions for Form M-4

*Form M-4 should be completed for each facility when a toxics review is required. A toxics review may be required due to a permit application, MACT applicability determination, or call by the Director.*

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**SITE NAME** - Identify the name of the facility.

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**PREMISE #** - New and/or previously unpermitted facilities may leave this blank.

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**SITE ADDRESS** - Identify the legal address at which this facility is located.

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**CITY** - Identify the city, town, or postal jurisdiction in which the facility is located.

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**ZIPCODE** - Identify the postal zip code for the area in which the facility is located.

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**EMISSION POINT ID** - On this row, enter the identification for each point. These are column headings.

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**POLLUTANT OFF-SITE CONCENTRATIONS** - This section lists the pollutants involved in this review, their Chemical Abstract Service (ACAS®) number, and the averaging period. The first column is for the units of measurements selected (micrograms per cubic meter/milligrams per cubic meter/etc.). A TOTAL can be added as the last emission point and used as a summation for each pollutant. These are the results of each dispersion model.



# SECTION M Toxic Air Pollutant Off-Site Concentrations

M-4

|               |  |            |
|---------------|--|------------|
| SITE NAME:    |  | PREMISE #: |
| SITE ADDRESS: |  |            |
| CITY:         |  | ZIPCODE:   |

## TAP Off-Site Concentrations

|                   |         |  |  |  |  |  |  |  |
|-------------------|---------|--|--|--|--|--|--|--|
| Emission Point ID | (units) |  |  |  |  |  |  |  |
|-------------------|---------|--|--|--|--|--|--|--|

## Pollutant Off-Site Concentrations

| Toxic Air Pollutant<br>(CAS Number)<br>Averaging Period |  |  |  |  |  |  |  |  |
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