

Department of Natural Resources and Environmental Control Division of Air Quality PERMIT APPLICATION	AQM-1001C INCINERATORS AND/OR WASTE BURNERS
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EMISSION POINT NUMBER:

This section *must* be completed for any apparatus used to ignite and burn solid, liquid or gaseous combustible wastes. Items 1, 2, 3 and 4 are design criteria on the incinerator manufacturer's nameplate. The nameplate should be in a conspicuous place on the incinerator.

1. MANUFACTURER'S NAME or Description:

2. RATED CAPACITY: pounds per hour tons per year

3. TYPE OF WASTE (*Brief description*):

4. TYPE: Single Chamber Incinerator

5. ARE INSTRUCTIONS FOR THE OPERATION OF THE INCINERATOR POSTED IN A CONSPICUOUS PLACE NEAR THE INCINERATOR? YES

6. MAXIMUM QUANTITY OF WASTE BURNED

cubic yards/day If "other" was selected, specify:

7. MAXIMUM OPERATING SCHEDULE:

hours per day days per week weeks per year

Other (specify):

8. TYPE OF WASTE BURNED	PERCENT BY VOLUME	PERCENT BY WEIGHT
Paper	%	%
Cardboard	%	%
Wood	%	%
Plastic (indicate chemical composition)	%	%
Rubber (indicate chemical composition)	%	%
Garbage	%	%
Pathological Waste	%	%
Gaseous, Liquid or Semi-Liquid wastes (attach certified laboratory analysis of composition)*	%	%
Infectious Waste	%	%
Incombustibles	%	%
Other (specify)	%	%

9. PLAN OF THE UNIT – MANUFACTURER'S DRAWING OR DRAWING CLEARLY ILLUSTRATING ALL DIMENSIONS AND CONSTRUCTION DETAILS

* Complete Chemical Composition

10.	COMBUSTION AIR:				
	(a) Draft: Natural Draft	Pressure:	inches of water		
	(b) Air Distribution:	Overfire	Underfire	Secondary	
	Number of Ports:				
	Port Size:	square inches			
	Air Flow:	standard cubic feet per minute at 68 °F			
11.	STACK:				
	(a) Inside Diameter:	inches			
	(b) Height above grates to top of stack:	feet			
	(c) Height of stack above any building or obstacle within 25 feet of the incinerator:	feet			
	(d) Spark Arrestor:	Height:	inches	Screening Openings:	inches
	(e) Stack Shell:				
	Type of material and thickness:				
	Type of refractory, thickness and temperature rating:				
12.	AUXILIARY EQUIPMENT:				
	(a) Damper: Barometric				
	(b) Primary Burner (combustion chamber):				
	Fuel:				
	BTU/hr rating:				
	(c) Secondary Burner:				
	Fuel:				
	BTU/hr rating:				
	(d) Other (Specify):				
13.	CONTROL EQUIPMENT: (Complete Form AQM-1001K for each Pollution Control Device)				
	(a) Afterburner on stack exit	Type:			
	(b) Scrubber	Type:			
	(c) Other (specify):				
14.	REGULATION COMPLIANCE				
	(a) Have stack tests been performed on the unit?				YES
	(b) Are the results of the stack tests enclosed and made a part of this permit application?				YES
	(c) Are the results of the stack tests on file in the Division Office?				YES