



Air Quality Permitting Application

Form 6.0: Emission Point Information

FACILITY NAME: _____	DATE: _____
NDEQ Facility ID#: _____	Emission Point Identification#: _____

Section 6.3: Incinerator Information

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING.				
You may qualify for a Permit-by-Rule. Do NOT use pencil to fill out this application. Please type responses or print using black ink.				
General Information				
1) Unit ID#: _____		2) Installation Date: _____ <input type="checkbox"/> New		
3) Type of Unit: <input type="checkbox"/> Mass Burn <input type="checkbox"/> Pyrolysis <input type="checkbox"/> Air Curtain <input type="checkbox"/> Cement Kiln <input type="checkbox"/> Other _____				
4) Maximum Capacity: _____ pounds		5) Design Burn Rate: _____ pounds/hour		
6) Anticipated Operating Schedule				
Hours/Day	Days/Week	Weeks/Year		
7) Material Information				
Indicate the percentage of each type of material that is and/or will be incinerated:				
Material	Current Percentage	Anticipated Percentage		
Municipal Solid Waste	%	%		
Hospital/Medical/Infectious Waste	%	%		
Commercial and Industrial Waste	%	%		
Sewage Sludge	%	%		
Animal Waste	%	%		
Other _____	%	%		
Manufacturer Information				
8) Incinerator Manufacturer: _____				
9) Manufacturer Address: _____				
Manufacturer City: _____		State: _____	Zip: _____	
10) Phone: _____		Website: _____		
11) Stack Information <input type="checkbox"/> N/A				
Height	Top Inside Diameter	Stack Discharge	Exit Velocity of Gas	Exit Temperature of Gas
ft	ft	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Vertical with Rain Cap	m/s	K
12) Fuel Information				
Type/Grade of Fuel Combusted	Maximum Fuel Capacity (include units)	Heat Content (include units)	Fuel Specifications	Requested Operating Limitation (include units)
			% Sulfur:	
			% Ash:	
			% Sulfur:	
			% Ash:	
If the incinerator combusts more than two types of fuel, attach additional information.				



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Section 6.3: Incinerator Information (continued)

13) Air Pollution Control Equipment				
Is there an afterburner associated with this unit? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, Indicate the afterburner temperature (Fahrenheit): _____				
Is there an air pollution control device that is not an afterburner, associated with this unit? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, complete the following:				
Control Equipment ID#	Type of Control Equipment	Pollutant(s) Controlled	% Control Efficiency	Installation Date
				<input type="checkbox"/> New
If multiple pieces of control equipment or more pollutants are being controlled, attach additional information.				
14) New Source Performance Standard Applicability				
This incinerator is subject to: If unknown, contact the Department				
<input type="checkbox"/> NSPS, Subpart Cb <input type="checkbox"/> NSPS, Subpart Ec <input type="checkbox"/> NSPS, Subpart DDDD <input type="checkbox"/> NSPS, Subpart Ce <input type="checkbox"/> NSPS Subpart O <input type="checkbox"/> NSPS, Subpart EEEE <input type="checkbox"/> NSPS, Subpart E <input type="checkbox"/> NSPS Subpart AAAA <input type="checkbox"/> NSPS, Subpart FFFF <input type="checkbox"/> NSPS, Subpart Ea <input type="checkbox"/> NSPS, Subpart BBBB <input type="checkbox"/> Other _____ <input type="checkbox"/> NSPS, Subpart Eb <input type="checkbox"/> NSPS, Subpart CCCC <input type="checkbox"/> None				
15) Potential to Emit Calculations Attached? <input type="checkbox"/> YES				
16) Additional Information Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Complete the following ONLY if completing this Section as Part of an Operating Permit Application

Actual Fuel Usage					
17) Indicate the quantity of each fuel type that has been combusted in the internal combustion unit:					
Fuel Type	Maximum Amount Combusted in the Previous Five Years		Amount Last Year		
	Number	Units	Number	Units	
18) Provide the tons/year throughput (i.e. total waste combusted) for this unit for the past five years (past year if new source):					
Year					
Throughput (tons/year)					
19) Actual Emission Calculations Attached? <input type="checkbox"/> YES					
20) Additional Information Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO					