

Air Quality Permitting Application Form 6.0: Emission Point Information

FACILITY NAME:

DATE:

NDEE 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:				New	
3) Type of Unit: Mass Burn Pyrolysis Air Curtain			Cement Kiln D Other					
4) Maximum Capacity: pounds			5) Design Burn Rate: pounds/hour				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	<u>F8-</u>	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 🗌 N/A								
Height Top Ins	side Diameter	Stack D	ischarge		Exit Velocity Gas	of	Exit Temperature of Gas	
		Horizont	al					
ft	ft	Uertical			1	m/s	K	
		Uertical	with Rain Cap	р				
12) Fuel Information								
Type/Grade of Fuel Combusted (include	city	Heat Content (include units		Spe	Fuel ecifications		Requested Operating Limitation (include units)	
					lfur:			
				As				
					lfur:			
If the incinerator combusts more than two types of fuel, attach additional information.							ation.	



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Section 6.3: Incinerator Information (continued)

13) Air Pollution Control Equipment							
Is there an afterburner associated with this unit? No Yes If Yes, Indicate the afterburner temperature (Fahrenheit):							
Is there an air pollution control device that is not an afterburner, associated with this unit? YES NO If YES, complete the following:							
Control Equipment ID#	Type of Control Equipment	Pollutant(s) Controlled	% Control Efficiency	Installation Date			
				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		ISPS, Subpart Ce IN ISPS, Subpart E IN ISPS, Subpart Ea IN	NSPS, Subpart Ec [NSPS Subpart O [NSPS Subpart AAAA [NSPS, Subpart BBBB [NSPS, Subpart CCCC [NSPS, Subpart DDDD NSPS, Subpart EEEE NSPS, Subpart FFFF Other None			
15) Potential to Emit Calculations Attached? YES							
	16) Additional Infor	mation Attached?	YES	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 Amour in the Previous		Amount Last Year		
i uo. Typo		Number Units		Number Units			
18) Provide the ton	s/year throughput (i.e.,	, total waste comb	ousted) for this unit f	for the past five y	vears (past y	ear if new source):	
Year							
Throughput (tons/year)							
19) Actual Emission Calculations Attached? YES							
20) Additional Information Attached?							