



# Air Quality Permit Application Form

## Incinerator

**This form is to be submitted, if necessary, along with  
the Title V (Part 70) Operating Permit or Minor Operating Permit.  
(please complete shaded areas)**

1. Facility identification:

2. Manufacturer:  Manufacture date:

3. Model number:

4. Please check the appropriate response:

a. Chambers?  Single chamber  Multiple chambers

b. Primary chamber burner?  
 Yes  No  Burner size?  million Btus per hour heat input

c. Secondary chamber burner?  
 Yes  No  Burner size?  million Btus per hour heat input

d. Afterburner?  
 Yes  No  Burner size?  million Btus per hour heat input

e. If a primary burner, secondary burner, and/or afterburner is used, what type of fuel is used?

<input type="checkbox"/> Natural gas	<input type="checkbox"/> Propane	<input type="checkbox"/> #2 fuel oil
<input type="checkbox"/> Other (please specify) <input style="width: 500px;" type="text"/>		

5. Type of feeding system (check appropriate response)?  Batch  Automatic

6. Maximum designed batch or feeding rate:  pounds per hour

7. Types of materials burned (mark appropriate boxes):

Medical waste	<input type="checkbox"/> %	Food stuffs	<input type="checkbox"/> %
Paper products	<input type="checkbox"/> %	Animal tissue	<input type="checkbox"/> %
Wood	<input type="checkbox"/> %	Plastics	<input type="checkbox"/> %
Other (specify)	<input type="checkbox"/> %		<input type="checkbox"/> %

8. Operating temperatures and residence time (if appropriate):

Primary Chamber	<input style="width: 100%;" type="text"/>	degrees Fahrenheit	<input style="width: 100%;" type="text"/>	seconds
Secondary Chamber	<input style="width: 100%;" type="text"/>	degrees Fahrenheit	<input style="width: 100%;" type="text"/>	seconds
Afterburner	<input style="width: 100%;" type="text"/>	degrees Fahrenheit	<input style="width: 100%;" type="text"/>	seconds

9. Has a stack test been conducted (check appropriate box)?  Yes  No

If a stack test has been conducted, please attach a copy of the most recent stack test report to this application. If the Department already has a copy of the most recent stack test, please specify the date of most recent stack test.

Date of most recent stack test:

**Stack Information:** If this application is a renewal, contact the air program. We may have this information.

X- Coordinate or Easting:	<input type="text"/>	feet	<input type="text"/>	meters
Y- Coordinate or Northing:	<input type="text"/>	feet	<input type="text"/>	meters
Base Elevation of Stack:	<input type="text"/>	feet	<input type="text"/>	meters
Stack Height:	<input type="text"/>	feet	<input type="text"/>	meters
Exit Stack Diameter	<input type="text"/>	feet	<input type="text"/>	meters
Exit Stack Temperature	<input type="text"/>	degrees Fahrenheit		

Exit Stack Velocity and/or Flow Rate:

Velocity:  feet per second  meters per second

**and/or**

Flow Rate:  actual cubic feet per minute  actual cubic meters per second

**Control Equipment:** If applicable, types of air pollution control equipment (Examples: baghouse, cyclone, wet scrubber, electrostatic precipitator, thermal oxidizer, miscellaneous control device, etc.).

**Please complete the appropriate air quality permit application form for each type of control equipment that controls air emissions from this operation.**