

Air Quality Permitting Application

Form 6.0: Emission Point Information

FACILITY NAME: _____ **DATE:** _____

DWEE Facility ID: _____ **Emission Point Identification:** _____

Section 6.3: Incinerator Information

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING.

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 ☐ 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? ☐ No ☐ Yes

If Yes, Indicate the afterburner temperature (Fahrenheit):

Attach the manufacturer specification for the afterburner as part of Step 16.

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
				<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

☐ NSPS Subpart Cb

☐ NSPS Subpart Ce

☐ NSPS Subpart E

☐ NSPS Subpart Ea

☐ NSPS Subpart Eb

☐ 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) Attach Potential to Emit Calculations

☐

16) Attach Manufacturer Specifications for Each Incinerator and for Each Emission Unit Listed in Air Pollution Control Equipment

☐

17) Additional Information Attached?

☐ YES

☐ NO

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Complete the following section **ONLY** if completing this form as part of an Operating Permit Application

Actual Fuel Usage					
18) 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	
19) 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)					
20) Attach Actual Emission Calculations <input type="checkbox"/>					
21) Additional Information Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO					