

EMISSIONS ACTIVITY CATEGORY FORM INCINERATOR (WASTE COMBUSTION) OPERATION

This form is to be completed for each incinerator (waste combustion). State/Federal regulations which may apply to incinerator (waste combustion) operations are listed in the instructions. Note that there may be other regulations which apply to this emissions unit which are not included in this list.

1. Reason this form is being submitted (Check one)

New Permit Renewal or Modification of Air Permit Number(s) (e.g. N001) _____

2. Maximum Operating Schedule: 24 hours per day; 365 days per year

If the schedule is less than 24 hours/day or 365 days/year, what limits the schedule to less than maximum? See instructions for examples. _____

3. Waste Type: Municipal/Residential/Industrial
 Hospital, Medical, or Infectious
 Sewage Sludge
 Human or Animal Remains (Crematory)
 Hazardous
 Salvageable Material
 Other (describe) **Blast Furnace Gas**

4. Type of incinerator:

<input type="checkbox"/> Mass Burn/Modular Excess Air	<input type="checkbox"/> Mass Burn Waterwall
<input type="checkbox"/> Mass Burn Rotary Waterwall	<input type="checkbox"/> Mass Burn Refractory Wall
<input type="checkbox"/> Refuse-Derived Fuel-Fired	<input type="checkbox"/> Mass Burn Modular Starved Air
<input type="checkbox"/> Fluidized Bed	<input type="checkbox"/> Multiple Hearth
<input type="checkbox"/> Electric Infrared	<input type="checkbox"/> Burn-off Oven
<input type="checkbox"/> Industrial/Commercial Multiple Chamber	
<input type="checkbox"/> Industrial/Commercial Single Chamber	
<input checked="" type="checkbox"/> Other (describe) <u>Flare</u>	

5. Rated capacity: _____ lbs/hr
_____ tons/day

6. Method of charging: Chute fed Mechanical loader
 Flue fed Manual
 Other, describe: _____

7. Type of charging: Continuous Batch Intermittent

8. Weigh Scale: Yes No

