



TITLE V PERMIT APPLICATION INCINERATION

GENERAL IDENTIFICATION AND DESCRIPTION			
1. Facility name:			
2. Incinerator identification:			
INCINERATOR DESCRIPTION			
3. Incinerator description:			
4. Stack ID or flow diagram point identification (s):			
If this incinerator is controlled for compliance utilizing add-on control equipment, attach an appropriate Air Pollution Control system form.			
5. Location of this incinerator in UTM coordinates: UTM Vertical: _____ UTM Horizontal: _____			
6. Normal operating schedule: _____ Hrs./Day _____ Days/Wk. _____ Days/Yr.			
If this incinerator's emissions and/or operations are monitored for compliance, please attach the appropriate compliance demonstration form.			
7. Type of incinerator (check one):			
<input type="checkbox"/> Single chamber <input type="checkbox"/> Controlled air <input type="checkbox"/> Multiple chamber <input type="checkbox"/> Fixed hearth <input type="checkbox"/> Stepped hearth <input type="checkbox"/> Rotary kiln <input type="checkbox"/> Other - specify: _____			
8. Year of construction or last modification:			
MATERIALS AND COMBUSTION INFORMATION			
9. Describe all types of materials to be burned in this unit. (Declare materials stated in 1200-3-31-.02(6) of the TN Air Pollution Control regulations and identify)			
Types of materials to be burned	Weight percentage of total charge	Heating value	
10. Type of incinerator charging:			
A. <input type="checkbox"/> Batch feed <input type="checkbox"/> Continuous feed B. Maximum charging rate: _____ Lbs./Hr. C. Waste charging method: _____			
11. Type of Chamber: Combustion information	Design temperature (°F)	Size (Million BTU/Hr.)	Burner Fuels
Primary chamber			
Secondary chamber			
12. Residence time of gas in the secondary chamber:			
13. If this incinerator is equipped with a heat recovery system, what is the projected energy production rate? (i.e. pounds of steam per hour)			
14. If this incinerator is regulated under RCRA, please provide the permit number (the waste materials burned in RCRA permitted incinerator (s) are not required to be included in Item 9 above)			
15. Page number:		Revision Number:	Date of Revision: