



MAJOR SOURCE OPERATING PERMIT APPLICATION
 INCINERATION

1. FACILITY NAME:		2. INCINERATOR IDENTIFICATION:	
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. 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: _____			
6. YEAR OF CONSTRUCTION OR LAST MODIFICATION:			
7. DESCRIBE ALL TYPES OF MATERIALS TO BE BURNED IN THIS UNIT. (DECLARE MATERIALS STATED IN 1200-3-31-.02(6) OF THE TENNESSEE AIR POLLUTION CONTROL REGULATIONS AND IDENTIFY)			
TYPES OF MATERIALS TO BE BURNED		WEIGHT PERCENTAGE OF TOTAL CHARGE	HEATING VALUE
8. 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: _____			
9. TYPE OF CHAMBER: COMBUSTION INFORMATION		DESIGN TEMPERATURE (°F)	SIZE (MILLION BTU/HR)
PRIMARY CHAMBER			
SECONDARY CHAMBER			
10. RESIDENCE TIME OF GAS IN THE SECONDARY CHAMBER:			
11. IF THIS INCINERATOR IS EQUIPPED WITH A HEAT RECOVERY SYSTEM, WHAT IS THE PROJECTED ENERGY PRODUCTION RATE? (i.e. pounds of steam per hour)			
12. 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.			
13. LOCATION OF THIS INCINERATOR IN UTM COORDINATES: UTM VERTICAL: _____ UTM HORIZONTAL: _____			
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 7 ABOVE).			
15. PAGE NUMBER :		REVISION NUMBER:	DATE OF REVISION:

INSTRUCTIONS FOR APC FORM V.7
INCINERATION

SOURCES THAT ARE REQUIRED TO OBTAIN A PERMIT UNDER PARAGRAPH 1200-3-9-.02(11) OF TENNESSEE AIR POLLUTION CONTROL REGULATIONS, MUST COMPLETE AND RETURN THIS FORM, IF APPLICABLE. APPLICATIONS ARE INCOMPLETE UNLESS ALL APPLICABLE INFORMATION REQUESTED HEREIN IS SUPPLIED. FAILURE TO SUPPLY ANY ADDITIONAL INFORMATION REQUESTED BY THE TECHNICAL SECRETARY TO ENABLE HIM TO ACT ON THE APPLICATION INFORMATION ON ADDITIONAL SHEET(S) AND ATTACH IT TO THE BACK OF THE ORIGINAL.

COMPLETE ONE FORM FOR EACH INCINERATOR OR INCINERATION METHOD USED TO BURN WASTE MATERIALS.

IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION TO DEFINE ALTERNATIVE OPERATING SCENARIOS OR AND CONDITIONS ALLOWING EMISSIONS TRADING UNDER A FEDERALLY ENFORCEABLE EMISSIONS CAP TO BE ESTABLISHED IN THE PERMIT, PLEASE DECLARE THE INFORMATION ON AN APC FORM(S) OR ON ADDITIONAL SHEET(S). UNLESS OTHERWISE REQUESTED AS A LIMITING CONDITION, PERMIT IS BASED ON 8,760 HRS/YR.

ITEM 2 IDENTIFY THIS INCINERATOR OR INCINERATION METHOD (eg., I-1, I-2, etc.).

ITEM 4 PROVIDE IDENTIFICATION FOR THE STACK EXHAUSTING THIS OPERATION. THIS NUMBER SHOULD ALSO APPEAR ON APC FORM V.3 COMPLETED FOR THIS STACK.

ITEM 5 CHECK THE APPROPRIATE INCINERATOR TYPE, OR IF NOT ONE OF THE LISTED, CHECK OTHER AND SPECIFY THE TYPE OF INCINERATOR OR METHOD OF INCINERATION.

ITEM 7 LIST SPECIFICALLY THE TYPES OF MATERIALS TO BE INCINERATED (e.g., PAPER, CARDBOARD, WOOD BOXES, RAGS, HUMAN AND ANIMAL REMAINS, INDUSTRIAL BY-PRODUCT LIQUIDS, SEMI-LIQUID OR SOLID WASTES, etc.). FOR HAZARDOUS WASTE(S) AS DEFINED BY TENNESSEE RULE 1200-1-11-.02(1)(C) GOVERNING HAZARDOUS WASTE MANAGEMENT, PROVIDE AN ANALYSIS OF CONSTITUENTS. IF THE MATERIAL TO BE INCINERATED CONTAINS MATERIALS STATED IN 1200-3-31-.02(6) OF THE TENNESSEE AIR POLLUTION CONTROL REGULATIONS, PLEASE IDENTIFY.

ITEM 8 CHECK THE APPROPRIATE METHOD BY WHICH WASTES ARE CHARGED. PROVIDE THE DESIGN MAXIMUM CHARGING RATE.

ITEM 9 PROVIDE THE DESIGN COMBUSTION CHAMBER TEMPERATURE, THE MAXIMUM HEAT INPUT TO EACH CHAMBER IN MILLION BTU PER HOUR, AND LIST THE FUELS USED BY EACH BURNER (e.g., NATURAL GAS, NO.2 FUEL OIL, LIQUID PROPANE, etc.).

ITEM 15 PAGE NUMBER MUST BE FILLED IN. REVISION NUMBER AND DATE OF REVISION ARE TO BE FILLED IN ONLY IF THE INFORMATION ON THIS FORM IS BEING REVISED.

IF ANY ITEM ON THIS APPLICATION IS NOT APPLICABLE TO THIS FACILITY, THE ITEM MUST BE FILLED IN WITH "NOT APPLICABLE" OR "N/A".