

**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".