

FORM IN100 INCINERATORS

Submit the following information with your application for an authority to construct and permit to operate:

1. **EQUIPMENT LOCATION DRAWING:** The drawing or sketch submitted must show at least the following:
 - a. The property involved and outlines and heights of all buildings on it. Identify lines plainly.
 - b. Location and identification of the incinerator on the property.

2. **DESCRIPTION OF INCINERATOR:** State make, model, size and type.

3. **MATERIALS TO BE BURNED AND OPERATING SCHEDULE:**
 - a. Amount of materials to be burned, in pounds per hour, per day, per week and per year.
 - b. Number of hours per day, days per week and weeks per year incinerator is to be operated.

4. **DRAWINGS OF INCINERATOR:** Supply a drawing, dimensioned and to scale, showing clearly the following (when standard commercial equipment is to be installed, the manufacturer's catalog describing the equipment may be submitted):
 - a. Outside and inside dimensions of all sections or chambers showing dimensions of inside and outside walls.
 - b. Inside and outside dimensions, and height of stack.
 - c. If an induced draft system is used supply name, model number, and RPM of the fan, and the H.P. and RPM of the fan motor.
 - d. Location, sizes, and shapes of the charging, stoking, and clean-out doors.
 - e. Secondary combustion air supply (air admitted at or near the flame port). Show points of supply with areas of openings, size and shape of passageways, locations and sizes of openings to mixing chamber. Indicate method of adjustment with sufficient detail.

5. **AUXILIARY BURNERS AND FUEL IF USED:**
 - a. Show location of burners on drawings.
 - b. Supply drawing, name, and model of burner or catalog description of burner. Indicate the method burners are to be lighted. State amount of fuel that will be available at meter per hour.
 - c. Specify fuel to be used. Gas - specify natural gas, butane, propane, etc. If a fuel storage tank is to be installed state its capacity.

AUTHORIZED INCINERATOR OPERATOR LOG

Submit an updated form to the Air Pollution Control Officer whenever a new operator is added.

Company Name:

Facility Location:

Permit to Operate Number: _____

Date form submitted to District: _____

	Operator Name	Date Trained	Brief Description of Training
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Signature of responsible officer, partner, or proprietor of firm:

_____ Date _____