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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **General Identification and Description** | | | | | | | | | |
| Facility name: | | | | | | | | | |
| Incinerator identification: | | | | | | | | | |
| 1. **Incinerator Description** | | | | | | | | | |
| Incinerator description: | | | | | | | | | |
| Stack ID or flow diagram point identification(s): | | | | | | | | | |
| If this incinerator is controlled for compliance utilizing add-on control equipment, attach an appropriate APCV Control System Form. | | | | | | | | | |
| Location of this incinerator (latitude and longitude): | | | | | | | | | |
| Year of construction or last modification: | | | | | | | | | |
| Normal operating schedule: | | hrs/day | | | days/week | | | days/yr | |
| If this incinerator’s emissions and/or operations are monitored for compliance, please attach the appropriate compliance demonstration form. | | | | | | | | | |
| Type of incinerator: | | | | | | | | | |
| Single chamber  Stepped hearth  Controlled air  Rotary kiln  Multiple chamber  Fixed hearth | | | | | | | | | |
| Other (specify): | | | | | | | | | |
| 1. **Materials and Combustion Information** | | | | | | | | | |
| Describe all types of materials to be burned in this unit. (Declare materials stated in Section 35.3-A.6 of the Knox County Air Quality Management Regulations and identify) | | | | | | | | | |
| Types of materials to be burned | | | Weight percentage of total charge | | | | Heating value | | |
|  | | |  | | | |  | | |
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|  | | |  | | | |  | | |
| Type of incinerator charging:  Batch feed  Continuous feed | | | Maximum charging rate (lbs/hr): | | | | Waste charging method: | | |
| Combustion information: | Design Temperature (°F) | | | Size (MMBtu/hr) | | Burner Fuels | | | Residence Time of Gas |
| Primary chamber |  | | |  | |  | | |  |
| Secondary chamber |  | | |  | |  | | |  |
| If this incinerator is equipped with a heat recovery system, what is the projected energy production rate? (i.e. pounds of steam per hour) | | | | | | | | | |
| **Page number:** | | | **Revision number:** | | | | **Date of revision:** | | |