



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION
 P.O. BOX 19506
 SPRINGFIELD, ILLINOIS 62794-9506

FOR APPLICANT'S USE

Revision #: _____
 Date: ____ / ____ / ____
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 Source Designation: _____

INCINERATOR DATA AND INFORMATION	FOR AGENCY USE ONLY
	ID NUMBER:
	EMISSION POINT #:
	DATE:

SOURCE INFORMATION	
1) SOURCE NAME:	
2) DATE FORM PREPARED:	3) SOURCE ID NO. (IF KNOWN):

GENERAL INFORMATION	
4) NAME OF EMISSION UNIT:	
5) NAME OF PROCESS:	
6) DESCRIPTION OF PROCESS:	
7) DESCRIPTION OF ITEM OR MATERIAL PRODUCED OR ACTIVITY ACCOMPLISHED:	
8) FLOW DIAGRAM DESIGNATION OF EMISSION UNIT:	
9) MANUFACTURER OF EMISSION UNIT (IF KNOWN):	
10) MODEL NUMBER (IF KNOWN):	11) SERIAL NUMBER (IF KNOWN):
12) DATES OF COMMENCING CONSTRUCTION, OPERATION AND/OR MOST RECENT MODIFICATION OF THIS EMISSION UNIT (ACTUAL OR PLANNED)	a) CONSTRUCTION (MONTH/YEAR):
	b) OPERATION (MONTH/YEAR):
	c) LATEST MODIFICATION (MONTH/YEAR):
13) DESCRIPTION OF MODIFICATION (IF APPLICABLE):	

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPLICATION PAGE _____

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250-CAAPP

FOR APPLICANT'S USE

14) DOES THE EMISSION UNIT HAVE MORE THAN ONE MODE OF OPERATION? YES NO

IF YES, EXPLAIN AND IDENTIFY WHICH MODE IS COVERED BY THIS FORM (NOTE: A SEPARATE PROCESS EMISSION UNIT FORM 250-CAAPP MUST BE COMPLETED FOR EACH MODE):

15) PROVIDE THE NAME AND DESIGNATION OF ALL AIR POLLUTION CONTROL EQUIPMENT CONTROLLING THIS EMISSION UNIT, IF APPLICABLE (FORM 260-CAAPP AND THE APPROPRIATE 260-CAAPP ADDENDUM FORM MUST BE COMPLETED FOR EACH ITEM OF AIR POLLUTION CONTROL EQUIPMENT):

16) WILL EMISSIONS DURING STARTUP EXCEED EITHER THE ALLOWABLE EMISSION RATE PURSUANT TO A SPECIFIC RULE, OR THE ALLOWABLE EMISSION LIMIT AS ESTABLISHED BY AN EXISTING OR PROPOSED PERMIT CONDITION? YES NO

IF YES, COMPLETE AND ATTACH FORM 203-CAAPP, "REQUEST TO OPERATE WITH EXCESS EMISSIONS DURING STARTUP OF EQUIPMENT".

17) PROVIDE ANY LIMITATIONS ON SOURCE OPERATION AFFECTING EMISSIONS OR ANY WORK PRACTICE STANDARDS (E.G., ONLY ONE UNIT IS OPERATED AT A TIME):

OPERATING INFORMATION

18) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSION RELATED, FROM WHICH THE FOLLOWING OPERATING INFORMATION, MATERIAL USAGE INFORMATION AND FUEL USAGE DATA WERE BASED AND LABEL AS EXHIBIT 250-1. REFER TO SPECIAL NOTES OF FORM 202-CAAPP.

19a) MAXIMUM OPERATING HOURS	HOURS/DAY:	DAYS/WEEK:	WEEKS/YEAR:	
b) TYPICAL OPERATING HOURS	HOURS/DAY:	DAYS/WEEK:	WEEKS/YEAR:	
20) ANNUAL THROUGHPUT	DEC-FEB(%):	MAR-MAY(%):	JUN-AUG(%):	SEP-NOV(%):

INCINERATOR INFORMATION

21) WASTE CHARGING RATE	a) MAXIMUM (LB/HR):	b) TYPICAL (LB/HR):	c) ANNUAL (TONS/YEAR):
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22) BY WHAT MEANS IS WASTE CHARGED? (CHECK APPLICABLE): BATCH CONTINUOUS PERIODICALLY

23) TYPE: MULTIPLE CHAMBER SINGLE CHAMBER OTHER; SPECIFY: _____

24a) PRIMARY BURNER(S) CAPACITY (MMBTU/HR):	b) NUMBER OF PRIMARY BURNERS:
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24c) PRIMARY BURNER MANUFACTURER:	d) PRIMARY BURNER MODEL:
e) PRIMARY BURNER(S) FUEL:	f) HOW ARE PRIMARY BURNERS CONTROLLED?
g) DOES THE PRIMARY HAVE A TEMPERATURE INDICATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	h) HOW IS THE PRIMARY TEMPERATURE RECORDED?
25a) SECONDARY BURNER(S) CAPACITY (MMBTU/HR):	b) NUMBER OF SECONDARY BURNERS:
c) SECONDARY BURNER MANUFACTURE:	d) SECONDARY BURNER MODEL:
e) SECONDARY BURNER(S) FUEL:	f) HOW ARE SECONDARY BURNERS CONTROLLED?
g) DOES THE SECONDARY HAVE A TEMPERATURE INDICATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	h) HOW IS THE SECONDARY TEMPERATURE RECORDED?
26) METHOD OF CHARGING WASTE SOLIDS:	27) METHOD OF FEEDING LIQUIDS:
28) RATED STEAM FLOW - HEAT RECOVERY BOILER (LBS/HR):	29) RATED PRESSURE - HEAT RECOVERY BOILER (PSIG):
30) FAN MANUFACTURER:	31) FAN MODEL:
32) FAN MOTOR HORSEPOWER:	33) FAN RATED SPEED (RPM):
34) FAN RATED FLOW (SCFM):	35) FAN RATED DRAFT (INCHES H ₂ O):
36) DOES THE INCINERATOR HAVE A CHARGE HOPPER? <input type="checkbox"/> YES <input type="checkbox"/> NO	37) DOES THE CHARGE HOPPER HAVE AUTOMATIC CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO
38) IS THE WASTE CHARGED TO THE INCINERATOR WEIGHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	39) WHAT IS THE VOLUME OF THE CHARGE HOPPER (CUBIC FEET):
40) IS THE SECONDARY CHAMBER PREHEATED PRIOR TO CHARGING WASTE? <input type="checkbox"/> YES <input type="checkbox"/> NO	41) AT WHAT SECONDARY TEMPERATURE DOES WASTE CHARGING BEGIN? (DEGREES FAHRENHEIT):
42) IS THE ASH WASTE QUENCHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	43) FOR HOSPITAL WASTE, IS THE ASH INSPECTED FOR RECOGNIZABLE COMBUSTIBLE COMPONENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
44) FOR HOSPITAL WASTE, ARE RECOGNIZABLE COMBUSTIBLE COMPONENTS OF THE ASH REBURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

WASTE DESCRIPTION				
45) IS ALL THE WASTE THAT IS BURNED GENERATED ON SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO	46) IS ANY WASTE RECEIVED FROM OUTSIDE THE LOCAL GOVERNMENT BOUNDARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
47) ARE HAZARDOUS OR SPECIAL WASTES BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH A DESCRIPTION OF WASTE AND LABEL AS EXHIBIT 250-2.	48) ARE POTENTIALLY INFECTIOUS WASTES BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
49a) DESCRIBE FULLY, IN DETAIL, THE COMPOSITION OF THE WASTE FED TO THE INCINERATOR: 				
	MAXIMUM RATES		TYPICAL RATES	
b) WASTE MATERIALS	LBS/HR	TONS/YEAR	LBS/HR	TONS/YEAR

FUEL USAGE DATA		
50a) MAXIMUM FIRING RATE (MILLION BTU/HR):	b) TYPICAL FIRING RATE (MILLION BTU/HR):	c) DESIGN CAPACITY FIRING RATE (MILLION BTU/HR):
d) FUEL TYPE (CHECK ONE): <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> FUEL OIL <input type="checkbox"/> COAL <input type="checkbox"/> OTHER		
e) TYPICAL HEAT CONTENT OF FUEL (BTU/LB, BTU/GAL OR BTU/SCF - IDENTIFY UNITS):	f) TYPICAL FUEL SULFUR CONTENT (WT %, NA FOR NATURAL GAS):	
g) TYPICAL FUEL ASH CONTENT (WT %, NA FOR NATURAL GAS):	h) ANNUAL FUEL USAGE (SCF/YEAR, GAL/YEAR, TON/YEAR - IDENTIFY UNITS):	

STACK EMISSIONS TESTS	
51) HAVE REPRESENTATIVE STACK EMISSION TESTS BEEN CONDUCTED ON THIS INCINERATOR MODEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	52) WERE THESE STACK TESTS CONDUCTED ON THIS UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
53) HAVE COPIES OF THE TEST REPORTS BEEN INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	54) REFERENCE PREVIOUSLY SUBMITTED STACK TEST REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICABLE RULES

55) PROVIDE ANY SPECIFIC EMISSION STANDARD(S) AND LIMITATION(S) SET BY RULE(S) WHICH ARE APPLICABLE TO THIS INCINERATOR (E.G., PARTICULATE MATTER, IAC 218.204(d), 0.1 GR/SCF CORRECTED TO 12% CO₂):

REGULATED AIR POLLUTANT(S)	EMISSION STANDARD(S)	REQUIREMENT(S)

56) PROVIDE ANY SPECIFIC RECORDKEEPING RULE(S) WHICH ARE APPLICABLE TO THIS EMISSION UNIT:

REGULATED AIR POLLUTANT(S)	RECORDKEEPING RULE(S)	REQUIREMENT(S)

57) PROVIDE ANY SPECIFIC REPORTING RULE(S) WHICH ARE APPLICABLE TO THIS EMISSION UNIT:

REGULATED AIR POLLUTANT(S)	REPORTING RULE(S)	REQUIREMENT(S)

58) PROVIDE ANY SPECIFIC MONITORING RULE(S) WHICH ARE APPLICABLE TO THIS EMISSION UNIT:

REGULATED AIR POLLUTANT(S)	MONITORING RULE(S)	REQUIREMENT(S)

59) PROVIDE ANY SPECIFIC TESTING RULES AND/OR PROCEDURES WHICH ARE APPLICABLE TO THIS EMISSION UNIT :

REGULATED AIR POLLUTANT(S)	TESTING RULE(S)	REQUIREMENT(S)

60) DOES THE EMISSION UNIT QUALIFY FOR AN EXEMPTION FROM AN OTHERWISE APPLICABLE RULE?

YES NO

IF YES, THEN LIST BOTH THE RULE FROM WHICH IT IS EXEMPT AND THE RULE WHICH ALLOWS THE EXEMPTION. PROVIDE A DETAILED EXPLANATION JUSTIFYING THE EXEMPTION. INCLUDE DETAILED SUPPORTING DATA AND CALCULATIONS. ATTACH AND LABEL AS EXHIBIT 250-3, OR REFER TO OTHER ATTACHMENT(S) WHICH ADDRESS AND JUSTIFY THIS EXEMPTION.

COMPLIANCE INFORMATION

61) IS THE EMISSION UNIT IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS?

YES NO

IF NO, THEN FORM 294-CAAPP "COMPLIANCE PLAN/SCHEDULE OF COMPLIANCE -- ADDENDUM FOR NON COMPLYING EMISSION UNITS" MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION.

62) EXPLANATION OF HOW INITIAL COMPLIANCE IS TO BE, OR WAS PREVIOUSLY, DEMONSTRATED:

63) EXPLANATION OF HOW ONGOING COMPLIANCE WILL BE DEMONSTRATED:

TESTING, MONITORING, RECORDKEEPING AND REPORTING

64a) LIST THE PARAMETERS THAT RELATE TO AIR EMISSIONS FOR WHICH RECORDS ARE BEING MAINTAINED TO DETERMINE FEES, RULE APPLICABILITY OR COMPLIANCE. INCLUDE THE UNIT OF MEASUREMENT, THE METHOD OF MEASUREMENT, AND THE FREQUENCY OF SUCH RECORDS (E.G., HOURLY, DAILY, WEEKLY):

PARAMETER	UNIT OF MEASUREMENT	METHOD OF MEASUREMENT	FREQUENCY

64b) BRIEFLY DESCRIBE THE METHOD BY WHICH RECORDS WILL BE CREATED AND MAINTAINED. FOR EACH RECORDED PARAMETER INCLUDE THE METHOD OF RECORDKEEPING, TITLE OF PERSON RESPONSIBLE FOR RECORDKEEPING, AND TITLE OF PERSON TO CONTACT FOR REVIEW OF RECORDS:

PARAMETER	METHOD OF RECORDKEEPING	TITLE OF PERSON RESPONSIBLE	TITLE OF CONTACT PERSON

c) IS COMPLIANCE OF THE EMISSION UNIT READILY DEMONSTRATED BY REVIEW OF THE RECORDS? YES NO

IF NO, EXPLAIN:

d) ARE ALL RECORDS READILY AVAILABLE FOR INSPECTION, COPYING AND SUBMITTAL TO THE AGENCY UPON REQUEST? YES NO

IF NO, EXPLAIN:

65a) DESCRIBE ANY MONITORS OR MONITORING ACTIVITIES USED TO DETERMINE FEES, RULE APPLICABILITY OR COMPLIANCE:

b) WHAT PARAMETER(S) IS(ARE) BEING MONITORED (E.G., OPACITY)?

c) DESCRIBE THE LOCATION OF EACH MONITOR (E.G., IN STACK MONITOR):

65d) IS EACH MONITOR EQUIPPED WITH A RECORDING DEVICE?

YES NO

IF NO, LIST ALL MONITORS WITHOUT A RECORDING DEVICE:

e) IS EACH MONITOR REVIEWED FOR ACCURACY ON AT LEAST A QUARTERLY BASIS?

YES NO

IF NO, EXPLAIN:

f) IS EACH MONITOR OPERATED AT ALL TIMES THE ASSOCIATED EMISSION UNIT IS IN OPERATION?

YES NO

IF NO, EXPLAIN:

66) PROVIDE INFORMATION ON THE MOST RECENT TESTS, IF ANY, IN WHICH THE RESULTS ARE USED FOR PURPOSES OF THE DETERMINATION OF FEES, RULE APPLICABILITY OR COMPLIANCE. INCLUDE THE TEST DATE, TEST METHOD USED, TESTING COMPANY, OPERATING CONDITIONS EXISTING DURING THE TEST AND A SUMMARY OF RESULTS. IF ADDITIONAL SPACE IS NEEDED, ATTACH AND LABEL AS EXHIBIT 250-4:

TEST DATE	TEST METHOD	TESTING COMPANY	OPERATING CONDITIONS	SUMMARY OF RESULTS

67) DESCRIBE ALL REPORTING REQUIREMENTS AND PROVIDE THE TITLE AND FREQUENCY OF REPORT SUBMITTALS TO THE AGENCY:

REPORTING REQUIREMENTS	TITLE OF REPORT	FREQUENCY

(68)EMISSION INFORMATION

REGULATED AIR POLLUTANT		<input type="checkbox"/> ¹ ACTUAL EMISSION RATE <input type="checkbox"/> ¹ UNCONTROLLED EMISSION RATE				ALLOWABLE BY RULE EMISSION RATE			² PERMITTED EMISSION RATE		
		LBS PER HOUR (LBS/HR)	TONS PER YEAR (TONS/YR)	³ OTHER TERMS	³ OTHER TERMS	⁴ DM	⁵ RATE (UNITS)	APPLICABLE RULES	TONS PER YEAR (TONS/YR)	RATE (UNITS)	TONS PER YEAR (TONS/YR)
CARBON MONOXIDE (CO)	MAXIMUM:										
	TYPICAL:										
LEAD	MAXIMUM:										
	TYPICAL:										
NITROGEN OXIDES (NO _x)	MAXIMUM:										
	TYPICAL:										
PARTICULATE MATTER (PART)	MAXIMUM:										
	TYPICAL:										
PARTICULATE MATTER <= 10 MICROMETERS (PM10)	MAXIMUM:										
	TYPICAL:										
SULFUR DIOXIDE (SO ₂)	MAXIMUM:										
	TYPICAL:										
VOLATILE ORGANIC MATERIAL (VOM)	MAXIMUM:										
	TYPICAL:										
OTHER, SPECIFY:	MAXIMUM:										
	TYPICAL:										
EXAMPLE: PARTICULATE MATTER	MAXIMUM:	5.00	21.9	0.3 GR/DSCF		1	6.0 (LBS/HR)	212.321	26.28	5.5 LBS/HR	22
	TYPICAL:	4.00	14.4	0.24 GR/DSCF		4	5.5 (LBS/HR)	212.321	19.80		

IMPORTANT: ATTACH CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH EMISSIONS WERE DETERMINED AND LABEL AS EXHIBIT 250-5.

¹CHECK UNCONTROLLED EMISSION RATE BOX IF CONTROL EQUIPMENT IS USED, OTHERWISE CHECK AND PROVIDE THE ACTUAL EMISSION RATE TO ATMOSPHERE, INCLUDING INDOORS. SEE INSTRUCTIONS.

²PROVIDE THE EMISSION RATE THAT WILL BE USED AS A PERMIT SPECIAL CONDITION. THIS LIMIT WILL BE USED TO DETERMINE THE PERMIT FEE.

³PLEASE PROVIDE ANY OTHER EMISSION RATE WHICH IS COMMONLY USED, REQUIRED BY A SPECIFIC LIMITATION OR THAT WAS MEASURED (E.G. PPM, GR/DSCF, ETC.)

⁴DM - DETERMINATION METHOD: 1) STACK TEST, 2) MATERIAL BALANCE, 3) STANDARD EMISSION FACTOR (AP-42 OR AIRS), 4) ENGINEERING ESTIMATE, 5) SPECIAL EMISSION FACTOR (NOT AP-42 OR AIRS)

⁵RATE - ALLOWABLE EMISSION RATE SPECIFIED BY MOST STRINGENT APPLICABLE RULE.

APPLICATION PAGE _____

EXHAUST POINT INFORMATION

THIS SECTION SHOULD NOT BE COMPLETED IF EMISSIONS ARE EXHAUSTED THROUGH AIR POLLUTION CONTROL EQUIPMENT.

70) FLOW DIAGRAM DESIGNATION OF EXHAUST POINT:

71) DESCRIPTION OF EXHAUST POINT (STACK, VENT, ROOF MONITOR, INDOORS, ETC.). IF THE EXHAUST POINT DISCHARGES INDOORS, DO NOT COMPLETE THE REMAINING ITEMS.

72) DISTANCE TO NEAREST PLANT BOUNDARY FROM EXHAUST POINT DISCHARGE (FT):

73) DISCHARGE HEIGHT ABOVE GRADE (FT):

74) GOOD ENGINEERING PRACTICE (GEP) HEIGHT, IF KNOWN (FT):

75) DIAMETER OF EXHAUST POINT (FT): NOTE: FOR A NON CIRCULAR EXHAUST POINT, THE DIAMETER IS 1.128 TIMES THE SQUARE ROOT OF THE AREA.

76) EXIT GAS FLOW RATE	a) MAXIMUM (ACFM):	b) TYPICAL (ACFM):
77) EXIT GAS TEMPERATURE	a) MAXIMUM (°F):	b) TYPICAL (°F):

78) DIRECTION OF EXHAUST (VERTICAL, LATERAL, DOWNWARD):

79) LIST ALL EMISSION UNITS AND CONTROL DEVICES SERVED BY THIS EXHAUST POINT:

NAME	FLOW DIAGRAM DESIGNATION
a)	
b)	
c)	
d)	
e)	

THE FOLLOWING INFORMATION NEED ONLY BE SUPPLIED IF READILY AVAILABLE.

80a) LATITUDE:	b) LONGITUDE:	
81) UTM ZONE:	b) UTM VERTICAL (KM):	c) UTM HORIZONTAL (KM):