

STATE OF ILLINOIS
 ENVIRONMENTAL PROTECTION AGENCY
 DIVISION OF AIR
 2520 WEST ILES AVENUE
 SPRINGFIELD, ILLINOIS 62704

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DATA AND INFORMATION INCINERATOR	
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1. NAME OF OWNER:	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF EMISSION SOURCE:	4. CITY OF EMISSION SOURCE:

GENERAL INFORMATION	
5. FLOW DIAGRAM DESIGNATIONS OF INCINERATORS DESCRIBED ON THIS FORM (REFER TO "GENERAL INSTRUCTION FOR COMPLETION OF PERMIT APPLICATIONS," FORM APC-201):	
6. DESCRIPTION OF SOURCE OF WASTE/MATERIAL TO BE INCINERATED:	FOR AGENCY USE ONLY DO NOT COMPLETE THIS SECTION
7. MANUFACTURER OF INCINERATOR:	MANUFACTURER CODE
8. MODEL NAME AND NUMBER:	MODEL CODE
9. <input type="checkbox"/> FLUE <input type="checkbox"/> SINGLE CHAMBER <input type="checkbox"/> MULTIPLE CHAMBER	CAPACITY CODE
10. MAXIMUM AMOUNT OF WASTE TO BE INCINERATED: _____ LB/HR	PARTICULATE EMISSION FACTOR CODE
11. ESTIMATED DAILY AMOUNT OF WASTE TO BE INCINERATED: _____ LB	CO EMISSION FACTOR CODE
12. HEIGHT OF STACK ABOVE GRADE: _____ FT	
13. HEIGHT OF TALLEST STRUCTURES WITHIN 150 FEET: _____ FT	
14. PRIMARY BURNER USED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAX RATING _____ BTU/HR	PRIMARY BURNER CODE
15. SECONDARY BURNER USED? <input type="checkbox"/> YES <input type="checkbox"/> NO MAX RATING _____ BTU/HR	SECONDARY BURNER CODE

DESCRIPTION OF TYPICAL WASTE TO BE INCINERATED		
16a. PAPER: _____ % BY WT	b. DRY WOOD: _____ % BY WT	c. LEATHER, LINOLEUM: _____ % BY WT
d. RUBBER AND PLASTICS: _____ % BY WT	e. OILS AND PAINTS: _____ % BY WT	f. STREET AND FLOOR SWEEPINGS: _____ % BY WT
g. FATS AND MEAT DRESSING: _____ % BY WT	h. GLASS AND CERAMICS: _____ % BY WT	i. METALS: _____ % BY WT
j. LEAVES, GRASS, BRANCHES, VEGETABLES & FRUITS: _____ % BY WT	k. OTHER (SPECIFY): _____ % BY WT	

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

OPERATIONAL INFORMATION

17. AVERAGE OPERATING TIME OF INCINERATOR: _____ HRS/DAY _____ DAYS/WK _____ WKS/YR
18. MAXIMUM OPERATING TIME OF INCINERATOR: _____ HRS/DAY _____ DAYS/WK _____ WKS/YR
19. PERCENT OF ANNUAL THROUGHPUT:
 DEC-FEB _____ % MAR-MAY _____ % JUN-AUG _____ % SEPT-NOV _____ %

SPECIAL NOTES

- 20a. FOR INDUSTRIAL WASTES, COMPLETE COMPONENT AND/OR CHEMICAL DESCRIPTION INCLUDING SULFUR, CHLORIDE, ASH, AND MOISTURE CONTENT, MUST BE GIVEN IN AN EXHIBIT ATTACHED TO THIS APPLICATION.
- b. THE AGENCY MUST HAVE ON FILE PROOF THAT THE MAKE AND MODEL INCINERATOR DESCRIBED HEREIN WILL MEET THE REQUIREMENTS OF RULES 203(e) AND 206(b) WHEN BURNING THE WASTE, BOTH TYPE AND RATE, DESCRIBED HEREIN.
- c. GAS CLEANING DEVICE? (IF "YES", COMPLETE APC-260)
 YES NO
- d. IF LOCATED IN COOK COUNTY, SUBMIT ADDITIONAL PERMIT APPLICATION PLUS COOK COUNTY CONSTRUCTION PERMIT APPLICATION.
- e. COMPLETE APC-103, ENTITLED "DISPOSITION OF WASTE MATERIALS" FOR ASH OR RESIDUE FROM INCINERATOR.