



# Illinois Environmental Protection Agency

## Incinerator

Illinois Environmental Protection Agency  
Bureau of Air – Permit Section (MC 11)  
2520 West Iles Ave  
P.O. Box 19276  
Springfield, IL 62794-9276

Date Form Received

### **General Information**

Source Name: \_\_\_\_\_

Source ID Number: \_\_\_\_\_

CAAPP Permit Number: \_\_\_\_\_

Environmental Contact Name: \_\_\_\_\_

Environmental Contact Email: \_\_\_\_\_

Environmental Contact Phone Number: \_\_\_\_\_

Name of Emission Unit: \_\_\_\_\_

Name of Process: \_\_\_\_\_

Description of Process: \_\_\_\_\_

Description of Product/Activity: \_\_\_\_\_

Flow Diagram Designation of Emission Unit: \_\_\_\_\_

Manufacturer of Emission Unit (if known): \_\_\_\_\_

Model Number (if known): \_\_\_\_\_

Serial Number (if known): \_\_\_\_\_

Actual or Planned Construction Date (Month/Year): \_\_\_\_\_

Actual or Planned Operation Date (Month/Year): \_\_\_\_\_

Actual or Planned Latest Modification Date (Month/Year): \_\_\_\_\_

Briefly Describe Modification (if applicable):

The Illinois EPA is authorized to require, and you must disclose, the requested information on this form pursuant to the Environmental Protection Act (“Act”), 415 ILCS 5/1 et seq., and its implementing regulations. This information shall be provided using either this form or in an alternative manner at your discretion. Failure to disclose the information may result in an incomplete application and other penalties as provided for in the Act, 415 ILCS 5/42-45. Intentional falsification of the information in this form may result in significant criminal and civil penalties as provided by law.

If the emission unit has more than one mode of operation, explain and identify which mode is covered by this form (note: a separate 250-CAAPP form must be completed for each mode):

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):

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**

Attach associated calculations and label as Exhibit 250-1.

Operating Hours	Maximum	Typical
Hours Per Day		
Hours Per Week		
Weeks Per Year		

Throughput	Dec-Feb(%)	Mar-May(%)	Jun-Aug(%)	Sep-Nov(%)
Annual Throughput				

**Incinerator Information**

Maximum Waste Charging Rate (lb/hr): \_\_\_\_\_

Typical Waste Charging Rate (lb/hr): \_\_\_\_\_

Annual Waste Charging Rate (tons/year): \_\_\_\_\_

Is Waste Charged in a Batch, Continuously, or Periodically? \_\_\_\_\_

Incinerator Chamber:

Multiple Chamber

Single Chamber

Other, specify: \_\_\_\_\_

Primary Burner(s) Capacity (mmBtu/hr): \_\_\_\_\_  
Number of Primary Burners: \_\_\_\_\_  
Primary Burner Manufacturer: \_\_\_\_\_  
Primary Burner Model: \_\_\_\_\_  
Primary Burner(s) Fuel: \_\_\_\_\_  
How is Primary Burner(s) Controlled? \_\_\_\_\_  
Does the Primary Burner Have a Temperature Indicator?  Yes  No  
How is the Primary Temperature Recorded? \_\_\_\_\_

Secondary Burner(s) Capacity (mmBtu/hr): \_\_\_\_\_  
Number of Secondary Burners: \_\_\_\_\_  
Secondary Burner Manufacturer: \_\_\_\_\_  
Secondary Burner Model: \_\_\_\_\_  
Secondary Burner(s) Fuel: \_\_\_\_\_  
How is Secondary Burner(s) Controlled? \_\_\_\_\_  
Does the Secondary Burner Have a Temperature Indicator?  Yes  No  
How is the Secondary Temperature Recorded? \_\_\_\_\_

Method of Charging Waste Solids: \_\_\_\_\_  
Method of Feeding Liquids: \_\_\_\_\_  
Rated Steam Flow – Heat Recovery Boiler: (lbs/hr): \_\_\_\_\_  
Rated Pressure – Heat Recovery Boiler (psig): \_\_\_\_\_

Fan Manufacturer: \_\_\_\_\_  
Fan Model: \_\_\_\_\_  
Fan Motor Horsepower: \_\_\_\_\_  
Fan Rated Speed (rpm): \_\_\_\_\_  
Fan Rated Flow (scfm): \_\_\_\_\_  
Fan Rated Draft (inches of water): \_\_\_\_\_

Does the incinerator have a charge hopper?  Yes  No  
Does the charge hopper have automatic control?  Yes  No  
Is the waste charged to the incinerator weighed?  Yes  No  
What is the volume of the charge hopper (cubic feet): \_\_\_\_\_

Is the secondary chamber preheated prior to charging waste:  Yes  No  
At what secondary temperature does waste charging begin? (degrees Fahrenheit): \_\_\_\_\_  
Is the ash waste quenched?  Yes  No  
For hospital waste:  
Is the ash inspected for recognizable combustible components?  Yes  No  
Are recognizable combustible components of the ash reburned?  Yes  No

**Waste Description**

- Is all the waste that is burned generated on site?  Yes  No
- Is any waste received from outside the local government boundary?  Yes  No
- Are hazardous or special waste burned?  Yes  No
- If yes, attach a description of waste and label as Exhibit 250-2.
- Are potentially infectious wastes burned?  Yes  No

Describe fully, in detail, the composition of the waste fed to the incinerator:

Waste Materials	Maximum Rates (lbs/hr)	Maximum Rates (tons/year)	Typical Rates (lbs/hr)	Typical Rates (tons/year)

**Fuel Usage Data**

Maximum Firing Rate (million btu/hr): \_\_\_\_\_  
 Typical Firing Rate (million btu/hr): \_\_\_\_\_  
 Design Capacity Firing Rate (million btu/hr): \_\_\_\_\_

Fuel Type:

- Natural Gas  Coal
- Fuel Oil: Grade Number \_\_\_\_\_  Other \_\_\_\_\_

Typical Heat Content of Fuel (Btu/lb, Btu/gal, or Btu/scf): \_\_\_\_\_  
 Typical Fuel Sulfur Content (WT%, N/A for natural gas): \_\_\_\_\_  
 Typical Fuel Ash Content (WT%, N/A for natural gas): \_\_\_\_\_  
 Annual Fuel Usage (scf/year, gal/year, or ton/year): \_\_\_\_\_



Explanation of how ongoing compliance will be demonstrated:

**Testing, Monitoring, Recordkeeping, and Reporting**

List the parameters that relate to air emissions for which records are being maintained to determine fees, rule applicability or compliance:

Operating Parameter to be monitored (e.g. flow rate)			
Method of measurement			
Unit of measurement			
The monitoring frequency			
Description of the location of each monitor (e.g., in stack monitor 3 feet from exit)			
Verification procedures to confirm the operational status of the monitoring			
Method of Recordkeeping (e.g. data logger, manual readings)			

If each monitor is not operated at all times the equipment is in operation, explain:

Provide information on the most recent tests, if any. If additional space is needed, attach and label as Exhibit 250-4:

Test Date	Test Method	Testing Company	Operating Conditions	Summary of Results

Describe all reporting requirements and provide the title and frequency of report submittals to the Agency:

### **Emission Information**

Provide the controlled emissions (e.g. the emissions that would result after all control and capture efficiencies are accounted for).

Name of Regulated Air Pollutant	<b>Example: Particulate Matter</b>			
Typical Emission Rate (lbs/hr)	<b>4.00</b>			
Maximum Emission Rate (lbs/hr)	<b>5.00</b>			
Typical Emission Rate (ton/year)	<b>14.4</b>			
Maximum Emission Rate (ton/year)	<b>21.9</b>			
Typical Emission Rate Other Terms (ppm, gr/dscf, etc.) _____	<b>0.24 gr/dscf</b>			
Maximum Emission Rate Other Terms (ppm, gr/dscf, etc.) _____	<b>0.3 gr/dscf</b>			
Applicable Rule	<b>35 IAC 212.321</b>			

## **Hazardous Air Pollutant Emission Information**

Provide the controlled HAP emissions (e.g. the emissions that would result after all control and capture efficacies are accounted for).

Name of HAP Emitted	<b>Example: Benzene</b>			
Chemical Abstract Service (CAS) Number	<b>71432</b>			
Typical Emission Rate (lbs/hr)	<b>8.0</b>			
Maximum Emission Rate (lbs/hr)	<b>10.0</b>			
Typical Emission Rate (ton/year)	<b>0.8</b>			
Maximum Emission Rate (ton/year):	<b>1.2</b>			
Typical Emission Rate Other Terms (ppm, gr/dscf, etc.) _____				
Maximum Emission Rate Other Terms (ppm, gr/dscf, etc.) _____				
Applicable Rule	<b>40 CFR 61.302(b), (d)</b>			

## **Exhaust Point Information**

This section should not be completed if emissions are exhausted through air pollution control equipment (form 260-CAAPP and the appropriate 260-CAAPP addendum form must be completed for each item of air pollution control equipment).

Flow Diagram Designation of Exhaust Point: \_\_\_\_\_

Description of exhaust point (stack, vent, indoors, etc.): \_\_\_\_\_

**If the exhaust point discharges indoors, do not complete the remaining items.**

Distance to Nearest Plant Boundary from Exhaust Point Discharge (ft): \_\_\_\_\_

Discharge Height Above Grade (ft): \_\_\_\_\_

Good Engineering Practice (GEP) Height, If Known (ft): \_\_\_\_\_

Diameter of Exhaust Point (ft): \_\_\_\_\_

For a non-circular exhaust point, the diameter is 1.128 times the square root of the area.

Parameter	Maximum	Typical
Exit Gas Flow Rate (acfm)		
Exit Gas Temperature (degree Fahrenheit)		

Direction of exhaust (vertical, lateral, downward): \_\_\_\_\_

List all emission units and control devices served by this exhaust point:

Name	Flow Diagram Designation

The following information need only be supplied if readily available.

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

UTM Zone: \_\_\_\_\_

UTM Vertical (KM): \_\_\_\_\_

UTM Horizontal (KM): \_\_\_\_\_