



Permit Application for Waste Disposal

Do not write in this space

1. Name of Firm or Organization _____

2. Type and Quantity of Waste Generated:

Type Waste	Quantity - Tons/Year	Disposal Method Code*
Paper		
Cardboard		
Wood		
Plastic		
Rubber		
Gaseous		
Liquid		
Pathological		
Incombustible		
Garbage		
Other		

*Method Codes

- (1) Incineration
- (2) Company operated on-site disposal
- (3) Commercial disposal service
- (4) Hauled by source to separate disposal site
- (5) Sold or otherwise transferred to another source for reclaiming or recycling
- (6) Other (specify) _____

3. Do the methods used for disposing of waste comply with all applicable air pollution rules and regulations?

Yes No

(If "No," a compliance schedule, form AP-114, must be completed and attached.)

If waste disposal is by incineration, please complete the following:

1. Incinerator Manufacturer's Information:
 - A. Name of Manufacturer _____
 - B. Model Number _____
 - C. Rated Capacity (specify units) _____
 - D. Type of Waste _____

2. Type of Incinerator (check all that apply):

Single Chamber Multiple Chamber Other (specify) _____

3. Auxiliary Equipment (check all that apply):

Primary Burner Fuel (type) _____

Secondary Burner Fuel (type) _____

4. Stack Data:

Inside diameter _____ Height Above Grade _____

Exit Gas Temperature _____ °F Volume of Gas Discharged (ACFM) _____

5. Combustion Air

Natural Draft Starved Air Induced Draft

Forced Draft Other (specify) _____

6. Have tests been performed on this model incinerator?

Yes No If Yes, attach copy of report

7. Waste Feed Method:

Fuel Fed Continuous Direct

Chute fed Batch Direct

8. Operating Schedule (typical)

Hours per day _____ From (time) _____

Days per week _____ To (time) _____

Weeks per year _____

On (Circle days of week that apply): M T W T F S S

9. Is there any emission control equipment on the incinerator?

Yes No If "Yes," complete form AP-110

Name of person preparing application _____

Title _____ Company _____

Signature _____ Date _____