

Air Pollution Control District Annual Survey Form Source Type - Incinerators

Please answer all of the following questions

Company Name _____
 Company Location _____
 Mailing Address _____
 Company Contact _____ Telephone _____
 E-mail _____

1) Calendar year of the information reported: 20_____
 2) Operating schedule: Hrs/Day _____ Days/Week _____ Weeks/Yr _____
 3) Total hours of operation during the calendar year _____

4) Incinerator category: municipal _____ industrial/commercial _____
 pathological _____ trench _____ domestic _____

5) Equipment and specifications:
 Number of incinerators _____ Makes and models _____
 Capacity (lbs/hour) _____ Combustion temperature (degrees F) _____
 Number of combustion chambers _____ Number of auxiliary burners _____
 Type of waste charging system: manual _____ automatic _____
 Incinerator has: underfire air _____ overfire air _____

6) Startup fuel _____ amount used per year _____
 Alternate fuel _____ amount used per year _____

7) Type of air pollution control device _____

8) Types of waste material incinerated	Quantity burned (lbs/hr)	(tons/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use the back of this form for additional comments or clarification.