State of Wisconsin
Department of Natural Resources

INCINERATION
AIR POLLUTION CONTROL PERMIT APPLICATION

Form 4530-106 11-93 Information attached? __ (y/n)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Facility name:	2. Facility identification number:
3. Stack identification number:	4. Incinerator number:

4a. Unit description:

5. Indicate the incinerator control technology status. ☐ Uncontrolled ☐ Controlled

If the incinerator is controlled, enter the control device number(s) from the appropriate form(s):

4530-110 ____ 4530-111 ____ 4530-112 ____ 4530-113 ____
4530-114 ____ 4530-115 ____ 4530-116 ____ 4530-117

6. Incinerator type

☐ Single chamber ☐ Multiple chamber ☐ Controlled air ☐ Fixed hearth ☐ Stepped hearth ☐ Rotorary kiln
☐ Other (specify)

7. Date of construction or last modification:

8. Normal operating schedule ____ hrs./day ____ days/wk. ____ days/yr.

9. Maximum operating schedule ____ hrs./day ____ days/wk. ____ days/yr.

10. Describe all materials to be burned in this unit.

Material to be burned	Origin	Weight percentage	Heating value

11. Type of incinerator charging ☐ Batch feed ☐ Continuous feed

Waste charging method Maximum Charging rate ____ lbs./hr

12. Combustion information	Design Temperature (°F)	Size (million BTU/hour)	Burner fuels
Primary chamber			
Secondary chamber			

13. Residence time of gas in the secondary chamber

14. Is this incinerator equipped with a heat recovery system? ☐ Yes ☐ No
If yes, what is the projected energy production rate? (e.g., lbs steam/hr)

15. Is this incinerator equipped with an emergency dump stack? ☐ Yes ☐ No

16. Include as attachments to this form the following information: Attached?

a. Calculations that show how the residence time of the exhaust gas in the secondary chamber was derived.
b. The energy and mass balance calculations for each waste.
c. A malfunction prevention and abatement plan.
d. Describe the start-up and shut down procedures, including their frequency.

***** For this emissions unit, identify the method of compliance demonstration by completing Form 4530-118, ***** DESCRIPTION OF METHODS USED FOR DETERMINING COMPLIANCE. Attach Form 4530-118 and its attachment(s) to this form. This is not a requirement of non-Part 70 sources.

***** Please complete the Air Pollution Control Permit Application Forms 4530-126 and 4530-128 for this Unit. *****

INCINERATION -- Form 4530-106

AIR POLLUTION CONTROL PERMIT APPLICATION INSTRUCTIONS

NOTE: Use of this form is required by the Department for any air pollution control permit application filed pursuant to ss. 285.61, 285.62 or 285.66, Wis. Stats. Completion of this form is mandatory. The Department will not consider or act upon your application unless you complete and submit this application form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

Complete one form for each incinerator used to burn waste materials.

Item 1 Provide the name of the facility.

Item 2 Provide the facility identification (FID) number that appears on the annual emission inventory reports.

Item 3 Provide the identification number for the stack exhausting this incinerator. Use the same number used on form 4530-103.

Item 4 Assign an identification number to this incinerator (e.g., I21). Use the existing identification number from the Air Emissions Inventory. Use this number on other forms related to this operation.

Item 4a Give a brief description of the incinerator, including the manufacturer name and model number.

Item 5 If the incinerator is controlled, assign a control device number (e.g., C30) to the air pollution control device associated with it. Use this number on the appropriate form(s) 4530-110 through -117.

Item 6 Check the appropriate incinerator type. If not one of the six listed, check "other" and specify the type.

Item 7 Record the date of installation or last modification of the emissions unit. Provide the month and date if possible. Write in "00" if unknown (e.g., 00/00/56). Indicate if this is a new source.

Item 8 Fill in the normal operating schedule.

Item 9 Fill in the maximum operating schedule.

Item 10 List specifically the types of materials to be incinerated (e.g., paper, cardboard, wood boxes, rags, restaurant animal and vegetable wastes, human and animal remains, industrial by-product liquid, semi-liquid or solid wastes, etc.). Identify the source or type of operation from which the wastes originate. For hazardous waste or wastes with complex chemical composition, provide chemical analysis.

Item 11 Indicate whether the incinerator is batch or continuous feed. Provide the design maximum charging rate. Examples are hand-fired, ram-fed, overhead grapple bucket to charging hopper, etc. Provide the method by which wastes are charged.

Item 12 Provide the design primary and secondary combustion chamber temperatures, the maximum heat input (size) to each chamber in million BTU per hour, and list the fuels used by each burner (e.g., natural gas, No. 2 fuel oil, liquid propane, etc.). Include backup fuels. If your incinerator has only one combustion chamber, write "NA" or " - " in the data fields for secondary chamber.

Item 13 Enter the residence time of gas in the secondary chamber. If your incinerator has only one combustion chamber, interpret this item to refer to that single chamber.

Item 14 Check the appropriate box. If yes, fill in the projected energy production rate.

Item 15 If the incinerator has an emergency dump stack, attach documentation of the authority to use it. Since an emergency dump stack may only be used under specific circumstances (as approved in a permit, plan approval, or order issued by the Department), please briefly describe the authority you have to operate the dump stack. Form 4530-135 may be used for this purpose.

Item 16 Describe the start-up and shut-down procedures, including the frequency, time required, auxiliary burner usage, etc. Section NR 439.11, Wis. Adm. Code, describes the content of malfunction prevention and abatement plans.