

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES**

**APPLICATION FOR APPROVAL OF PLANS TO  
CONSTRUCT, INSTALL, OR MODIFY AN INCINERATOR**

Return to:                      RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES  
235 PROMENADE STREET  
PROVIDENCE, RI 02908

Section A	1. FULL BUSINESS NAME _____ PHONE _____ 2. ADDRESS OF EQUIPMENT LOCATION _____ _____ SIC CODE _____ # EMPLOYEES _____ 3. LOCATION ON PREMISES (BLDG., DEPT., AREA, ETC.) _____ 4. NATURE OF BUSINESS _____
Section B	1. APPROVAL REQUESTED FOR: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> MODIFICATION 2. ESTIMATED STARTING DATE: _____ 3. ESTIMATED COMPLETION DATE: _____
Section C	1. INCINERATOR MANUFACTURER: _____ MODEL NO.: _____ 2. RATED CAPACITY (LB/HR): _____ DAILY AMOUNT: _____ 3. HOURS OF OPERATION:   _____ HRS/DAY   _____ DAYS/WEEK   _____ WEEKS/YEAR 4. FEED MECHANISM: <input type="checkbox"/> RAM <input type="checkbox"/> BATCH <input type="checkbox"/> OTHER _____
Section D	<b>WASTE ANALYSIS</b> 1. PROVIDE AN ATTACHMENT WITH THE APPLICATION GIVING COMPLETE DESCRIPTION OF THE WASTE TO BE INCINERATED: 2. MOISTURE % _____ 3. ASH % _____ 4. HEATING VALUE (BTU/LB) _____

Section

E

PRIMARY CHAMBER

- 1. CHAMBER VOLUME (FT<sup>3</sup>)\_\_\_\_\_ 2. OPERATING TEMPERATURE (°F)\_\_\_\_\_
- 3. (A) VOLUME OF AIR SUPPLIED TO PRIMARY CHAMBER (CFM)\_\_\_\_\_
- (B) IS PRIMARY AIR SUPPLY?  STARVED AIR % OF STOICHMETRIC\_\_\_\_\_
- EXCESS AIR % EXCESS\_\_\_\_\_
- (C) PERCENT OF AIR SUPPLY THAT IS UNDERFIRE\_\_\_\_\_
- OVERFIRE\_\_\_\_\_
- (D) IS PRIMARY AIR SUPPLY?  FIXED  VARIABLE
- IF PRIMARY AIR SUPPLY IS VARIABLE, PROVIDE A NARRATIVE WITH THE APPLICATION DESCRIBING HOW THE AIR SUPPLIED IS CONTROLLED.

SECONDARY CHAMBER

- 1. CHAMBER VOLUME (FT<sup>3</sup>)\_\_\_\_\_ 2. OPERATING TEMPERATURE (°F)\_\_\_\_\_
- 3. (A) VOLUME OF AIR SUPPLIED TO SECONDARY CHAMBER (CFM)\_\_\_\_\_
- (B) % EXCESS AIR \_\_\_\_\_
- (C) IS SECONDARY AIR SUPPLY?  FIXED  VARIABLE
- IF SECONDARY AIR SUPPLY IS VARIABLE, PROVIDE A NARRATIVE WITH THE APPLICATION DESCRIBING HOW THE AIR SUPPLY IS CONTROLLED.
- 4. RETENTION TIME IN SECONDARY CHAMBER (SEC)\_\_\_\_\_

Section

F

- 1. PRIMARY BURNERS(S)\_\_\_\_\_ TYPE AND MODEL NO.: \_\_\_\_\_
- IGNITION:  SPARK  PILOT  MANUAL
- FLAME FAILURE CONTROL:  YES  NO
- RATING (BTU/HR)\_\_\_\_\_
- 2. SECONDARY BURNER(S)\_\_\_\_\_ TYPE AND MODEL NO.: \_\_\_\_\_
- IGNITION:  SPARK  PILOT  MANUAL
- FLAME FAILURE CONTROL:  YES  NO
- RATING (BTU/HR)\_\_\_\_\_

Section

G

CONTINUOUS EMISSION MONITORS

- MANUFACTURER/MODEL NO. \_\_\_\_\_
- OPACITY \_\_\_\_\_
- OXYGEN \_\_\_\_\_
- CO<sub>2</sub> \_\_\_\_\_
- NO<sub>x</sub> \_\_\_\_\_
- SO<sub>2</sub> \_\_\_\_\_
- CO \_\_\_\_\_

Section H	EMISSIONS INFORMATION:		
	POLLUTANT	RATE OF EMISSIONS (LB/HR)	METHOD USED TO DETERMINE EMISSIONS

Section I	STACK INFORMATION:
	1. STACK EXIT DIMENSIONS I.D. _____ INCHES OR _____ INCHES X _____ INCHES
	2. STACK HEIGHT ABOVE GROUND _____ FEET
	3. VOLUME OF GAS DISCHARGED INTO OPEN AIR _____ ACFM @ _____ °F
	4. IS STACK EQUIPPED WITH A RAIN HAT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	5. DISTANCE FROM DISCHARGE TO NEAREST PROPERTY LINE _____ FEET

Section J	1. PROVIDE DRAWINGS, DIMENSIONED AND TO SCALE, IN PLAN, ELEVATION AND AS MANY SECTION AS ARE NEEDED TO SHOW THE DESIGN, OPERATION, LOCATION AND CLEARANCE OF INCINERATOR. INCLUDE A PLOT PLAN SPECIFYING LOCATION OF INCINERATOR TO NEAREST RECEPTORS.
	2. PROVIDE MANUFACTURER INFORMATION AND DRAWINGS OF INCINERATOR WITH DIMENSIONS OF PRIMARY AND SECONDARY CHAMBERS CLEARLY MARKED.
	3. PROVIDE INFORMATION ON TEMPERATURE CONTROL TECHNIQUES AND LOCATION OF CONTROLS. PROVIDE INFORMATION ON ALL CONTINUOUS EMISSION AND OPERATION PARAMETER MONITORS TO BE USED.
	4. PROVIDE A SEQUENCE OF OPERATIONS FOR THE INCINERATOR.
	5. PROVIDE A COPY OF THE OPERATING AND MAINTENANCE INSTRUCTIONS FOR THE INCINERATOR.
	6. PROVIDE A COPY OF THE MOST RECENT STACK TEST FOR THE MODEL OF INCINERATOR TO BE INSTALLED.

This application is submitted in accordance with the provisions of Chapter 23-23 of the General Laws, as amended, in "Air Pollution Control Permits" 250-RICR-120-05-09 and to the best of my knowledge and belief is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR RESOURCES**

**AIR POLLUTION CONTROL PERMIT FEES**

The Department's rules and regulations require the payment of fees for air pollution permits. All application fees must be submitted with permit application to:

RI Department of Environmental Management  
Office of Air Resources  
235 Promenade Street  
Providence, RI 02908

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**THE APPLICATION FORM AND ANY ACCOMPANYING DOCUMENTS SHOULD BE SUBMITTED TO THE OFFICE OF AIR RESOURCES AT THE ADDRESS SHOWN ON THE APPLICATION FORM.**

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Please complete this form, attach it to the check or money order and submit it to the Office of Air Resources. Payment should be made payable to General Treasurer, State of Rhode Island. The information requested below must be provided to coordinate the filing of your fee with your application(s). This fee is a filing fee and therefore it must be paid before we can begin review of your application(s).

APPLICANT'S NAME: \_\_\_\_\_

GENERAL DESCRIPTION OF PROCESS FROM WHICH POLLUTANTS ARISE:  
\_\_\_\_\_  
\_\_\_\_\_

FEE SUBMITTED:

Major Source or Major Modification @ \$25,410 each	_____
Complex Minor source or Modification @ \$4,620.00 each	_____
Minor source or Modification @ \$ 1,271.00 each	_____
TOTAL	_____

**FOR OFFICE USE ONLY:**  
Fee Amount Received: \$ \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
For Deposit into Account 1752-80600