

FACILITY NAME: _____	DATE: _____
NDEE Facility ID#: _____	Emission Point ID#: _____

Section 7.2: Thermal Oxidizer

IMPORTANT: READ THE INSTRUCTIONS ACCOMPANYING THIS SECTION BEFORE COMPLETING.
Do NOT use pencil to fill out this application. Please type responses or print using black ink.

General Information		
1) Control Equipment ID#:	2) Installation Date:	<input type="checkbox"/> New Unit
3) Control Equipment Name/Description:		

4) Unit Information					
List all the emission units that are controlled by the baghouse:					
Unit ID#	Unit Type	Unit Name	Maximum Capacity (include units)	Installation Date	New Unit
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

If more than four units' emissions are controlled by this thermal oxidizer, attach additional pages so that all emission units are accounted for.

5) Thermal Oxidizer Information		
Manufacturer:	Model Name:	Model Number:
Regenerative: Yes <input type="checkbox"/> No <input type="checkbox"/>	Combustion Chamber Volume (units):	

6) Stack Information					<input type="checkbox"/> N/A
Height	Top Inside Diameter		Stack Discharge	Exit Velocity of Gas	Exit Temperature of Gas
ft	ft	ft	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Vertical with Rain Cap	m/s	°K
Stack Testing Port(s) Present: Yes <input type="checkbox"/> No <input type="checkbox"/>					

Operational Information			
7) Enter heat input and fuel information:			
Maximum Rated Heat Input Capacity (MMBtu):		Maximum Hourly Potential Fuel Use (units):	
Auxiliary Fuel Type:		Maximum Annual Potential Fuel Use:	
8) Complete all temperature information:			
Minimum Chamber Temperature:	C <input type="checkbox"/> F <input type="checkbox"/>	Combustion Temperature:	C <input type="checkbox"/> F <input type="checkbox"/>
Minimum Inlet Temperature:	C <input type="checkbox"/> F <input type="checkbox"/>	Maximum Inlet Temperature:	C <input type="checkbox"/> F <input type="checkbox"/>
Minimum Outlet Temperature:	C <input type="checkbox"/> F <input type="checkbox"/>	Maximum Outlet Temperature:	C <input type="checkbox"/> F <input type="checkbox"/>
9) Temperature Monitoring:			
Continuous: Yes <input type="checkbox"/> No <input type="checkbox"/>		Other (describe):	
Device:		Procedure(s):	
Continuous:			
10) Minimum Pollutant Residence Time Within Thermal Oxidizer (sec):			
11) Describe Maintenance:			

12) Control Information	
Uncontrolled Emission Rate (lb/hr):	Controlled Emission Rate (lb/hr):
Pollutant:	Capture Efficiency (%):
Pollutant:	Capture Efficiency (%):
Pollutant:	Capture Efficiency (%):
Test or Manufacturer's Data Available: Yes <input type="checkbox"/> No <input type="checkbox"/>	Test or Manufacturer's Data Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

FACILITY NAME: _____	DATE: _____
NDEE Facility ID#: _____	Emission Point ID#: _____

Section 7.2: Thermal Oxidizer (continued)

13) Potential to Emit Calculations Attached?	<input type="checkbox"/> YES
14) Additional Information Attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Complete the following ONLY if completing this Section as Part of an Operating Permit Application

15) Actual Operating Information					
Provide the operating hours and fuel use of this thermal oxidizer for the past five years (past year if new unit):					
Year					
Hours Operated					
Annual Fuel Use (units)					
Average Hourly Fuel Use (units)					
16) Actual Emission Calculations Attached? <input type="checkbox"/> YES					
17) Additional Information Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO					