FORM AQ209

CREMATORY INCINERATOR INFORMATION INSTRUCTIONS

For regulatory requirements that apply to crematory incinerators, the owner/operator should refer to LRAPA Title 30.

Incinerator Information:

1. Assign an identification number to this crematory incinerator. Use this ID number to reference this unit elsewhere in this application packet (e.g., on the process flow diagram, on the emissions data forms, etc.).
2. Indicate whether this incinerator is *existing* (i.e., currently in place) or *future* (i.e., will be added in the future during the permit term).
3. Enter the date on which this unit was installed or construction was completed.
4. Enter the name of the manufacturer of the unit.
5. Indicate the manufacturer's rated design capacity, in pounds of material burned per hour or per batch.
6. Enter the minimum temperature, in Fahrenheit, at which the secondary chamber combustion gases are maintained.
7. Enter the minimum residency time, in seconds, at which the secondary chamber combustion gases are held at the temperature indicated in Item 6.
8. Indicate whether the unit continuously monitors the final combustion chamber exit temperature.

Operating Schedule:

9. Indicate the projected maximum number of hours per day that the unit will operate during the permit period.
10. Indicate the projected maximum number of days per week that the unit will operate during the permit period.
11. Indicate the projected maximum number of weeks per year that the unit will operate during the permit period.
12. Indicate the projected maximum annual operating rate of this unit, in tons of material burned per year.

Source Test Information:

13. If this is a future unit, indicate when a source test is to be scheduled or include a source test for a comparable unit.
14. If this is an existing unit, indicate whether a source test has been performed on this unit within the last five (5) years. If yes, then provide the information from the source test report.

Maintenance:

15. Describe any major maintenance performed on the unit during the past year, if applicable.

Quality Assurance Plan and Operator Training:

16. Has the quality assurance plan (QAP) for the temperature monitoring device been submitted to LRAPA (yes/no)? If no, either attach the QAP to this application or indicate when the QAP will be submitted to LRAPA. This document addresses the proper operation and maintenance procedures to maintain the continuous monitoring devices of the unit. This may be a standard document that is submitted by the manufacturer of the unit.
17. The regulations require that the crematory incinerator be operated at all times under the direction of individuals who have received training necessary for proper operation. The owner/operator is required to maintain a description of the LRAPA-approved training program. If the training program has not been approved by LRAPA, attach a description of the training program to this application.

FORM AQ209

CREMATORY INCINERATOR INFORMATION — ANSWER SHEET

Facility Name: _____ Permit Number: _____

Incinerator Information:

1. ID Number _____
2. Existing or Future _____
3. Date installed or to be installed _____
4. Manufacturer _____
5. Rated design capacity (lbs/hr or lbs/batch) _____
6. Secondary chamber temperature (ºF) _____
7. Secondary chamber residence time (seconds) _____
8. Continuous temperature monitor? (yes or no) _____

Operating Schedule

9. Projected maximum hours/day _____
10. Projected maximum days/week _____
11. Projected maximum weeks/year _____
12. Projected maximum annual incineration rate (tons/year) _____

Source Test Information

13. If future unit, enter the date that the unit will be tested or attach source test report from a comparable unit _____
14. For existing units that have been tested provide the following information:
    a. Date test conducted _____
    b. Incineration rate (lbs/hr or lbs/batch) _____
    c. Stack gas flow rate (dscf/hr) _____
    d. Stack gas temperature (°F) _____
    e. Particulate emissions (gr/dscf) _____
    f. Particulate emissions (gr/dscf@7%O_2) _____
    g. Particulate emissions (lbs/hr) _____

Description of maintenance performed

15. _____

16. **Quality Assurance Plan** (yes/no). If no, enter the date that the QAP will be submitted to LRAPA. _____
17. **Operator Training Manual** (yes/no). If no, submit a description of the training program. _____