

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
BUREAU OF ENVIRONMENTAL QUALITY  
INCINERATOR**

**APPLICATION FOR PERMIT TO CONSTRUCT OR CERTIFICATE TO OPERATE**

1. NAME OF OWNER/FIRM			8. NAME OF PROFESSIONAL ENGINEER			9. TELEPHONE		18. FACILITY NAME				
2. NUMBER AND STREET ADDRESS			10. NUMBER AND STREET ADDRESS					19. FACILITY LOCATION (No. & ST. ADDRESS)				
3. CITY-TOWN-VILLAGE		4. STATE	5. ZIP	11. CITY-TOWN-VILLAGE		12. STATE	13. ZIP		20. CITY-TOWN-VILLAGE		21. ZIP	
6. NAME & TITLE OF OWNERS REP.			7. TEL. #	14. NYSPE STAMP/SEAL		15. NYSPE LICENSE #	16. DATE OF SIGNATURE		22. BUILDING NAME OR NO.		23. START UP DATE	
											MO. / YR.	
25. EMISSION POINT NO.			26. GROUND ELEV.(FT.)	27. HGT. ABOVE STRUCTURES (FT)	28. STACK HGT.(FT)	29. INSIDE DIMEN.(IN)	30. EXIT TEMP (*F)	31. EXIT VELOCITY (FT./SEC.)		32. EXIT FLOW RATE (ACFM)		
34. CONTINUOUS MONITOR(S)			A. <input type="checkbox"/> OPACITY B. <input type="checkbox"/> SULFUR DIOXIDE C. <input type="checkbox"/> NITROGEN OXIDES			D. <input type="checkbox"/> OXYGEN E. <input type="checkbox"/> CARBON DIOXIDE F. <input type="checkbox"/> OTHER			35. PERMIT TO CONSTRUCT A. <input type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION		36. CERTIFICATE TO OPERATE A. <input type="checkbox"/> NEW SOURCE B. <input type="checkbox"/> MODIFICATION C. <input type="checkbox"/> EXISTING SOURCE	
36A. REFUSE FEED			37. UNIT TYPE		39. ENCON ID NUMBER			40. UNIT MANUFACTURER'S NAME & MODEL NUMBER				
REFUSE TYPE	% TYPE 5 REFUSE	% TYPE 6 REFUSE	RADIOACTIVE REFUSE		CAPACITY LBS/HR.	AMOUNT REFUSE CHARGED LBS./HR.	HRS/DAY	DAYS/YR	50. % OPERATION BY SEASON			
42.PRIMARY	43.	44.	45. YES	NO	46.	47.	48.	49.	Winter	Spring	Summer	Fall
51.ADD REF	52.	53.	54. YES	NO	55.	56.	57.	58.	Winter	Spring	Summer	Fall
AUXILIARY EQUIP. TYPE	TOTAL NO. OF UNITS	AUXILIARY EQUIPMENT MANUFACTURER'S NAME AND MODEL NUMBER				TEMPERATURE ACTUATED		RATED BURNER CAPACITY		FUEL TYPE		
60.	61.	62.				63. YES	NO	64.		65.		
66.	67.	68.				69. YES	NO	70.		71.		
EMISSION CONTROL EQUIP. ID.	CONTROL TYPE	MANUFACTURER'S NAME & MODEL NO.				DISPOSAL METHOD	DATE INSTALLED MO./YR.		USEFUL LIFE			
72.	73.	74.				75.	76.		77.			
CONTAMINANT			EMISSIONS			% CONTROL EFFICIENCY	HOURLY EMISSIONS (LBS/Hr)		ANNUAL EMISSIONS (LBS/YR)			
78. NAME		79. CAS NUMBER	80. ACTUAL	81. UNIT	82. HOW DET.	83.	84. ACTUAL	85. ACTUAL	86. 10 <sup>x</sup>			
TOTAL PARTICULATES		NY075-00-0										
SULFUR DIOXIDE		7448-09-0										
SOLID FUEL (TONS/HR)		%S	LIQUID FUEL THOUSANDS OF GAL/YR		%S	GAS THOUSANDS OF CF/YR		BTU/CF				
87.	88.	89.	90.	91.	92.	93.	94.	95.				
UPON COMPLETION OF CONSTRUCTION SIGN THE STATEMENT LISTED BELOW.						96. SIGNATURE OF DESIGN PROFESSIONAL					97. DATE	
THE INCINERATOR HAS BEEN CONSTRUCTED AND WILL BE OPERATED IN ACCORDANCE WITH STATED SPECIFICATIONS AND IN CONFORMANCE WITH ALL PROVISIONS OF EXISTING REGULATIONS.												