



OAQ PROCESS INFORMATION APPLICATION
PI-02D: Combustion – Incinerators & Combustors
 State Form 52538 (R2 / 1-10)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM – Office of Air Quality – Permits Branch
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NOTES:

- The purpose of this form is to specify details that pertain only to incinerators and combustors.
- Complete one PI-02D form for each emissions unit. If there are multiple emission units that are identical in nature, capacity, and use, you may use one PI-02D form to summarize the units.
- Detailed instructions for this form are available on the Air Permit Application Forms website.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for anyone to inspect and photocopy.

PART A: Process Unit Details

Part A specifies operating information that is unique to incinerators and combustors. Definitions and additional explanation of terminology are included in the instructions for this form.

1. Unit ID:	
2. Type of Combustion Unit	
<input type="checkbox"/> Commercial or Industrial Solid Waste Incineration:	<input type="checkbox"/> Multiple Chamber <input type="checkbox"/> Single Chamber <input type="checkbox"/> Part Reclamation <input type="checkbox"/> Rack Reclamation <input type="checkbox"/> Drum Reclamation <input type="checkbox"/> Other Commercial or Industrial Solid Waste Incineration (<i>specify</i>):
<input type="checkbox"/> Municipal Waste Combustion:	<input type="checkbox"/> Mass Burn Waterwall <input type="checkbox"/> Mass Burn Rotary Waterwall <input type="checkbox"/> Mass Burn Refractory Wall <input type="checkbox"/> Refuse-Derived Fuel-Fired <input type="checkbox"/> Fluidized Bed <input type="checkbox"/> Modular Starved Air <input type="checkbox"/> Modular Excess Air <input type="checkbox"/> Other Municipal Waste Combustion (<i>specify</i>):
<input type="checkbox"/> Sewage Sludge Incineration:	<input type="checkbox"/> Multiple Hearth <input type="checkbox"/> Fluidized Bed <input type="checkbox"/> Electric <input type="checkbox"/> Other Sewage Sludge Incineration (<i>specify</i>):
<input type="checkbox"/> Hospital/Medical/Infectious Waste Incineration:	<input type="checkbox"/> Controlled Air <input type="checkbox"/> Excess Air <input type="checkbox"/> Rotary Kiln <input type="checkbox"/> Other Hospital/Medical/Infectious Waste Incineration (<i>specify</i>):
<input type="checkbox"/> Air Curtain Destructor	
<input type="checkbox"/> Other (<i>specify</i>):	

PART B: Emission Controls and Limitations

Part B identifies control technology, control techniques or other process limitations that impact air emissions.

3. Add-On Control Technology: *Identify all control technologies used for this process. Attach completed CE-01 (unless "none").*

- None
- Baghouse / Fabric Filter – *Attach CE-02.*
- Electrostatic Precipitator – *Attach CE-04.*
- Other (*specify*):
- Cyclone – *Attach CE-03.*
- Absorption / Wet Collector / Scrubber – *Attach CE-05.*
- *Attach CE-10.*

4. Control Techniques: *Identify all control techniques used for this process.*

5. Process Limitations / Additional Information: *Identify any acceptable process limitations. Attach additional information if necessary.*

PART C: Indiana Requirements

Part C identifies the information needed to satisfy the Indiana rule pertaining to incinerators.

6. Is the unit subject to 326 IAC 4-2? Yes No – Proceed to Part D

- 7. Incinerator Design:**
- Single Chamber with afterburner
 - Multiple Chamber
 - Other (*explain below*):

If "other", explain how the design is equivalent.

8. Manufacturer's Guaranteed Particulate Emission Rate (*specify units and attach the specifications*):

PART D: Combustion Chamber Details

Part D identifies the details that pertain to the combustion chambers of the incinerator.

	9. Burner?	10. Fuel Used
Primary Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Natural Gas Only <input type="checkbox"/> Other – Attach completed PI-02F.
Secondary Chamber	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Natural Gas Only <input type="checkbox"/> Other – Attach completed PI-02F.