Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation

AFTERBURNER/INCINERATOR

1) Source ID Number: _____

2) Company/Source Name:_____

3) Afterburner/Incinerator identification number or designation:_____

4) What emission unit(s) or source(s)of emissions is(are) vented to the afterburner/incinerator?
   a. _____
   b. _____
   c. _____
   d. _____

5) Description of pollutant(s) collected: _____

6) Type of Incineration: Catalytic _____; Noncatalytic_____; Other _____
   If Catalytic, what type is used?_____

7) Manufacturer: _____
   Date of Manufacture: _____
   Model No.: _____
   Rated Control Efficiency: _____%
   Capture Efficiency: _____%
   Date of Installation: _____

8) Volume of gas cleaned: _____cfm

9) Is there a device provided to measure temperature? Yes ☐; No ☐
   If yes, complete the following:
   Temperature Gauge: _____^{o}F

10) Inlet Temperature of gas cleaned: _____^{o}F

AFTERBURNER/INCINERATOR
(cont.)

11) Inlet concentration: _____ppm or grains/cu. ft.

12) Outlet concentration: _____ppm or grains/cu. ft.

13) Outlet Minimum Temperature Maintained: _____^{o}F

14) Retention time at this temperature: _____sec.

15) Number of burners: _____

16) Capacity of burners: _____BTU/hr

17) Primary Fuel: Type _____; Amount burned/hr. _____

18) Secondary Fuel: Type_____; Amount burned/hr. _____

19) Description of material to be incinerated: _____
_____

20) Emission discharge to atmosphere _____ ft. above grade through stack or duct _____ diameter at _____^{o}F temperature, with _____cfm flow rate and _____fps velocity.