



State of Oregon
Department of
Environmental
Quality

WOOD DRYING KILN

FORM AQ225 INSTRUCTIONS

Complete one Process Device Description form for each existing and/or future (if known) dry kiln.

1. Enter the process device identification label (e.g. Alpha Kiln, #1 Kiln, Kiln, etc.) for this kiln.
2. Enter the date the kiln was installed.
3. Enter the name of the manufacturer.
4. Enter the number of tracks in the kiln (single, double, triple, etc.).
5. Enter the maximum board feet of lumber dried on a short-term basis (e.g. hourly, daily, etc.) by species.
6. Enter the proposed annual production for this kiln by species in board feet.
7. Indicate whether or not the kiln is heated indirectly with steam. If the answer is “no”, then you should attach to this form additional information about the heat source and fuel characteristics.
8. If the kiln exhaust is controlled, list the control equipment using the Control Device ID. Fill out the appropriate Control Device Description Form [Series 300] for each associated control device.
9. If the kiln has been physically modified since it was installed, enter the date of the modification and describe the modification. Attach additional information as needed.



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**FORM AQ225
ANSWER SHEET**

Facility Name: Permit Number:

1. Process Device ID	<input type="text"/>	
2. Date installed	<input type="text"/>	
3. Manufacturer	<input type="text"/>	
4. Number of tracks	<input type="text"/>	
5. Production information:		
Species	Maximum short term production (specify units)	Annual production (specify units)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Is the kiln indirectly heated with steam (yes/no)		<input type="text"/>
If no please explain:		
<input type="text"/>		
7. If the kiln exhaust is controlled, list the Control Device ID(s) and complete the appropriate form from series AQ300	<input type="text"/>	
8. Has the kiln been physically modified?		<input type="text"/>
If yes, enter date and describe the modification		
<input type="text"/>		