

**Application for General Air Contaminant Discharge Permit**  
**Air Curtain Incinerators**

**Form AQGP-131**

| For DEQ Use Only                            |  |                  |                |
|---|--|------------------|----------------|
| Source Number:                              |  | Regional Office: |                |
| Application No:                             |  | Check number:    |                |
| Initial assignment <input type="checkbox"/> | Re-assignment <input type="checkbox"/> | Amount (\$):     | Date Received: |

**1. Company information:**

|  |        |           |  |                    |           |
|--|--------|-----------|--|--------------------|-----------|
| Legal Name:  |        |           | Other company name (if different from legal name): |                    |           |
| Mailing Address:                                       |        |           | Site Address (if different than mailing address):  |                    |           |
| City:  | State: | Zip Code: | City:  | County (required): | Zip Code: |
| North American Industry Classification System (NAICS): |        |           | Number of employees:                               |                    |           |

**2. Source Category Description:**

The permittee must meet all of the following conditions in order to qualify for assignment to this General Air Contaminant Discharge Permit (ACDP):

- a. The permittee is operating a fire box burner type air curtain incinerator with a certified Tier 4 engine or an electric motor, including supporting activities;
- b. The permittee is not operating a trench burner air curtain incinerator;
- c. The permittee is operating the air curtain incinerator as an OSWI or a CISWI and complying with the applicable requirements for that type of ACI;
- d. The permittee is not having ongoing, recurring or serious compliance problems; and
- e. A Simple or Standard ACDP is not required for the source

**3.** Does the source category description in #2 apply to your facility (or will apply to your proposed facility)?  Yes  No

- a. Is the facility existing or proposed to be constructed?  Existing  Proposed to be constructed
- b. Date the facility began or is expected to begin operations: \_\_\_\_\_.

**4. Other Activities.** Are there any other activities identified in [OAR 340-216-8010](#) Table 1 performed, or expected to be performed, on site that are not described in question #2, above?  Yes  No.

If yes, you may not be eligible for assignment to this General permit. Please discuss these activities with DEQ.

**5.** Are there any other activities or equipment that emit air pollutants that are not described in question #2?  Yes  No

If yes, describe them:

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**6. Device Description:**

|  |   |
|--|---|
| Device ID number   |   |
| Existing or future   |   |
| Date construction/installation commenced (or anticipated)                                |   |
| Date construction/installation completed (or anticipated)                                |   |
| Projected start-up date  |   |
| Stationary or portable   | <input type="checkbox"/> Stationary <input type="checkbox"/> Portable |
| If stationary, geographical coordinates (latitude/longitude or UTM)                      |   |
| If stationary, attach a map showing the location of the air curtain incinerator          | <input type="checkbox"/> Attached                                     |
| If portable, home base   |   |
| What is the discharge height above ground level for this air curtain incinerator (feet)? |   |
| Manufacturer   |   |
| Model number   |   |
| Serial number  |   |
| Date manufactured  |   |
| Description and use of air curtain incinerator:  |   |
|  |   |

**7. Operating schedule**

|                              |          |          |          |          |
|------------------------------|----------|----------|----------|----------|
| Projected maximum hours/day  |          |          |          |          |
| Projected maximum days/week  |          |          |          |          |
| Projected maximum weeks/year |          |          |          |          |
| Seasonal use percentage      | Dec-Feb: | Mar-May: | Jun-Aug: | Sep-Nov: |

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## 8. Materials burned information

| Materials burned | Manufacturer's design process rate (tons/hour) | Actual annual process rate (tons/year) | Requested annual permit limit <sup>1</sup> (tons/year) |
|------------------|--|--|--|
| Trees            |  |  |  |
| Slash            |  |  |  |
| Yard waste       |  |  |  |
| Clean wood       |  |  |  |
| Other (describe) |  |  |  |

## 9. Source of material that is burned:

|                         |                              |                             |  |
|-------------------------|------------------------------|-----------------------------|--|
| Public waste collection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Commercial source       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Government source       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Other (describe)        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

## 10. Operations Plan Attached

The applicant must submit a draft Operations Plan for DEQ approval that includes the following components:

- Materials Stockpile Plan
  - The Materials Stockpile Plan must describe how the applicant will ensure that authorized materials are managed in a safe manner that minimized environmental impacts.
- Startup/Shutdown Plan
  - The Startup/Shutdown Plan must describe how the applicant will minimize smoke and emissions from the ACI during startup/shutdown operations.
- Authorized Materials Management Plan
  - The Authorized Materials Management Plan must describe how the applicant will ensure that only authorized materials will be burned and the associated monitoring that will be done.
- Ash/Biochar Removal and Disposal Plan
  - The Ash/Biochar Removal and Disposal Plan must describe how the applicant will minimize fugitive emissions during ash handling.

11. Are disposal fees collected in exchange for materials to be burned? Yes  No

## Air curtain incinerator engine

12. Is the engine is used to propel the ACI? Yes  No

13. Is the blower for this air curtain destructor powered by an internal combustion engine (e.g., diesel-fired)? Yes  No

If yes, this engine is also subject to permitting and reporting requirements. The Internal Combustion Engines and Turbines (DV207) must be filled out in addition to this application form for the air curtain incinerator. Form DV207 is available on the DEQ website at: <https://www.oregon.gov/deq/aq/aqPermits/Pages/TV.aspx>

<sup>1</sup> Requested values will become permit limitations. Requested limits should consider future process growth.

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**14. Signature**

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name of responsible official (printed or typed)

\_\_\_\_\_  
Title of responsible official and phone number

\_\_\_\_\_  
Signature of responsible official

\_\_\_\_\_  
Date

**Submit two copies of the completed application, [A Land Use Compatibility Statement](#)<sup>2</sup> and the applicable annual fee to:**

Oregon Department of Environmental Quality  
Financial Services – Revenue Section  
700 NE Multnomah St., Suite 600  
Portland, OR 97232 - 4100

<sup>2</sup> A Land Use Compatibility Statement is not required for portable sources.

**Application for General Air Contaminant Discharge Permit and Attachments  
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**1. Company Information:**

|             |  |
|-------------|--|
| Legal Name: | Other company name (if different from legal name): |
|-------------|--|

**2. Site Contact Person: (A person who deals with DEQ staff about equipment problems.)**

|                  |            |                       |      |
|------------------|------------|-----------------------|------|
| First Name:      | Last Name: | Telephone number:     | Fax: |
| Title:           |            | Email address:        |      |
| Mailing address: |            | City, State, Zip Code |      |

**3. Facility Contact Person: (If other than the site contact person, a person involved with all environmental issues at the facility although they may be housed at a different site.)**

|                  |            |                       |      |
|------------------|------------|-----------------------|------|
| First Name:      | Last Name: | Telephone number:     | Fax: |
| Title:           |            | Email address:        |      |
| Mailing address: |            | City, State, Zip Code |      |

**4. Mailing Contact Person: (If other than the site contact person, a person to whom the company would like all agency communications directed.)**

|                  |            |                       |      |
|------------------|------------|-----------------------|------|
| First Name:      | Last Name: | Telephone number:     | Fax: |
| Title:           |            | Email address:        |      |
| Mailing address: |            | City, State, Zip Code |      |

**5. Invoice Contact Person: (If other than the site contact person, a contact to which invoices and communications related to resolving invoice questions can be directed.)**

|                  |            |                       |      |
|------------------|------------|-----------------------|------|
| First Name:      | Last Name: | Telephone number:     | Fax: |
| Title:           |            | Email address:        |      |
| Mailing address: |            | City, State, Zip Code |      |