



Pollution Control Device Form
Fume Incinerator

FORM CD304
Answer Sheet

Facility name: _____ Permit Number: _____

1.	Name				
2.	ID number or label				
3.	Date installed				
4.	Manufacturer				
5.	Model number				
6.	Type of incinerator				
7.	Rated efficiency (%)				
8.	Design inlet gas flow rate (acfm)				
9.	Design temperature (°F)				
10.	Design residence time (seconds)				

11. Schematic and residence time calculations: