



Slate of Oregon  
Department of  
Environmental  
Quality

Facility name: \_\_\_\_\_ Permit Number: \_\_\_\_\_

1.	Device name and ID number or label	
2.	Date installation/construction commenced	
3.	Date installed	
4.	Special control requirements? [ if yes, describe]	
5.	Manufacturer	
6.	Heat source (if fuel is burned to heat the kiln, complete item 8)	

7. Species of wood dried: [for EACH species, enter]:

Species	Average cycle time (hours)	Maximum design capacity (board feet/cycle)

8. Fuel usage: [for EACH fuel, enter]:

Fuel	Maximum hourly firing rate (specify units)