



State of Oregon
Department of
Environmental
Quality

Device\Process Form
Cement/Lime Kilns and Calciners

FORM DV204
Answer Sheet

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.	Description:	
7.	Continuous or batch process? [if batch, maximum batches per hour or day]	

8. Feed rates: [for EACH material used, enter]:

Material	Maximum design capacity (lbs/batch or lbs/hr)

9. Production data: [for EACH product, enter]:

Product	Maximum design capacity (lbs/batch or lbs/hr)

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

Fuel	Maximum hourly firing rate (specify units)