



Slate of Oregon
Department of
Environmental
Quality

Device\Process Form
Kraft Recovery Furnace

FORM DV206
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.	Describe recovery process:	
7.	Flue gases (direct or indirect contact)	
8.	Operating data:	
	rated design capacity (lbs BLS/hr)	
	maximum firing rate (lbs BLS/hr)	
	description of why firing rate is higher than rated design capacity	
9.	Range of BLS sulfidity (%)	
10.	Range of BLS going to the recovery furnace (%)	
11.	Equipped with black liquor oxidation toxer?	
12.	Firing method	
13.	Load burners?	
14.	Hazardous waste burned?	

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

Fuel	Maximum hourly firing rate (specify units)