



State of Oregon  
Department of  
Environmental  
Quality

Device\Process Form  
**Material Dryer**

**FORM DV209**  
**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.	Type of dryer	
7.	Description of dryer:	
8.	Material(s) dried	
9.	Material additive(s)	
10.	Heat source	

11. Operating parameters:

Material	Range of moisture content entering dryer (%)	Range of moisture content exiting dryer (%)	Range in dryer exhaust gas temperature(°F)	Maximum hourly production (units)

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

Fuel	Maximum hourly firing rate (specify units)