



Slate of Oregon
Department of
Environmental
Quality

Device\Process Form
Incinerator

FORM DV211
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.	Waste classification	
7.	Type of incinerator	
8.	Charge information:	
	batch or continuous	
	charge method	
	charge measurement method	
9.	Primary combustion chamber information:	
	temperature (°F)	
	rated heat input (Btu/hr)	
	type/grade fuel(s)	
10.	Secondary combustion chamber information:	
	temperature (°F)	
	gas residency time [attach calculations]	
	rated heat input (Btu/hr)	
	type/grade fuel(s)	
11.	Automatically controlled auxiliary burners?	
12.	Interlock system to control charging?	
13.	Air lock system?	
14.	Waste heat boiler?	
15.	Maximum flue gas outlet temperature (°F)	
16.	Rated capacity (tons material /day)	
17.	Emergency bypass stack?	
18.	Incinerator design efficiency (%) [attach calculations]	

19. Incinerated materials:

Material	Origin of material	Weight percentage (%)	Heating value (Btu/lb)

20. Attach diagram

21. Attach energy balance equations the materials incinerated.