

**Source Category Description:**

Human and/or animal crematory incinerators

**1. Qualifications:** For each qualification statement listed below, answer “yes” or “no” in the far right column.

a. Are there any other activities identified in OAR 340-216-0020, Table 1?	
b. Will the incinerator(s) be used to cremate human remains?	
c. Will the incinerator(s) be used to cremate animal remains?	
d. Will the incinerator(s) be used to incinerate any materials other than human and/or animal bodies and associated cremation materials? (If yes, please describe below)	
e. Do any activities other than cremations occur at this site? (If yes, provide a brief description below.)	
f. Is the facility currently in compliance with DEQ regulations?	
g. Have there been any violations in the last five years?	
h. If there have been violations, have they been resolved?	
i. Is a completed Land Use Compatibility Statement attached?	

**2. Additional Comments:**

**3. Incinerator Information:**

a.	ID Number		
b.	Existing or Future		
c.	Date installed or to be installed		
d.	Manufacturer		
e.	Rated design capacity (lbs/hr or lbs/batch)		
f.	Secondary chamber temperature (°F)		
g.	Secondary chamber residence time (seconds)		
h.	Continuous temperature monitor? (yes or no)		
i.	Projected maximum hours/day		
j.	Projected maximum days/week		
k.	Projected maximum weeks/year		
l.	Projected maximum annual incineration rate (tons/year)		
m.	If this is a future unit, enter the date that the unit will be tested or attach a source test report from a comparable unit		
n.	For existing units that have been tested provide the following information:		
	Date test conducted		
	Incineration rate (lbs/hr or lbs/batch)		
	Particulate emissions (gr/dscf@7%O <sub>2</sub> )		
	Particulate emissions (lbs/hr)		

**o. Quality Assurance Plan:** Has a quality assurance plan for the continuous temperature monitoring system been submitted to the Department? (yes/no).

If no, enter the date that the QAP will be submitted to the Department.

**p. Operator Training Manual:** Has an operating training manual been submitted to the Department? (yes/no). If no, submit a description of the training program.

**3. Maximum Projected Pollutant Emissions:** Determine the maximum projected annual pollutant emissions.

Crematory parameter	Maximum Projected Annual Production	Pollutant	Emission factor	Units	Emissions (tons/yr) <sup>1</sup>
hours of operation <b>or</b> batches		PM/ PM <sub>10</sub>	Source Test Results <sup>2</sup>	lbs/hour or lbs/batch	
cubic feet of natural gas burned		SO <sub>2</sub>	1.7	lb/1,000,000 cubic feet natural gas used	
		NO <sub>x</sub>	100	lb/1,000,000 cubic feet natural gas used	
		CO	84	lb/1,000,000 cubic feet natural gas used	
		VOC	5.5	lb/1,000,000 cubic feet natural gas used	

<sup>1</sup>Maximum Projected Annual Production x Pollutant Emission Factor ÷ 2000

<sup>2</sup>Use the results of the test that was performed on the crematory unit or the results from a test on a similar crematory unit.

Example PM calculation: 2000 hours/year operation x 0.41 lbs/hour ÷ 2000 lbs/ton = 0.41 tons/year

Example NO<sub>x</sub> calculation: (3,800,000 cubic feet natural gas ÷ 1,000,000) x 100 lbs ÷ 2000 lbs/ton = 0.19 tons/year

**4. Permit Requirements:**

All conditions of the General ACDP apply to the source, unless they are listed below. Conditions 3.4 and 3.5 apply only to incinerators located in certain areas of the state; the applicability of Conditions 3.2.a. and 3.2.b. depends on the date the incinerator was installed or modified; and, Condition 7.3 only applies to new incinerators. For each permit condition listed below, indicate whether the condition applies to your plant by answering the question.

Permit condition	Applicability question:	Answer (yes/no)
3.2.a.	Are there any Incinerators that were installed before March 13, 1993?	
3.2.b.	Are there any Incinerators installed or modified on or after March 13, 1993?	
3.4, 3.5, & 4.2	Is the facility located in the Medford-Ashland AQMA or Lakeview UGA?	
7.3	Is this a new facility?	