

NOC APPLICATION SUPPLEMENTAL FORM

Cremation Units

This application is for activities or equipment that is (check all that apply):

- New (including existing, unpermitted equipment)
- Physical or operational modification of existing equipment
- Relocation of existing equipment

Estimated date to begin construction: _____

Estimated date to startup: _____

Manufacturer: _____

Model: _____

Number of Crematory Compartments:

- Single Compartment
- Multiple Compartments (total number: _____)

Type of Fuel: Natural Gas Fuel Oil Other: _____

Cremation Unit Type

- Human Crematory
- Animal Crematory

Primary Chamber	Secondary Chamber
Max. Heat Input Rating (MMBtu/hr): _____	Max. Heat Input Rating (MMBtu/hr): _____
Operating Temperature (°F): _____	Operating Temperature (°F): _____
	Average Residence Time (secs): _____

If the unit has multiple compartments with different sizes and operating conditions, please attach this information for each compartment.

Cremation Units

Operating Data

Maximum Processing Rate (lbs/hr): _____

Maximum Single Load Charge (lbs): _____

Estimated Annual Throughput (tons per year): _____

Maximum Number of Cases per Day: _____

Normal Operation _____ hours/day _____ days/week _____ weeks/yr

Maximum Operation _____ hours/day _____ days/week _____ weeks/yr

Monitoring Device Information

Thermocouple to continuously monitor secondary chamber temperature installed? Yes No

If yes, provide the thermocouple calibration or replacement frequency: _____

Opacity monitoring system installed? Yes No

Stack Parameters	Building Dimensions of Project Location
Stack diameter: _____ inches	Building Height (highest point of roof) _____ ft
Stack height above ground: _____ feet	Building Width _____ ft
Exhaust Flow Rate: _____ acfm	Building Length _____ ft
Exhaust Temperature: _____ °F	

Required Attachments

1. Facility layout diagram showing location of the source (and its stack), associated buildings, and property lines.
2. Manufacturer specification sheet for cremation unit.