



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF AIR QUALITY

GENERAL PLAN APPROVAL AND/OR GENERAL OPERATING PERMIT APPLICATION

General Permit BAQ-GPA/GP-14: Human or Animal Crematories

<p>This application is for:</p> <input type="checkbox"/> Human Cremation Unit(s) <input type="checkbox"/> Animal Cremation Unit(s) <input type="checkbox"/> New or Modified Cremation unit(s) <input type="checkbox"/> Renewal of General Permit for a Cremation unit(s) without any modification	<p>This application is for how many _____ Cremation unit(s)</p>
SECTION A. OWNER INFORMATION	
<p>Owner _____</p> <p>Address Line1 _____</p> <p>Address Line2 _____</p> <p>City State Zip+4 _____ Phone _____</p>	
SECTION B. CONTACT INFORMATION	
<p>Contact Name _____</p> <p>Contact Title _____</p> <p>Address Line1 _____</p> <p>Address Line2 _____</p> <p>City State Zip+4 _____ Phone _____</p>	
SECTION C. CREMATORY INFORMATION	
<p>Address Line1 _____</p> <p>Address Line2 _____</p> <p>Municipality _____ County _____</p> <p>Manufacturer _____ Model No. _____</p> <p>Date Installed _____</p> <p>Rated Charging Capacity (lbs/hr) of each Cremation unit _____</p> <p>Crematory Burning Hours (Daily) _____</p> <p>Fuel Used <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane</p> <p>Fuel Usage Metered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Secondary Chamber Exit Temperature _____</p> <p>Primary and Secondary Chamber Burners' Capacity (MBtu/Hr) _____</p> <p>Primary and Secondary Chamber Burners' Make and Model _____</p> <p>Exhaust - Stack Height and Stack Diameter _____</p> <p>Make and Model of Temperature Monitor and Recorder Used in Primary and Secondary Combustion Chambers _____</p>	
<p>Will the addition of the Crematory result in applicability of the following?</p>	<p>New Source Review <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Title V (major source threshold) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Particulate Compliance Demonstration</p>	<p><input type="checkbox"/> On-site stack testing</p> <p><input type="checkbox"/> EPA reference method stack test performed in last five (5) years on an identical crematory</p>

Operator's Training Certificate Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Installation of the Crematory is not inconsistent with Local and County Zoning Ordinances	<input type="checkbox"/> Yes (Attach signed letters from local municipality and county officials)	<input type="checkbox"/> No
Remarks (Use extra sheets as needed)	_____	

SECTION D. APPLICANT'S CHECKLIST

I have enclosed the following:

<input type="checkbox"/> General Information Form (GIF) (For new plant only)	<input type="checkbox"/> Compliance Review Form
<input type="checkbox"/> Permit Fee for new or renewal of authorization	<input type="checkbox"/> Fee for change in location

SECTION E. AFFIDAVIT

I certify that, subject to the penalties of Title 18 Pa. C.S.A. Section 4904 and 35 P.S. Section 4009(b)(2), I am the responsible official having primary responsibility for the design and operation of the facilities to which this application applies and that the information provided in this application is true, accurate and complete to the best of my knowledge, information and belief formed after reasonable inquiry. I further certify that the facility will be operated in conformity with all limitations and conditions of the Human or Animal Crematories General Permit (BAQ-GPA/GP-14).

Signature	Date
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