

Attachment E203A: Crematory Units Supplemental Application Form

Applicant Name: _____
Unit No.: _____

| |
|----------------------|
| DEEP USE ONLY |
| App. No.: _____ |

Complete this form in accordance with the [instructions](#) (DEEP-NSR-INST-203A) to ensure the proper handling of your application. Print or type unless otherwise noted.

Complete a separate form for *each* crematory unit. The proposed crematory unit must be for the cremation of human remains or small animal remains. Livestock, as defined in CGS §8-2n, are not permitted into the unit.

Please see the CT DEEP [New Source Review Permit Application Guidance for Crematory Units](#) for additional information, including a list of required forms and emissions factor guidance.

Questions? Visit the [Air Permitting](#) web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

Part I: Crematory Unit Information

| | |
|---|--|
| Manufacturer and Model Number | |
| Construction Date | |
| Has the CT Department of Public Health Been Contacted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Crematory Unit | <input type="checkbox"/> Human Remains <input type="checkbox"/> Small Animal Remains |
| Number of Crematory Compartments | <input type="checkbox"/> Single Compartment <input type="checkbox"/> Multiple Compartments <input type="checkbox"/> Other (specify): _____ Number: _____ |
| Maximum Charge Rate or Maximum Processing Rate | pounds per hour |
| Maximum Single Load Charge | pounds |
| Effective Grate Area | ft ² |

Part II: Burner System Information

A. Fuel Information

| Fuel Type | Higher Heating Value (BTU) | Total Maximum Hourly Heat Capacity (MMBtu/hr) | Total Maximum Hourly Firing Rate (gal or ft ³ /hr) | Maximum Fuel Usage Per Consecutive 12 Month Period (gal or ft ³) |
|-----------|----------------------------|---|---|--|
| | | | | |

B. Primary Combustion Chamber Information

| | | |
|---|---------------------|---------------------------------|
| Burner Manufacturer and Model Number | | |
| Minimum Operating Temperature | | °F |
| Number of Burners | | |
| Burner Maximum Design Fuel Firing Rate | Burner No. 1 | gal or ft ³ per hour |
| | Burner No. 2 | gal or ft ³ per hour |
| | Burner No. 3 | gal or ft ³ per hour |
| Burner Maximum Design Heat Capacity | Burner No. 1 | MMBtu per hour |
| | Burner No. 2 | MMBtu per hour |
| | Burner No. 3 | MMBtu per hour |

C. Secondary Combustion Chamber Information

| | | |
|---|---------------------|---------------------------------|
| Burner Manufacturer and Model Number | | |
| Combustion Gas Residence or Retention Time | | second(s) |
| Minimum Operating Temperature | | °F |
| Number of Burners | | |
| Burner Maximum Design Fuel Firing Rate | Burner No. 1 | gal or ft ³ per hour |
| | Burner No. 2 | gal or ft ³ per hour |
| | Burner No. 3 | gal or ft ³ per hour |
| Burner Maximum Design Heat Capacity | Burner No. 1 | MMBtu per hour |
| | Burner No. 2 | MMBtu per hour |
| | Burner No. 3 | MMBtu per hour |

Part III: Monitoring Devices Information

| Does the Crematory Unit System Include: | |
|--|--|
| Non-Resettable Fuel Meter to Continuously Monitor Fuel Consumption? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Scale to Monitor the Weight of Each Charge Loaded into the Crematory Unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Thermocouple to Continuously Monitor the Temperature in the Secondary Combustion Chamber? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Electronic Exhaust Scanner System which Initiates Audible and Visible Alarms if the Opacity of the Exhaust Gas Downstream of the Secondary Combustion Chamber Reaches 5% as Measured by the Scanner System? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV: Material Information

A. Amount of Material Cremated

| | |
|--|--------------------------------------|
| Maximum Quantity of Material Cremated | tons per consecutive 12 month period |
| | tons per day |
| | pounds per hour |

B. Type of Material Cremated

| Type of Material Cremated | Percent By Weight | Heat Content |
|--|-------------------|--------------|
| Human Remains | | |
| Small Animal Remains | | |
| Cremation Containers Made Out of Cardboard, Medium Density Fiberboard, Plywood or Pressboard | | |
| Wooden Caskets Designed and Marketed for Cremation which shall not Contain Plastics, Flame Retardant or Resistant Materials, Metallic Laminate or Metallic Ornaments | | |
| Plastic Film Containing Not More than 5% PVC and that Meets the CT Department of Public Health Specifications | | |
| Post Mortem Bags and Pouches that Contain Not More than 5% PVC | | |
| Other (specify) | | |

Note: The following materials are not allowed to be cremated: medical or infectious waste, fiberglass caskets or coffins, metal caskets or coffins, or lacquer/varnish/shellac covered caskets or coffins.

Part V: Attachments

Please check the attachments being submitted as verification that all applicable attachments have been submitted with this application form. When submitting such documents, please label the documents as indicated in this Part (e.g., Attachment E203A-A, etc.) and be sure to include the applicant's name.

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|---|
| <input type="checkbox"/> Attachment E203A-A: <i>Process Information and Flow Diagram</i> – Submit a process flow diagram indicating all related equipment, air pollution control equipment and stacks, as applicable. Identify all materials entering and leaving each such device indicating quantities and parameters relevant to the proper operation of the device. Indicate all monitoring devices and controls. REQUIRED |
| <input type="checkbox"/> Attachment E203A-B: <i>Manufacturer Information</i> – Submit a copy of the manufacture information for the specific make and model of the cremation unit which is the subject of this application including manufacturer's specifications and written recommendations for the operation, inspection, calibration, cleaning and maintenance of the crematory. REQUIRED |