Tuolumne County
Air Pollution Control District
Annual Reporting Form
Incinerator

(Please complete all of the following information)

Company Name: _____
Company Location: _____
Mailing Address: _____
Company Contact: _____ Telephone: _____
Contact Email: _____ Fax: _____

1) Calendar year of the information reported: 2022
2) Operating schedule: Hrs/Day_____ Days/Week _____ Weeks/Yr _____
3) Total hours of incineration operations for the calendar year: _____

4) Equipment and specifications:
Incinerator make and model: _____
Capacity (lbs/hour): _____
Number of combustion chambers: _____ Number of auxiliary burners: _____
Type of waste charging system: Manual _____ Automatic _____
Incinerator has: Underfire air _____ Overfire air _____
Exhaust airflow rate to air pollution control equipment (CFM): _____
Type of air pollution control device: _____

5) Primary fuel type: _____ Amount used per year: _____
Alternate fuel: _____ Amount used per year: _____

Use the back of this form for additional comments or clarification.