



Crematory/Incinerator APEN Form APCD-234

Air Pollutant Emission Notice (APEN) and Application for Construction Permit

All sections of this APEN and application must be completed for both new and existing facilities, including APEN updates. Incomplete APENs will be rejected and will require re-submittal. *Your APEN will be rejected if it is filled out incorrectly, is missing information, or lacks payment for the filing fee. The re-submittal will require payment for a new filing fee.*

This APEN is to be used for ALL incinerators, including crematories and police contraband incinerators. If your emission unit does not fall into one of those categories, there may be a more specific APEN for your source (e.g. boiler, print shop, mining operations, etc.). In addition, the General APEN (Form APCD-200) is available if the specialty APEN options will not satisfy your reporting needs. A list of all available APEN forms can be found on the Air Pollution Control Division (APCD) website.

This emission notice is valid for five (5) years. Submission of a revised APEN is required 30 days prior to expiration of the five-year term, or when a reportable change is made (significant emissions increase, increase production, new equipment, change in fuel type, etc.). See Regulation No. 3, Part A, II.C. for revised APEN requirements.

Permit Number: _____ **AIRS ID Number:** _____ / _____ / _____
[Leave blank unless APCD has already assigned a permit # and AIRS ID]

Section 1 - Administrative Information

Company Name¹: _____
Site Name: _____
Site Location: _____ Site Location
County: _____
Mailing Address: _____ NAICS or SIC Code: _____
(Include Zip Code) _____
Contact Person: _____
Phone Number: _____
E-Mail Address²: _____

¹ Please use the full, legal company name registered with the Colorado Secretary of State. This is the company name that will appear on all documents issued by the APCD. Any changes will require additional paperwork.

² Permits, exemption letters, and any processing invoices will be issued by the APCD via e-mail to the address provided.

Permit Number: _____ AIRS ID Number: _____ / _____ / _____
[Leave blank unless APCD has already assigned a permit # and AIRS ID]

Section 2 - Requested Action

- NEW permit OR newly-reported stationary emission source
- OR -
- MODIFICATION to existing permit *(check each box below that applies)*
- | | | |
|---|---|--|
| <input type="checkbox"/> Change fuel or equipment | <input type="checkbox"/> Change company name ³ | <input type="checkbox"/> Add point to existing permit |
| <input type="checkbox"/> Change processing limit | <input type="checkbox"/> Transfer of ownership ⁴ | <input type="checkbox"/> Other <i>(describe below)</i> |
- OR -
- APEN submittal for update only (Note blank APENs will not be accepted)

Additional Info & Notes: _____

³ For company name change, a completed Company Name Change Certification Form (Form APCD-106) must be submitted.
⁴ For transfer of ownership, a completed Transfer of Ownership Certification Form (Form APCD-104) must be submitted.

Section 3 - General Information

General description of equipment and purpose *(e.g. human or animal incinerator)*⁵: _____

Manufacturer: _____ Model No.: _____ Serial No.: _____

Company equipment Identification No. *(optional)*: _____

For *existing* sources, operation began on: _____

For *new or reconstructed* sources, the projected start-up date is: _____

Normal hours of unit operation: _____ hours/day _____ days/week _____ weeks/year

Incinerator maximum batch capacity: _____ lbs/batch

Incinerator design burn rate: _____ lbs/hour

⁵ Without prior authorization by the APCD, only human and animal remains, anatomical parts or tissue, and the bags or containers used to collect and transport the waste material may be incinerated in a crematory.

Permit Number: _____

AIRS ID Number: _____ / _____ / _____

[Leave blank unless APCD has already assigned a permit # and AIRS ID]

Section 4 - Incinerator Processing Information

For *existing* units, the total actual annual weight of remains incinerated in this unit: _____ tons/yr

From what year is the *actual annual amount* above? _____

For *new* units, the estimated total annual weight of remains to be incinerated in this unit: _____ tons/yr

The following table applies to APENs submitted for *new* crematory units only. If this APEN is not for a new unit, skip to Section 5. The APCD applies standard processing limits to crematories according to two categories of design burn rates. The applicable operating limits of Options A or B as indicated below will be included as permit limits, unless a requested limit (Option C) is completed. Note that choosing a higher burn rate may subject your facility to additional initial testing requirements. Requested limits should consider future process growth. To request an alternative process limit, select Option C and complete the fields below. If Option C is not selected, the permit will reflect the appropriate permit limits of Option A or B according to your unit’s design processing rate.

	Type of Incinerator	Shift Limit	Daily Limit
Option A:	Human or small batch ⁶ animal incinerator	3 cremations per 8-hour shift	6 cremations per day
Option B:	Large batch ⁶ animal incinerator	1 cremation per 8-hour shift	2 cremations per day
<input type="checkbox"/> Option C:	_____	_____ cremations per 8-hour shift	_____ cremations per day

⁶ Small batch incinerators are those with a design burn rate of 75 pounds per hour or less (see Section 3 for design burn rate). Large batch incinerators have a design burn rate greater than 75 pounds per hour.

Section 5 - Geographical/Stack Information

Geographical Coordinates (Latitude/Longitude or UTM)

Discharge Height Above Ground Level (Feet)	Temp. (°F)	Flow Rate (ACFM)

Indicate the stack opening and size: (check one)

Circular Interior stack diameter (inches): _____

Square/rectangle Interior stack width (inches): _____ Interior stack depth (inches): _____

Permit Number: _____

AIRS ID Number: _____ / _____ / _____

[Leave blank unless APCD has already assigned a permit # and AIRS ID]

Section 6 - Applicant Certification

I hereby certify that all information contained herein and information submitted with this application is complete, true, and correct.

Signature of Legally Authorized Person (not a vendor or consultant)

Date

Name (print)

Title

Check the appropriate box to request a copy of the:

- Draft permit prior to issuance
- Draft permit prior to public notice

(Checking any of these boxes may result in an increased fee and/or processing time)

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Send this form along with \$216.00 to:

Colorado Department of Public Health and Environment
Air Pollution Control Division
APCD-SS-B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Make check payable to:

Colorado Department of Public Health and Environment

For more information or assistance call:

Small Business Assistance Program
(303) 692-3175
OR
(303) 692-3148

APCD Main Phone Number
(303) 692-3150