Ohio Environmental Protection Agency

Renewal Application for a Permit to Operate

an Air Contaminant Source

FILED

APR 1 1 1977

Wauseon Mfg Co	G. O. Weaver
Facility Name	Person to Contact
115 E Linfoot St	Same
Facility Address	Mailing Address
Wauseon Fulton 43567	Same
City County Zip	City State Zip
0326000118 N001	419 335 2010
Application No. (see attached Notice)	Telephone Area Number

1. Complete and attach one of the following appendices most appropriate to the air contaminant source. Only one appendix may accompany this application.

(Check one)
- Appendix A, Process
- Appendix B, Fuel-Burning Equipment
- XXXXX Appendix C, Incinerator
- Appendix D, Surface Coating or Printing Operation
- Appendix E, Storage Tank or Loading Facility

2. Description of Source (same as used on appendix): Industrial

3. Your Identification for Source (same as used on appendix): Waste paper, wood & trash

I, being the individual specified in OAC 3745-35 of the rules of the Ohio Environmental Protection Agency, hereby apply for a Permit to Operate (OAC 3745-35-02) for the air contaminant source described herein.

RECEIVED

MAR 10 1977

Ohio Environmental Protection Agency
NORTHWEST DISTRICT

Signature of Officer or Owner*

Vice President

Title

Mar 8, 1977

Date

*As per OAC Rule 3745-35-02(B)(1) (Permit to Operate)

EPA Region 5 Records Ctr.

381218

(See Directions on Other Side)

AP-PS-1101

USE ONLY
No. ___/___/___/_____
M. ___/_____
Location No. ___/_____

APPENDIX C, INCINERATOR
INCINERATOR DATA

1. Manufacturer Plibrico Make or Model A-GF-400

2. Rated capacity 400 lb./hr. for Type 1 Waste

3. Location: ☐ Indoors ☒ Outdoors ☐ Charged indoors, unit outdoors

4. Year installed 1969 Your identification A 03510

5. Type of incinerator: ☐ Single chamber ☒ Multiple chamber ☐ Controlled air ☐ Conical metal burner ☐ Other, describe _____

6. Method of charging: ☐ Chute fed ☐ Flue fed ☒ Hand fed ☐ Mechanical loader ☐ Other, describe _____

7. Type of charging: ☐ Continuous ☐ Batch ☒ Intermittent

8. Type of draft: ☒ Natural ☐ Induced ☐ Forced

9. Type of flue damper: ☐ Barometric ☐ Guillotine ☒ Butterfly ☐ Sliding ☐ None

10. Adjustable air ports: ☒ Yes ☐ No

11. Auxilliary burner sizes: Primary burner _____ BTU/hr.
Secondary burner _____ BTU/hr.
(or Afterburner)

12. Types of fuels used: ☒ Natural Gas ☐ Oil ☐ LPG ☐ None

13. Secondary (or afterburner) ignition: ☒ Manual (timer) ☐ Automatic (charging door switch)

14. Secondary (or afterburner) temperature control: ☐ Yes, lower limit ___ °F ☒ Ndunknc

15. Primary chamber dimensions (inches): Length 54 Width 36 Height 66

16. Secondary chamber dimensions (inches): Length 54 Width 27 Height 66

17. Type of refractory: ☐ Castable ☐ Firebrick ☒ Plastic refractory

OPERATING DATA

18. Normal operating schedule: 1 hrs./day, 5 days/wk., 52 wks/year

19. Percent annual incineration by season: Winter 25 Summer 25
Spring 25 Fall 25

20. Quantity of waste burned (lbs./hr.): Average 200 Maximum 300

21. Source of combustible waste:
- [ ] Hospital, number of beds_____
- [ ] Apartment, number of units_____
- [ ] Institution, number of rooms_____
- [x] Industrial process, describe_____ [illegible]g
- [ ] Restaurant, meals per day_____
- [ ] School, number of rooms_____ number of pupils_____
- [ ] Commercial Bldg., area (sq. ft.)_____
- [ ] Other, describe_____

22. Description of waste(s) (check appropriate boxes):
- [x] Paper
- [ ] Cardboard
- [x] Wood
- [ ] Residential waste (rubbish & garbage)
- [ ] Kitchen waste
- [ ] Sweepings
- [ ] Rags
- [ ] Human/animal remains
- [ ] Plastics, describe_____
- [ ] Industrial, describe_____

23. Percent projected annual increase in incineration none

CONTROL EQUIPMENT (Other than unit's afterburner)

24. Type of gas cleaning equipment: None
- [ ] Spray chamber
- [ ] Packed tower
- [ ] Other, describe_____
- [ ] Cyclonic scrubber
- [ ] Venturi
- [ ] Impingement scrubber
- [ ] Electrostatic precipitator

25. Manufacturer_____ Model No._____ Year installed_____

26. Pressure drop across collector(s)_____in. H_2O

STACK DATA

27. Your stack identification N/A

28. Are other sources vented to this stack? [ ] Yes [x] No

29. Type: [x] Round, top inside diameter dimension 19"
[ ] Rectangular, top inside dimensions (L)_____ X (W)_____

30. Height: Above roof 10' ft., above ground 31' ft.

31. Exit gas: Temp. unknown °F, Volume_____ACFM, Velocity_____ft./min.

32. Continuous monitoring equipment: [ ] Yes [x] No
If yes, indicate type_____, Manufacturer_____
Make or Model_____, Pollutant(s) monitored_____

33. Emission data: Emissions from this source have been determined and such data is included with this appendix: [ ] Yes [x] No
If yes, check method: [ ] Stack test [ ] Emission factor

Completed by [illegible] Date 3-4-77