

FACILITY NAME: _____	NPDES PERMIT NUMBER: _____	EPA ID NUMBER: (for official use only)	Form Approved OMB Number Approval Expires XX-XX-XX
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E.7. Risk Specific Concentration for Chromium.

a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: _____

b. Which basis was used to determine the RSC?
 _____ Table 2 in 40 CFR 503.43
 _____ Equation 6 in 40 CFR 503.43 (site-specific determination)

c. If Table 2 was used, identify the type of incinerator used as the basis:
 _____ Fluidized bed with wet scrubber
 _____ Fluidized bed with wet scrubber and wet electrostatic precipitator
 _____ Other types wet scrubber
 _____ Other types wet scrubber and wet electrostatic precipitator

d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application. _____

E.8. Operational Standard for Total Hydrocarbons (THC) or Carbon Monoxide (CO).
 If you monitor THC, complete the following:

a. Raw value for THC concentration in stack emissions, in ppm: _____

b. Moisture content in stack gas, in percent: _____

c. Oxygen concentration in stack gas, in percent: _____

d. Corrected value for THC concentration in stack emissions, in ppm: _____

e. Submit, with this application, documentation used to derive raw THC concentration, moisture content, oxygen concentration, and corrected THC concentration.
 If you monitor CO, complete the following:

a. Raw value for CO concentration in stack emissions, in ppm: _____

b. Moisture content in stack gas, in percent: _____

c. Oxygen concentration in stack gas, in percent: _____

d. Corrected value for CO concentration in stack emissions, in ppm: _____

e. Submit, with this application, documentation used to derive raw CO concentration, moisture content, oxygen concentration, and corrected CO concentration. _____

E.9. Operating Parameters.

a. Incinerator type: _____

b. Combustion temperature: _____

Submit, with this application, supporting documentation such as testing date(s), a description of temperature measurement and data recording and handling systems, and a description of how such combustion temperature data have been averaged. _____

c. Sewage sludge feed rate, in dry metric tons/day: _____

Indicate whether value submitted is: _____
 _____ Average use _____ Maximum design

Submit, with this application, supporting documentation describing how the feed rate was calculated. _____

d. Incinerator stack height, in meters: _____

Indicate whether value submitted is: _____
 _____ Actual stack height _____ Creditable stack height

e. Submit, with this application, information documenting the operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. _____

E.10. Monitoring Equipment. List the equipment in place to monitor the following parameters: _____

a. Total hydrocarbons or carbon monoxide: _____

b. Percent oxygen: _____

c. Moisture content: _____

d. Combustion temperature: _____

e. Other: _____

E.11. Air Pollution Control Equipment. Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator. _____