

**APPLICATION PACKET  
FOR  
AIR QUALITY CONTROL GENERAL PERMIT  
FOR  
HUMAN AND ANIMAL CREMATORIES**



**Arizona Department of Environmental Quality**

**Air Quality Division**

*March 30, 2010*

## **INTRODUCTION**

This application packet assists the applicant in determining whether or not a facility qualifies for coverage under the General Permit for Human and Animal Crematories.

To expedite the processing of an air quality permit application the Arizona Department of Environmental Quality (ADEQ) has created a General Permit for Human and Animal Crematories, which significantly expedites the permitting process. Facilities which meet the criteria in the general permit and are covered under the general permit will pay lower annual air quality fees than plants covered under an individual air quality permit. If an applicant is interested in applying for coverage under the general permit this application assists the applicant in determining if their facility meets the criteria for coverage under the general permit. If it is determined that the facility meets the criteria for coverage, this application packet assists the applicant in the submittal of the information that is required to process their application for the general permit.

Applicants wishing to obtain an air quality permit shall apply to the Arizona Department of Environmental Quality (ADEQ), except for facilities which are located in Maricopa, Pima, or Pinal Counties. If the facility is located in Maricopa, Pima, or Pinal Counties, the county agency will process the air quality permit application.

If the applicant has any questions regarding jurisdictional issues, please contact the appropriate agency at the phone number below:

ADEQ: 1-800-234-5677, ext. 771-2337

Maricopa County: (602) 506-6010

Pinal County: (520) 866-6929

Pima County: (520) 243-7400

## **DISCLAIMER**

This application packet does not waive the rights of the Director as provided under Arizona Administrative Code (A.A.C.) R18-2-304 to request that additional information be submitted by the applicant to assist in the processing of the application for an air quality permit. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information. In addition, an applicant shall provide additional information as necessary to address any requirements that become applicable to the source after the date it filed a complete application but prior to release of a proposed permit. Any difference in from between this application packet and Title 18, Chapter 2 of the A.A.C., the A.A.C. shall take precedence.

## **PERMIT ISSUANCE TIME FRAME**

According to A.A.C. R18-1-525, ADEQ has 21 business days to determine if the submitted general permit application is complete. Once the application is determined to be complete, the department has 103 business days to make a licensing decision on the application. The counting of the days can be suspended by the Department upon the determination that additional information is needed. In such a case, a letter will be sent to the applicant informing them that the counting of days has been suspended, and will also specify what additional information is necessary to continue processing the application.

# APPLICATION INSTRUCTIONS

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## 1. INSTRUCTIONS

This application packet consists of six sections which are summarized as follows:

### Section 1: Standard Permit Application Form

A.A.C. R18-2-304 requires applicants to submit the Standard Application Form and Filing Instructions. Items 1 through 5 of this application form are fairly self-explanatory. The rest are explained below in detail:

- Item #6 asks for the Plant Site Manager or Contact Person. This should be the person that the Arizona Department of Environmental Quality (ADEQ) may contact for additional information.
- Item #7 is necessary to determine the location of the plant. The township/range/section may be substituted for the latitude/longitude coordinates, in degrees, minutes and seconds.
- Item #8, the "Equipment Purpose" should describe what is produced at the plant.
- Under Item #9, if the "other" box is checked, please be specific as to the type of organization.
- Item #10 asks for the Permit Application Basis which indicates what type of permit is necessary. The following steps should be utilized when filling out Item #10:
  - If the equipment has never been permitted before then the box titled  New Source  should be checked.
  - If the equipment is already permitted then the box titled "Renewal of Existing Permit" should be checked and the current permit number must be included on the line titled "For renewal or modification, include existing permit number".
  - If the application is for a new or renewal coverage under the general permit, then the box titled "General Permit" should be checked.
  - For new sources the "Date of Commencement of Construction or Modification" is the expected date that construction will begin. For existing sources this date need not be defined.
- The "Responsible Official" referred to in Item #11 is the owner or a partner of the company in most cases. It may also be the president or vice-president of larger companies. If there is a question as to who the responsible official is, please contact ADEQ for more information.

### Section 2: General Permit Applicability Checklist

ADEQ expects that most, but not all, facilities will qualify for coverage under the general permit. FORM A of this application packet has been developed to determine if your facility qualifies for coverage. Those facilities which do not qualify must obtain an individual (source specific) air quality permit. This application packet will also assist the applicant in the preparation of an application for an individual air quality permit.

### Section 3: Equipment List

FORM B of this application packet is used to provide a list of all cremators located at the facility. The list needs to include the type of equipment, make, model, maximum rated capacity, serial number, manufacture date, and equipment identification number (if available) of each piece of equipment. The complete submittal of all requested information concerning equipment will reduce processing time.

In some cases, the equipment will not have been purchased by the time of application submittal. If this is the case, the serial number will not need to be listed, but an equipment identification number will need to be provided. The equipment identification number must be clearly stenciled on each piece of equipment to be permitted before such equipment is installed.

### Section 4: Truth, Accuracy, and Completeness

FORM C of this application packet must be filled out and signed by the Responsible Official (this is the same person that signs the standard permit application form).

# APPLICATION INSTRUCTIONS

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## Section 5: Map of Facility Location

A map of the current facility location, depicting the facility perimeter and point of entry must be provided with the application. This may be a city map, topographical map or any map which clearly shows the location. Please mark the location of the facility on the map and include driving directions to the facility site from the nearest highway.

## Section 6: Site Diagram

A site diagram must be provided with the application. A site diagram is an aerial drawing of the property drawn to scale or dimensions shown. It should include:

- Property boundaries
- Adjacent streets or roads
- Directional arrow
- Elevation
- Closest distance between equipment and property boundary

Location of buildings and equipment

## 2. FEES

An application fee is required to be submitted under the following conditions:

- An Application Fee of \$500 must be submitted by applicants applying for coverage under the general permit.

Please make your check or money order payable to ADEQ.

## 3. FILING INSTRUCTIONS

Please mail the completed Application, along with FORMS A through C of the Application Packet and the Application Fee to the following address:

Arizona Department of Environmental Quality  
Air Quality Division  
1110 West Washington Street, 3415A-3  
Phoenix, Arizona 85007-2935

Please remember to make photocopies of the completed application packet prior to mailing for your records.

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Air Quality Division**  
**1110 West Washington Street • Phoenix, AZ 85007-2935 • Phone: (602) 771-2338**

**STANDARD PERMIT APPLICATION FORM**

(As required by A.R.S. § 49-426, and Chapter 2, Article 3, Arizona Administrative Code)

1. Permit to be issued to: (Business license name of organization that is to receive permit) \_\_\_\_\_  
\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. Previous Company Name: (if applicable) \_\_\_\_\_
4. Name (or names) of Owners/Principals: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
5. Name of Owner's Agent: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
6. Plant/Site Manager/Contact Person and Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
7. Plant Site Name: \_\_\_\_\_  
Plant Site Location/Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Indian Reservation (if applicable, which one): \_\_\_\_\_  
Latitude/Longitude, Elevation: \_\_\_\_\_
8. Equipment Purpose: \_\_\_\_\_  
Equipment List/Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Type of Organization:  
 Corporation                       Individual Owner  
 Partnership                       Government Entity (Government Facility Code: \_\_\_\_\_)  
 Other \_\_\_\_\_
10. Permit Application Basis: *(Check all that apply)*  
 New Source                       Revision                       Renewal of Existing Permit  
 Portable Source                       General Permit  
For renewal or modification, include existing permit number (and exp. date): \_\_\_\_\_  
Date of Commencement of Construction or Modification: \_\_\_\_\_  
Is **any** of the equipment to be leased to another individual or entity?                       Yes                       No  
Standard Industrial Classification Code: \_\_\_\_\_ 4961                      State Permit Class: \_\_\_\_\_ II
11. Signature of Responsible Official of Organization: \_\_\_\_\_  
Official Title of Signer: \_\_\_\_\_
12. Typed or Printed Name of Signer: \_\_\_\_\_  
Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Table A1 – Burning Hour Limitations**

	Maximum Charging Rate (lb/hr)	Minimum Stack Height (ft)	Maximum Burning Hours <sup>1</sup>	
			Daily	Annual
			Hrs/day <sup>2</sup>	Hrs/yr <sup>2</sup>
<b>Single Cremator</b>	≤ 100	16	23.5	4525
		18	24	8233
		20	24	8760
	101-150	16	15.5	3017
		18	24	5482
		20	24	8760
	151-200	16	10.5	2010
		18	18.5	3594
		20	24	5977
<b>Dual Cremator</b>	Total ≤ 150	16	15.5	3017
		18	24	5480
		20	24	8760
	151 ≤ Total ≤ 250	16	8.5	1698
		18	16	3085
		20	24	5023
	251 ≤ Total ≤ 350	16	5.5	1141
		18	10.5	2046
		20	17.5	3400
		22	23.5	4480
		24	24	6186
		26	24	8760

1. Burning hours are defined as the cumulative time that the cremator is incinerating material or combusting fuel and excludes cool-down and cleaning periods when no incineration is occurring.
2. The daily and annual hours limitations are based on modeling for the Ambient Air Quality Guidelines as per the Arizona Revised Statutes (A.R.S.) § 49-422. Sources operating in Pima County are further restricted to operations only during the hours between sunrise and sunset as per Condition V. A of the General Permit

# FORM A

## General Permit Applicability Checklist

This form has been developed to determine if your facility meets the criteria for coverage under the general permit or is required to obtain an individual permit.

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**Question A.1. Does the facility operate one or two cremators?**

ONE  TWO **If the answer is ONE**, proceed to Question A.2.

**If the answer is TWO**, proceed to question A.3.

*Note –If the facility operates more than two cremators, it does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.*

**Question A.2. Does the cremator have a maximum charging rate of less than or equal to 200 lb/hr?**

YES  NO **If the answer is YES**, proceed to Question A.4.

**If the answer is NO**, your facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.

**Question A.3. Do the two cremators have a combined maximum charging rate of less than or equal to 350 lb/hr?**

YES  NO **If the answer is YES**, proceed to Question A.4.

**If the answer is NO**, your facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.

**Question A.4. Is the cremator(s) a dual-chamber design, consisting of a primary charging chamber and a secondary chamber (or afterburner), with burners located in each chamber?**

YES  NO **If the answer is YES**, proceed to Question A.5.

**If the answer is NO**, your facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.

**Question A.5. Is the cremator(s) stack height(s) at least sixteen (16) feet above the ground?**

YES  NO **If the answer is YES**, proceed to Question A.6.

**If the answer is NO**, your facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.

**Question A.6. Does the cremator(s) stack(s) have any obstructions to stack flow, such as rain caps, unless such devices are designed to automatically open when the incinerator is operated (properly installed and maintained spark arrestors are not considered obstructions)?**

YES  NO **If the answer is YES**, your facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.

**If the answer is NO**, proceed to Question A.7.

**Question A.7. Does the cremator(s) use any fuel other than natural gas or liquefied petroleum gas?**

YES  NO **If the answer is YES**, your facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.

**If the answer is NO**, proceed to Question A.8

# FORM A

## General Permit Applicability Checklist

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- Question A.8. Is the cremator(s) used to dispose of any hospital, medical and/or infectious waste?**
- YES  NO **If the answer is YES**, your facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.
- If the answer is NO**, proceed to Question A.9
- Question A.9. Was the cremator(s) constructed or reconstructed on or after January 1, 1989?**
- YES  NO **If the answer is YES**, proceed to Question A.10.
- If the answer is NO**, proceed to Question A.11
- Question A.10. Is the temperature of the secondary chamber(s) greater than or equal to 1600°F with a minimum residence time of 0.5 seconds in which gases are released from the charged primary chamber(s)?**
- YES  NO **If the answer is YES**, proceed to Question A.12.
- If the answer is NO**, the facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.
- Question A.11. Is the temperature of the secondary chamber(s) greater than or equal to 1200° F with a minimum residence time of 0.5 seconds in which gases are released from the charged primary chamber(s)?**
- YES  NO **If the answer is YES**, proceed to Question A.12.
- If the answer is NO**, the facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.
- Question A.12. Is the facility located in Pima County?**
- YES  NO **If the answer is YES**, proceed to Question A.13, and submit this application to the Pima County Department of Environmental Quality at:  
150 West Congress, 1st Floor  
Tucson, AZ. 85701.
- If the answer is NO**, proceed to question A.14.
- Question A.13. Will the facility be able to limit its daily burning hours to the hours between official sunrise and official sunset, as well as limiting its daily and annual burning hours to those listed in Table A1?**
- YES  NO **If the answer is YES**, your facility qualifies for coverage under the general permit.
- If the answer is NO**, the facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.
- Question A.14. Will the facility be able to limit its daily and annual burning hours to those listed in Table A1?**
- YES  NO **If the answer is YES**, your facility qualifies for coverage under the general permit
- If the answer is NO**, the facility does not qualify for coverage under the general permit and must obtain an individual permit. Please contact the Air Quality Permits Section at ADEQ for assistance.
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**FORM B**  
**Equipment List**

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Please list all the cremators which are at the facility.

<b>Type of Equipment</b>	<b>Maximum Rated Capacity</b>	<b>Make</b>	<b>Model</b>	<b>Serial Number</b>	<b>Date of Manufacture</b>	<b>Equipment I.D. Number</b>

**FORM C**

**Certifications of Truth, Accuracy, and Completeness**

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1. This certification must be signed by the Responsible Official. Applications without a signed certification will be deemed incomplete.
2. I certify that I have knowledge of the facts herein set forth and in this application that the same are true, accurate, and complete to the best of my knowledge and belief and that all information not identified by me as confidential in nature shall be treated by the Arizona Department of Environmental Quality as public record.

Typed or Printed Company Name: \_\_\_\_\_

Official Title of Signer: \_\_\_\_\_

Typed or Printed Name of Signer: \_\_\_\_\_

Signature of Responsible Official: \_\_\_\_\_ Date: \_\_\_\_\_

# Fee Rule Summary for Human and Animal Crematory General Permits

## SOURCE

## GENERAL PERMIT

## CLASS II

## NON - TITLE V

APPLICATION  
FEE \$500

### ANNUAL INSPECTION FEE

Crematoriums: \$1,500

There is a \$500 fee for facility changes that require the issuance of new Authorizations to Operate.  
There is no fee for transfers, administrative amendments, or facility change notices that do not require a permit revision.  
Administrative and Inspection fees are due no later than February 1st of each year.