



Crematory 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. An application with missing information may be determined incomplete and may be returned or result in longer application processing times. *You may be charged an additional APEN fee if the APEN is filled out incorrectly or is missing information and requires re-submittal.*

This APEN is to be used for crematory incinerators, but can be used for police contraband incinerators. If your emission unit does not fall into those categories, there may be a more specific APEN for your source (e.g. air curtain destructor). In addition, the General APEN (Form APCD-200) is available if the specialty APEN options do not meet your reporting needs. A list of specialty APENs is available on the Air Pollution Control Division (APCD) website at www.colorado.gov/cdphe/apcd.

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: _____

NAICS or SIC Code: _____

Mailing Address: _____

(Include Zip Code) _____

Permit Contact: _____

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 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)*

Change fuel or equipment

Change company name

Add point to existing permit

Change processing limit

Transfer of ownership³

Other *(describe below)*

- OR -

APEN submittal for update only (Please note blank APENs will not be accepted)

Additional Info & Notes: _____

³ 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)⁴: _____

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

⁴ 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 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 ⁵ animal incinerator	3 cremations per 8-hour shift	6 cremations per day
Option B:	Large batch ⁵ 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

⁵ 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 - 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 (please print)

Title

Check the appropriate box to request a copy of the:

Draft permit prior to issuance

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

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Send this form along with \$152.90 to:
Colorado Department of Public Health and Environment
Air Pollution Control Division
APCD-SS-B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Telephone: (303) 692-3150

For more information or assistance call:

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

Or visit the APCD website at:

<https://www.colorado.gov/cdphe/apcd>