



**Incinerator Reportable Information**  
**(State Regulation 18 AAC 50.078(c))**  
For reporting multiple devices copy form as necessary

**Business Name:** \_\_\_\_\_

**Address of Device Operation:** \_\_\_\_\_

**Device Manufacturer & Model:** \_\_\_\_\_

**Source Type:** \_\_\_\_\_

**Process Description:** \_\_\_\_\_

**Throughput of Waste Stream:** \_\_\_\_\_ LBS/HR

**Device Daily Operating Hours:** \_\_\_\_\_

**Applicable Emission Limits  
and Regulatory Authorities  
Governing Operations:** \_\_\_\_\_

**Make & Model of Pollution  
Control Equipment** \_\_\_\_\_

**IF YOUR FACILITY/OPERATIONS DOES NOT INCLUDE AN INCINERATION DEVICE  
AS LISTED ABOVE CHECK THE BOX BELOW.**

**NO INCINERATION DEVICE AS DESCRIBED ABOVE IS PRESENT OR IN  
OPERATION**

**Responsible Official Signature**

**Print:** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit this form to the Department of Environmental Conservation Division of Air Quality, 610 University Avenue, Fairbanks, AK 99709 Attention Steven Hoke. Alternatively it may be submitted by email to [steven.hoke@alaska.gov](mailto:steven.hoke@alaska.gov). For more information call (907)451-5172.