OLYMPIC REGION CLEAN AIR AGENCY

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FORM 36 CREMATORY UNIT

I. General Iormation: A. Facility/Applicant Name ______ Date:_____ Phone Email: **II.** Manufacturer Information: A. Manufacturer Name Model and Serial Number ____ B. Date of Manufacture_____ Has the cremation unit been reconstructed or refurbished? E. If 'Yes," provide contractor name and date for last occurrence Name of contractor and itemized list of components replaced or repaired_____ F. **III. Operating Procedures:** A. Maximum Charging Rate (lbs)_____ Charging Method(s) (describe)_____ C. Operating Sequence (describe)_____ **Target Operating Temperatures** a. Primary Chamber _____ E. Secondary Chamber

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IV. Design Parameters:

	Primary	Secondary
	Chamber	Chamber
A. Volume (ft ³)		
B. Configuration &		
Dimensions		
C. Grate Area (ft ²)		
D. Arch Height (ft)		
E. Burner(s) Manufacturer		
1. Model		
2. Btu Rating		
3. Fuels Fired		
F. Air Flow (CFM)		
1. Burner		
2. Under-grate		
3. Other		
G. Gas velocity (Avg FPS)		
H. Avg Operating Temp (°F)		
I. Max Operating Temp (°F)		
J. Retention Times (Sec)		

V. Exhaust Parameters:

A.	Stack	exhaust	parameters
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1	ACEM @	Actual	Design
1.	ACFM @ operating temperature		
2.	Dry SCFM		
3.	CO ₂ (vol. %, dry)		
4.	O ₂ (vol. %, dry)		
5.	Particulate (grains/DSCF @ 12% CO ₂)		
7.	Stack Height (ft from grade):	Stack Diameter (inches):_	

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B.	System control capabilities, such as burner modulation, interlock features, etc. (describe):		
C.	Description and Nature of Guarantee:		
D.	Instrumentation and Controls:		
	a. Flame failure controls		
	b. Thermocouple placement	_	
	c. O ₂ and CO/CO ₂ sensor placement	_	
	d. Temperature and oxygen recorder	_	
	e. Automatic controls	_	
	f. Feed rate controls	_	
	g. Stack smoke alarm		
E.	To be included with application:		
	a. Facility plot plan		
	b. Equipment layout		
	c. Equipment details		
	d. Vendor specification sheets		

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