Southwest Clean Air Agency  
11815 NE 99th Street, Suite 1294, Vancouver, WA 98682-2322 Voice: (360) 574-3058 Fax: (360) 576-0925

AFTER BURNER

MANUFACTURER:
Manufacturer name
______________________________
Model name
______________________________
Model number
______________________________
Serial number
______________________________
Source test data available
Yes No (incl. with application)

INPUT:
Maximum gas volume to after burner
__________________________ scfm
Minimum/maximum gas temperature to after burner
__________________________ degrees Fahrenheit
Contaminant concentration to after burner
__________________________ lbs/hr
Type or composition of exhaust gas
__________________________ ppm
Oxygen concentration
__________________________ %

BURNER:
Number of after burner nozzle(s)
__________________________
Dimensions of after burner nozzle(s)
_________ x _________
Supplemental fuel type
__________________________
Supplemental fuel rate
__________________________ cu ft/min
Low NOx design
Yes No

COMBUSTION CHAMBER:
Dimensions
__________________________
Volume
__________________________ cubic ft
Retention time
__________________________ seconds
Refractory type
__________________________
Temperature (combustion chamber)
__________________________ degrees Fahrenheit
Catalyst
Yes No

EXHAUST:
Stack height (above ground level)
__________________________ feet
Stack diameter
__________________________ feet
Flowrate at outlet
__________________________ cu ft/min
Temperature at outlet
__________________________ degrees Fahrenheit
Rain cap (not to impact vertical flow)
Provisions for sampling
Yes No

INSTRUMENTATION:
Flame failure controls
Yes No
Thermocouple placement
__________________________
Temperature recorder
Yes No
Automatic temperature controller
Yes No

DRAWINGS:
Facility plot plan
Equipment layout
Equipment details
Vendor specification sheets

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