



Form No.	A-L-0054
Effective Date	5/7/2012
Revision No.	09
Last Revision Date	11/3/2020
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**CHAPTER 165 - CLASS IV-A INCINERATORS  
 GENERAL PERMIT NUMBER (GPN) APPLICATION  
 AND NOTICE OF INTENT TO COMPLY (NOITC)**

**Section A: FACILITY CONTACT INFORMATION**

**Owner Name** (as Registered  
with the Secretary of State):

Mailing Address Line 1:

Mailing Address Line 2:

City/Town:

State:

ZIP:

Phone:

Fax:

E-mail:

**Site Name:**

E-911 Site Address:

City/Town:

State:

ZIP:

Additional Directions:

**Application Contact:**

Title:

Mailing Address Line 1:

Mailing Address Line 2:

City/Town:

State:

ZIP:

Phone:

Fax:

E-mail:

**Billing Contact:**

Title:

Mailing Address Line 1:

Mailing Address Line 2:

City/Town:

State:

ZIP:

Phone:

Fax:

E-mail:

**Section B: PUBLIC NOTICE**

Date Public Notice of Intent to File was published:

Name of newspaper notice was published in:

A copy of this application was sent to the municipality where the equipment will be operated on:



**Section C: EQUIPMENT INFORMATION**

Serial Number:

*(Either the GPN assigned by the DEP or the ID listed above must be permanently affixed to the equipment.)*

Type of equipment:       Crematorium       Veterinary Incinerator

Manufacturer of unit:

Model:

Date of Manufacture:

Date of Installation:

Max. Initial Charge:      lbs

Max. Design Combustion Rate:      lb/hr

Automatic Feeder?       Yes    No

Retention Time of Exhaust Gases:      seconds

Auxiliary Burner – Primary Chamber

Design heat input capacity (MMBtu/hr):      Temp Range      to      °F

Type of fuel used:

Auxiliary Burner – Secondary Chamber

Design heat input capacity (MMBtu/hr):      Temp Range      to      °F

Type of fuel used:

**Section D: EMISSIONS CONTROL EQUIPMENT**

Does the incinerator currently use continuous recording devices?    Yes    No

If yes, what is recorded?

What type of recording device is used?    Chart    Electronic    Both

Please list any Control Equipment:

**Section E: ANNUAL FEE**

Check for \$117 (per incinerator), payable to “Treasurer, State of Maine” is enclosed.  
 Each Chapter 165 general permit issued is subject to an annual fee. The annual fee will be billed to the Owner each December.

For Department Use		
ID Number Assigned	Date Received:	/ /
A-GP165 - _ _ _ _ _	Date Letter Sent:	/ /
	Initials:	



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**Section F: SIGNATORY REQUIREMENT**

Each application submitted to the Department must include the following certification signed by a Responsible or Authorized Official:

“I certify that the equipment listed in this application shall be operated in compliance with the terms and conditions of 060-096 CMR 165 General Permit for Class IV-A Incinerators and any other state or federal air emission control regulations that are applicable.

I certify under penalty of law that I have personally examined the information submitted in the document and all attachments thereto and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete. I authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware there are significant civil and criminal penalties for submitting false information, including the possibility of fine and imprisonment. I certify that this operation shall fully comply with all General Permit regulations for this type of facility/unit.”

Signature:		Title:	
Name (Printed):		Date:	

\* See the application instructions for the Department definition of “Responsible Official” and “Authorized Official”