

STATE OF MISSISSIPPI
DEPT. OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL
P.O. BOX 10385
JACKSON, MS 39289-0385
(601) 961-5171

RECEIVED
APR 13 2006
Dept of Environmental Quality
Office of Pollution Control

DESTRUCTOR

APPLICATION FOR
AIR POLLUTION CONTROL PERMIT
TO CONSTRUCT AND/OR OPERATE
AIR EMISSIONS EQUIPMENT

TYPE OF PERMIT

- New Source
 Modification – Adding Additional Incinerator
 Renewal of Operating Permit
 Existing Source Operating Permit

Name Tinh M. Le
Location: City Wesson County Copiah
Facility No. (if known) (Unknown)

**APPLICATION FOR PERMIT TO CONSTRUCT
AND/OR OPERATE AIR EMISSIONS EQUIPMENT
GENERAL FORM**

1. Name, Address & Contact for the Owner/Applicant

A. Name Tinh M. Le

B. Mailing Address

1. Street Address or P.O. Box P.O. Box 87
2. City Wesson 3. State Mississippi
4. Zip Code 39191 5. Telephone No. (601) 643-2567

C. Contact

1. Name _____ 2. Title _____

2. Name, Address, Location and Contact for the Facility

A. Name _____

B. Mailing Address

1. Street Address or P.O. Box _____
2. City _____ 3. State _____
4. Zip Code 39191 5. Telephone No. () _____

C. Site Location

1. Street P.O. Box 87
2. City Wesson 3. County Copiah
4. State Mississippi 5. Zip Code 39191
6. Telephone No. (601) 643-2567

Note: If the facility is located outside the City limits, please attach a sketch or description showing the approximate location to this application.

D. Contact

1. Name _____ 2. Title _____

3. SIC Code 0259

4. Number of Employees Owner plus spouse

5. Principal Process(es) Poultry: Number - 82,133, Type - Broilers

6. Principal Product(s) and maximum amount produced per day ash, 20 lbs.

7. Principal Raw Materials and maximum amount consumed per day poultry mortality, 1000 lbs.

8. Operating Schedule

- A. Specify maximum hours per day the operation will occur: 24
- B. Specify maximum days per week the operation will occur: 7
- C. Specify maximum weeks per year the operation will occur: 52
- D. Specify the months the operation will occur: 12 months per year

9. Only if this application is for Operating Permit renewal, has the facility been modified in any way (including production rate, fuel, and/or raw material changes) during period covered by the Operating Permit? Yes No If yes, give year(s) in which modification(s) occurred and explain.

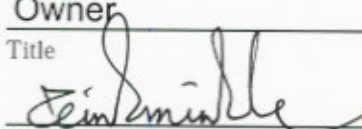
10. If after August 7, 1977, provide the date construction commenced. _____
11. If after August 7, 1977, provide the date operation began. _____
12. Please list the dates of any modifications or emissions increases since August 7, 1977. _____

13. EACH APPLICATION MUST BE SIGNED BY THE APPLICANT.

If the applicant is a corporation, it must be signed by a corporate officer as defined in Regulation APC-S-2. If the applicant is a partnership, it must be signed by a partner with authority to bind the partnership. In the case of a governmental agency, the application must be signed by the facility manager or senior staff officer responsible for the installation's or facility's environmental compliance.

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate, and that, as an appropriate representative of the applicant, my signature shall constitute an agreement that the applicant assumes the responsibility for any alterations, additions or changes in operation that may be necessary to achieve and maintain compliance with all applicable Rules and Regulations.

Tinh M. Le
Printed Name of Person Signing
4-11-08
Date Application Signed

Owner
Title

Signature of Applicant

PLEASE COMPLETE THE FOLLOWING PAGES WHERE APPLICABLE

EMISSIONS SUMMARY SECTION

PART I

STACK PARAMETERS								
Reference Number	Stack Height (feet)	Inside Exit Dia. (feet)	Exit Gas Velocity (ft/sec)	Exit Gas Volume (acfm)	Exit Gas Temperature (°F)	Moisture Content (%)	U.T.M. Coordinates	
							Zone _____	East
1	* 8'- 4"	12"	11.6	156	1064	24.2		

SOLID WASTE INCINERATORS (page 1 of 1)

SECTION I

1. **Manufacturers Information:**
 - A. **Manufacturer Name:** National Incinerator Of Boaz
 - B. **Model Number:** Destructor
 - C. **Rated Capacity (tons/hour):** 500
 - D. **Type and amount of Waste per year:** type 4

2. **Was this unit constructed or modified after August 7, 1977?** yes no
If yes please give date and explain. _____

3. **Type of Incinerator:** **Single Chamber** **Multiple Chamber**
 Other, describe: _____

4. **Auxiliary Equipment:**
 - A. **Primary Burner:**
 1. **Fuel (Type):** (LP or NG)
 2. **Btu/hr rating:** 300,000
 - B. **Secondary Burner**
 1. **Fuel (Type):** _____
 2. **Btu/hr rating:** _____
 - C. **Give Sulfur Content if Fuel Oil is Burned:** _____ %
 - D. **Barometric Damper:** _____
 - E. **Guillotine Damper:** _____
 - F. **Other, specify:** _____

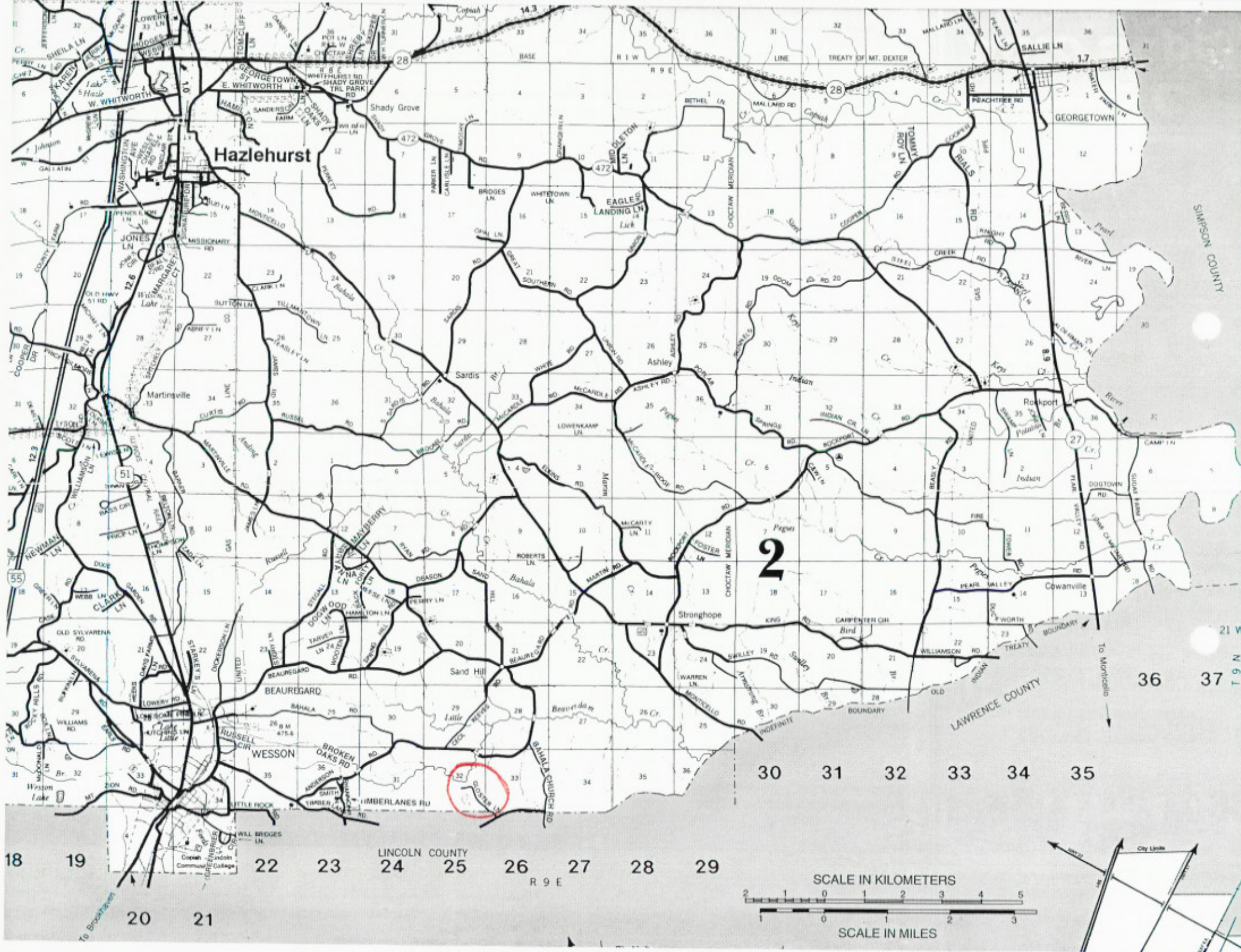
5. **Combustion Air:** **Natural Draft** **Induced Draft**
 Forced Draft **Starved Air**
 Other, specify: _____

6. **Waste Feed Method:** **Flue Fed** **Chute Fed**
 Continuous Direct **Batch Direct**

7. **Operating Schedule:**
 - A. **Hours per Day:** _____ **Days per week:** _____
 - B. **From:** _____ **To:** _____
 (time) (time)
 - C. **Circle the applicable days:** M T W T F S S

8. **Percent (%) CO₂ in exit gas** 10%

9. **Does this emission point have air pollution control equipment?** Yes No
If Yes, please complete the applicable Air Pollution Control Data Sheet found in Section L.



Hazlehurst

Wesson

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18 19 20 21 22 23 24 25 26 27 28 29

30 31 32 33 34 35

SCALE IN KILOMETERS

SCALE IN MILES

