|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| http://health/Logos/MPHDLogo%20with%20text%20black%202.jpg**METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE** | | | | | | | | | | | | | | |
| **Metro Public Health Department**  **Pollution Control Division**  **2500 Charlotte Avenue**  **Nashville, Tennessee 37209**  **Telephone: (615) 340-5653**  **Fax: (615) 340-8589** | | | | **PERMIT APPLICATION**  **Air Curtain Destructor Operation** | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| One copy of this form must be filled out completely for each air curtain destructor operation. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 1. | Company Name: | |  | | | | | | Telephone Number: | | |  | | |
|  |  | | | | | | | | | | | | | |
|  | Company Address: | |  | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | |
|  |  | | City State Zip Code | | | | | | | | | | | |
|  | Mailing Address: | |  | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | |
|  |  | | City State Zip Code | | | | | | | | | | | |
|  | Onsite Location: | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | City State Zip Code | | | | | | | | | | | | | |
|  | Onsite Contact: | |  | | | | | | Office Number: | | |  | | |
|  | Title: | |  | | | | | | Mobile Number: | | |  | | |
|  |  | | | | | | | | | | | | | |
| 2. | Provide a clear plot diagram with distances from the following: nursing homes, schools, hospitals, airports, and day care centers (Requirments located in the AIR CURTAIN DESTRUCTOR GUIDELINES MANUAL.). | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 3. | Estimated total acerage of land clearing material to be burned: | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 4. | Provide the maximum hours per day and the maximum number of days per week the air curtain destructor will operate: | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | Hours Per Day: |  | | | Days Per Week: | | | | |  | | |  |  |
|  |  | | | | | | | | | | | | | |
| 5. | Will the pit be a minimum of 12 ft. deep, maximum of 8 ft. wide and no longer than the manifold of the blower as requried in the AIR CURTAIN DESTRUCTOR GUIDELINES MANUAL? | | | | | | | | | | | | Yes No | |
| 6. | Estimated dates of operation: Start: Completion: | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 7. | The following are imperative in order to maintain operation of any air curtian destructors :   * 1. Land clearing material must be below the air curtain at all times;   2. Do not overfill the pit;   3. Carefully place the material into the pit (do not push the material, as the walls will deteriorate);   4. When the walls deteriorate a new pit must be dug;   5. All ash must be saturated with water before removal from the pit; and   6. Air quality forecast must be in the “good” or “moderate” condition on days of operation. | | | | | | | | | | | | | |
| 8. | Each permit application for a air curtain destructor operation must be accompanied by a check, made payable to the Metro Public Health Department, for $100.00. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 9. | I hereby certify that to the best of my knowledge, the information contained in this application is true, accurate and complete. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | |  | |  | | | | | | |
|  | Type/Print Name of Responsible Official | | | | | | Title | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | |  | |  | | | | | | |
|  | Signature | | | | | | Date | | | | | | | |