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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** |  |
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| One copy of this form must be filled out completely for each air curtain destructor operation. |
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| 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.). |
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| 3. | Estimated total acerage of land clearing material to be burned:  |
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| 4. | Provide the maximum hours per day and the maximum number of days per week the air curtain destructor will operate: |
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|  | Hours Per Day: |  | Days Per Week: |  |  |  |
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| 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: |
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| 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.
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| 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. |
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| 9. | I hereby certify that to the best of my knowledge, the information contained in this application is true, accurate and complete. |
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|  |  |  |  |
|  | Type/Print Name of Responsible Official | Title |
|  |  |
|  |  |  |  |
|  | Signature | Date |