



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Air Quality

**CPA-CREMATORY** (BWP AQ 02 Non-Major)

**Comprehensive Plan Application for a Crematory**

Submit for approval to construct, substantially reconstruct or alter a crematory.

Transmittal Number

Facility ID (if known)

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Facility Information**

1. Facility Name
2. Street Address
3. City/Town
4. ZIP Code
5. MassDEP Account # / FMF Facility # (if Known)
6. Facility AQ # / SSEIS ID # (if Known)
7. Standard Industrial Classification (SIC) Code
8. North American Industry Classification System (NAICS) Code
9. Is this proposed project for a new facility?  Yes  No - If Yes, skip to Section B.

10. List ALL existing Air Quality Plan Approvals, Emission Cap Notifications and 310 CMR 7.26 Compliance Certifications, and associated facility-wide emission caps, if any, for this facility in the table below. If you hold a Final Operating Permit for this facility, you may leave this table blank.

Table 1			
Approval Number(s)/ 25% or 50% Rule/ 310 CMR 7.26 Certification	Transmittal Number(s) (if Applicable)	Air Contaminant (e.g. CO, NO <sub>x</sub> , SO <sub>2</sub> , VOC, HAPs, PM, PM <sub>10</sub> , PM <sub>2.5</sub> or Other)*	Existing Facility-Wide Emission Cap(s) (Tons Per Consecutive 12-Month Time Period)

**Note:**  
No chlorinated plastics may be used in any containers, pouches, etc., which are to be cremated.

\*CO = carbon monoxide, NO<sub>x</sub> = nitrogen oxides, SO<sub>2</sub> = sulfur dioxide, VOC = volatile organic compounds, HAP = hazardous air pollutant, PM = particulate matter, PM<sub>10</sub> = particulate matter with a diameter of 10 microns or less, PM<sub>2.5</sub> = particulate matter with a diameter of 2.5 microns or less, Other = Specify Contaminant

11. Will this proposed project result in an increase in any facility-wide emission cap(s)?  Yes\*  No

\*If Yes, describe:

\_\_\_\_\_

\_\_\_\_\_



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**B. Specifications**

Note that per 310 CMR 7.02, MassDEP can issue a Plan Approval only for proposed Emission Unit(s) with air contaminant emissions that are representative of Best Available Control Technology (BACT). See Section I: Best Available Control Technology (BACT) Emissions and the MassDEP BACT Guidance.

1. Is this proposed project modifying previously approved equipment?  Yes  No

If Yes, list pertinent Plan Approval(s):

2. Is this proposed project replacing previously approved equipment?  Yes  No

If Yes, list pertinent Plan Approval(s):

3. Describe the proposed project, relevant parameters (including but not limited to operating temperature and pressure) and associated air pollution controls, if any. Continue on a separate attachment, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If this project includes more than one and/or different models and/or manufacturers of cremation units, make and complete additional copies of Sections B through F of this Form for each.

4a. How many cremation units are to be installed?

\_\_\_\_\_  
Number

4b. Facility-assigned identifying number for the proposed equipment (Emission Unit):

\_\_\_\_\_  
Number

5a. Manufacturer of the cremation unit:

\_\_\_\_\_  
Company Name

5b. Model number of the cremation unit:

\_\_\_\_\_  
Model Number

5c. Type of remains unit(s) used for:

Human  Animal

6. Materials of Construction:

a. Cremation Unit Shell

b. Refractory in Primary Chamber

d. Refractory in Secondary Chamber

f. Refractory in Stack

h. Stack Shell

c. Thickness (Inches)

e. Thickness (Inches)

g. Thickness (Inches)

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**B. Specifications** (continued)

7. Size of Primary Chamber:

a. Length (Inches) \_\_\_\_\_

b. Width (Inches) \_\_\_\_\_

c. Height (Inches) \_\_\_\_\_

d. Cross-Sectional Shape (Round, Square, etc.) \_\_\_\_\_

e. Total Enclosed Volume (Cubic Feet) \_\_\_\_\_

12. Size of Secondary Chamber:

a. Length (Inches) \_\_\_\_\_

b. Width (Inches) \_\_\_\_\_

c. Height (Inches) \_\_\_\_\_

d. Cross-Sectional Shape (Round, Square, etc.) \_\_\_\_\_

e. Total Enclosed Volume (Cubic Feet) \_\_\_\_\_

9. Total area of  Grate or  Hearth: \_\_\_\_\_

Square Feet

10. Charging capacity of the unit: \_\_\_\_\_

Pounds Per Hour

**C. Cremation Unit Burner Data**

1. Type of gaseous fuel:

Natural Gas

Propane

Other – Specify: \_\_\_\_\_

	Primary Chamber	Secondary Chamber	Tertiary Chamber (if any)
2. Gas Burner Manufacturer:			
3. Gas Burner Model Number:			
4. Number of Burners in Chamber:			
5. Maximum Fuel Firing Rate (All Firing, in Million British Thermal Units Per Hour):			
6. Maximum Theoretical Air Requirement (Standard Cubic Feet Per Minute):			
7. Percent Excess Air at 100% Rating:			
8. Turndown Ratio:			

9. Explain the Burner Modulation Control (on/off, low-high fire, full automatic, manual, etc.):

\_\_\_\_\_

\_\_\_\_\_



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**D. Description of Cremation Unit Control Interlocks & Operating Conditions**

**Note:** Once charged, the electronic interlock needs to prevent the charging door from opening until the cremation cycle is completed.

1. Describe the control system that prevents material from being charged prior to achieving the required temperature in the Secondary Chamber. Include system details such as the use of thermocouples, timers, interlocks, and electronic switches to prevent operation of the primary chamber burners, the charging door, etc.

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2. Calculated Retention Time in Secondary Chamber (attach detailed calculations to this Form):

a. Average retention time during typical steady-state operations:	_____	Seconds	at	_____	Degrees Fahrenheit (°F)
b. Minimum retention time during maximum feed/burner firing combination:	_____	Seconds	at	_____	°F

3. Does (do) the secondary burner(s) remain on for the duration of the burn?  Yes  No

a. If No, provide the secondary burner set point(s):	_____	Low (°F)	_____	High (°F)
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b. Temperature maintained in the secondary chamber just prior to material charging:	_____	°F
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4a. Primary chamber operating range:	_____	Low (°F)	_____	High (°F)
--------------------------------------	-------	----------	-------	-----------

4b. Secondary chamber operating range:	_____	Low (°F)	_____	High (°F)
--	-------	----------	-------	-----------

5. Explain what controls the heat release rate in the primary combustion chamber (combustion air controls, burner modulation, etc.):

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6. Explain what controls the shutdown of the secondary chamber burner(s) during burn down (e.g. timer, temperature indicator in primary chamber):

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7. Describe the draft control system employed, if any, and attach to this Form the calculations you used to confirm size selection.

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**D. Description of Cremation Unit Control Interlocks & Operating Conditions** (continued)

8. List all pyrometers and/or timing devices associated with the operation of the cremation unit(s). (*Each of these devices must be shown on the attached plans.*)

Manufacturer	Model Number	Location

**E. Cremation Unit Drawings**

Attach a plan of the proposed cremation unit showing, at minimum: internal dimensions (sectional view), thermocouple location(s), fan and damper locations, and pyrometer and/or timing device location(s).

**F. Air Handling System**

Describe the fans and flow parameters associated with the cremation unit. If fans are an integral part of the new or modified equipment, you must also attach to this Form the manufacturer's fan performance curve or rating curve, with operating point indicated.

	Fan A	Fan B	Fan C
1. Identify Fan (From Process Schematic):			
2. Fan Manufacturer:			
3. Fan Model Number:			
4. Fan Type (Axial, Centrifugal, etc.):			
5. Capacity in Standard Cubic Feet Per Minute:			
6. Fan operating point in this system:	Fan A	Fan B	Fan C
a. Actual Revolutions Per Minute (RPM):			
b. Temperature at the Fan in °F:			
c. Fan Pressure (Static Pressure, Inches of Water):			
d. Actual Flow Rate at Fan (Actual Cubic Feet Per Minute at °F):			
e. Actual Horsepower Requirements:			



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**G. Stack Description**

Complete the table below to summarize the details of the proposed project's stack(s) configuration

**Note:** Discharge must meet Good Air Pollution Control Engineering Practice. When designing stacks, special consideration must be given to nearby structures and terrain to prevent emissions downwash and adverse impacts upon sensitive receptors. Stack must be vertical, must not impede vertical exhaust gas flow, and must be a minimum of 10 feet above rooftop or fresh air intake, whichever is higher. For additional guidance, refer to the MassDEP "Stack Design General Guidelines." See the instructions for a link.

Table 3					
Emission Unit No.	Stack Height Above Ground (Feet)	Stack Height Above Roof (Feet)	Stack Exit Diameter or Dimensions (Feet)	Exhaust Gas Exit Temperature Range (Degrees Fahrenheit)	Exhaust Gas Exit Velocity Range (Feet Per Second)

**H. Proposed Maximum Cremation Schedule**

Complete the table below to summarize your proposed maximum operating schedule. This information will be incorporated into your Approval as restrictions on the operation of the Cremation Unit(s).

Table 4				
Emission Unit No.	Proposed Maximum Cremations Per Day	Proposed Days Per Week	Proposed Maximum Number of Cremations Per month	Proposed Maximum Number of Cremations Per Consecutive 12-Month Time Period

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**Note:** consult the MassDEP BACT Guidance for additional information. See the instructions for a link.

**I. Proposed Allowable & Best Available Control Technology (BACT) Emissions**

1. On a separate attachment, provide detailed calculations of proposed allowable Type O, Type 4, Gaseous Fuel and Total emissions based on your proposed maximum cremation schedule.
2. Summarize your proposed allowable emissions in the table below.

**Table 5**

Emission Unit No.	Air Contaminant	Type O Waste (Tons Per Consecutive 12-Month Time Period)	Type 4 Waste (Tons Per Consecutive 12-Month Time Period)	Gaseous Fuel (Tons Per Consecutive 12-Month Time Period)	Total Emissions (Tons Per Consecutive 12-Month Time Period)
	PM/PM <sub>10</sub> /PM <sub>2.5</sub>				
	SO <sub>2</sub>				
	NO <sub>x</sub>				
	VOC				
	CO				
	PM/PM <sub>10</sub> /PM <sub>2.5</sub>				
	SO <sub>2</sub>				
	NO <sub>x</sub>				
	VOC				
	CO				
	PM/PM <sub>10</sub> /PM <sub>2.5</sub>				
	SO <sub>2</sub>				
	NO <sub>x</sub>				
	VOC				
	CO				
<b>Total For All Units</b>	PM/PM <sub>10</sub> /PM <sub>2.5</sub>				
	SO <sub>2</sub>				
	NO <sub>x</sub>				
	VOC				
	CO				

**Notes:**

PM = particulate matter

PM<sub>10</sub> = particulate matter of 10 microns or less

PM<sub>2.5</sub> = particulate matter of 2.5 microns or less

SO<sub>2</sub> = sulfur dioxide

NO<sub>x</sub> = oxides of nitrogen

VOC = volatile organic compounds

CO = carbon monoxide

No chlorinated plastics may be used in any containers, pouches, etc., which are to be cremated.



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**I. Proposed Allowable & Best Available Control Technology (BACT) Emissions (continued)**

3. Enter proposed BACT emission limits for each Emission Unit in the table below.

Table 6							
Emission Unit No.	PM	PM <sub>10</sub>	PM <sub>2.5</sub>	SO <sub>2</sub>	NO <sub>x</sub>	VOC	CO
	Grains Per Dry Standard Cubic Foot at 7% Oxygen & 100% Rated Capacity			Parts Per Million by Volume (ppmv) Corrected to 7% Oxygen			

**Note:**  
 Top-Case BACT is the emission rate identified via the MassDEP BACT Guidance or a pre-application meeting with MassDEP.

4. Are the proposed BACT emission limits in Tables 5 and 6 "Top-Case" BACT, as referenced in 310 CMR 7.02(8)(a)2.a?  Yes  No\*

\*If No, you must submit Form BWP AQ BACT to demonstrate that this project meets BACT as provided in 310 CMR 7.02(8)(a)2 or 310 CMR 7.02(8)(a)2.c.

**J. Monitoring Equipment**

Complete the table below to indicate the opacity and temperature monitoring and recording equipment:

Table 7			
Equipment	Emission Unit No.	Emission Unit No.	Emission Unit No.
Full-Scale Opacity Monitor?	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:
Continuous Opacity Recorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audible Alarm to Indicate Opacity Problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visible Alarm to Indicate Opacity Problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature Monitor for Primary Chamber?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temperature Monitor for Exit of Secondary Chamber?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuous Temperature Recorder for Primary Chamber?	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:
Continuous Temperature Recorder for Exit of Secondary Chamber?	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:	<input type="checkbox"/> Yes <input type="checkbox"/> No Make:          Model #:
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:

**Note:**  
 Each opacity meter must be installed and operated in accordance with 40 CFR 60, Appendix B, Performance Specification 1: "Specifications and Test Procedures for Opacity Continuous Emission Monitoring Systems in Stationary Sources."



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**K. Record Keeping Procedures**

Complete the table below to summarize the details of the proposed project's record keeping procedures. Proposed procedures need to be able to demonstrate your compliance status with regard to all limitations/restrictions proposed herein. Record keeping may include but is not limited to hourly or daily logs, meter charts, time logs, fuel purchase receipts, etc.

Table 8			
Emission Unit Number	Parameters Monitored (e.g. Temperature, Number of Cremations, Opacity)	Record Keeping Procedures (Data Logger or Manual)	Frequency of Data Record (e.g. Continuous, Daily)

**L. Standard Operating Procedure(s)**

Submit as an attachment a copy of the Standard Operating Procedures (SOP) for the equipment that is integral to this project. The description must present at a minimum:

- a. Initial Daily Start-up
  - i. Initial Pre-Heat of Unit
  - ii. Initial Cremation Loading
  - iii. Initial Burn-Down Cycle
- b. Daily Cremation Steps for All Subsequent Cremations Each Day
  - i. Pre-Heat Cycles
  - ii. Cremation Loading Cycles
  - iii. Burn-Down Cycles
- c. Detailed Description of On-Site Monitoring and Record Keeping
  - i. Number of Cremations Per Unit
  - ii. Opacity Monitors and Interlocks
  - iii. Temperature Monitors and Interlocks

Also, describe in detail the inter-relationship of the timing devices, the temperature indicators, the pressure indicators, and the flow rate indicators, etc. Specify which steps are under manual control and which are under automatic control. Discuss the types, amounts and durations of the release(s) of air contaminants during system fluctuations. Specify what measurements are observed and recorded to monitor performance.

**M. Standard Maintenance Procedure(s)**

Submit as an attachment a copy of the Standard Maintenance Procedure(s) that describes preventive maintenance procedures for the proposed cremation unit(s). Include such items as parts replacement, renewal/replacement schedules, method and frequency of leak testing. Include manufacturer's maintenance requirements for the cremation unit(s) and all associated opacity and temperature monitors and recorders.



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**N. Additional Information Checklist**

Attach a specific facility description and the following required additional information that MassDEP needs to process your application. Check the box next to each item to ensure that your application is complete.

- Plot Plan
- Cremation Equipment Manufacturer's Specifications, Including but not Limited to Emissions Data
- Cremation Equipment Standard Operating Procedures
- Cremation Equipment Standard Maintenance Procedures, Including Cleaning Method & Frequency
- Calculations to Support This Plan Application
- Air pollution control device manufacturer specifications, if applicable
- Air pollution control device standard operating procedures, if applicable
- Air pollution control device standard maintenance procedures, if applicable
- BWP AQ BACT Form, if not proposing Top-Case BACT
- Air quality dispersion modeling demonstration documenting that National Ambient Air Quality Standards (NAAQS) are not exceeded
- Process flow diagram for the proposed equipment and any pollution control device, if applicable, including relevant parameters (e.g. flow rate, pressure and temperature)

**Note:** Pursuant to 310 CMR 7.02(5)(c), MassDEP may request additional information.

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**O. Professional Engineer's Stamp**

The seal or stamp and signature of a Massachusetts Registered Professional Engineer (P.E.) must be entered below. Both the seal or stamp impression and the P.E. signature must be original. This is to certify that the information contained in this Form has been checked for accuracy, and that the design represents good air pollution control engineering practice.

\_\_\_\_\_  
P.E. Name (Type or Print)

\_\_\_\_\_  
P.E. Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
P.E. Number

Place P.E. Seal or Stamp Here.

**P. Certification by Responsible Official**

The signature below provides the affirmative demonstration pursuant to 310 CMR 7.02(5)(c)8 that any facility(ies) in Massachusetts, owned or operated by the proponent for this project (or by an entity controlling, controlled by or under common control with such proponent) that is subject to 310 CMR 7.00, et seq., is in compliance with, or on a MassDEP approved compliance schedule to meet, all provisions of 310 CMR 7.00, et seq., and any plan approval, order, notice of noncompliance or permit issued thereunder. This Form must be signed by a Responsible Official working at the location of the proposed new or modified facility. Even if an agent has been designated to fill out this Form, the Responsible Official must sign it. (Refer to the definition given in 310 CMR 7.00.)

**I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.**

\_\_\_\_\_  
Responsible Official Name (Type or Print)

\_\_\_\_\_  
Responsible Official Signature

\_\_\_\_\_  
Responsible Official Title

\_\_\_\_\_  
Responsible Official Company/Organization Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

This Space Reserved for  
MassDEP Approval Stamp.

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#### Q. Energy Efficiency Evaluation Survey

1. Do you know where your electricity and/or fuel and/or water and/or heat and/or compressed air is being used/consumed?  Yes  No
  
2. Has your facility had an energy audit performed by your utility supplier (or other) in the past two years?<sup>1</sup>
  - a. Did the audit include evaluations for heat loss, lighting load, cooling requirements and compressor usage?  Yes  No
  
  - b. Did the audit influence how this project is configured?  Yes  No
  
3. Does your facility have an energy management plan?
  - a. Have you identified and prioritized energy conservation opportunities?  Yes  No
  
  - b. Have you identified opportunities to improve operating and maintenance procedures by employing an energy management plan?  Yes  No
  
4. Has each emission unit proposed herein been evaluated for energy consumption including average and peak electrical use; efficiency of electric motors and suitability of alternative motors such as variable speed; added heat load and/or added cooling load as a result of the operation of the proposed process; added energy load due to building air exchange requirements as a result of exhausting heat or emissions to the ambient air; and/or use of compressors?  Yes  No
  
5. Has your facility considered alternative energy methods such as solar, geothermal or wind power as a means of supplementing all or some of the facility's energy demand?  Yes  No
  
6. Does your facility comply with Leadership in Energy & Environmental Design (LEED) Green Building Rating System design recommendations?<sup>2</sup>  Yes  No

<sup>1</sup>A facility wide energy audit would include an inspection of such things as lighting, air-conditioning, heating, compressors and other energy-demand equipment. It would also provide you with information on qualifying equipment rebates and incentive programs; analysis of your energy consumption patterns and written cost-savings recommendations and estimated cost savings for installing new, high-efficiency equipment.

<sup>2</sup>To understand the LEED Rating System, it is important to become familiar with its comprising facets. To be considered for LEED New Construction and Major Renovations, a building must meet specific prerequisites and additional credit areas within six categories:

- Sustainable Sites
- Materials and Resources
- Water Efficiency
- Indoor Environmental Quality
- Energy and Atmosphere
- Innovation and Design