M.A.

Combustion Unit Survey Form

Part I. Facility Information

1. Facility Name, ID No. and Physical Address

   29189A891

   City of Berkeley
   6140 N Hanley Rd
   Berkeley MO

2. Corrections to Name or Physical Address:

   _____
   (name)

   _____
   (street)

   _____ [ ][ ] [ ][ ][ ][ ][ ] – [ ][ ][ ][ ]
   (city) (state) (zip)

3. Facility Contact Name ANTHONY SIMMONS

   Phone Number 314 – 524 – 3313 ext. 0154

   Fax Number 314 – 524 – 7660

4. Name of Legal Owner of Facility CITY OF BERKELEY MO

5. For combustion devices that burn, fire, combust, or destroy **only** 100% fossil fuel (see Enclosure 2), indicate those for which HAP emission test data are available:

Boiler	Process Heater	Gas Turbine	Stationary IC Engine
☐	☐	☐	☐

It is not necessary to provide test data at this time. Test reports may be requested at a later date.

6. For combustion devices that burn, fire, combust, or destroy **other than** 100% fossil fuel (see Enclosure 2), indicate those for which HAP emission test data are available:

Boiler	Process Heater	Gas Turbine	Stationary IC Engine
☐	☐	☐	☐

It is not necessary to provide test data at this time. Test reports may be requested at a later date.

If all of your combustion devices burn, fire, combust or destroy <u>only</u> the fossil fuels and/or materials listed in ENCLOSURE 2, or are subject to RCRA subtitle C or listed in ENCLOSURE 3, STOP HERE and return this form.

If ANYTHING OTHER THAN THE FOSSIL FUELS and materials listed in ENCLOSURE 2 is burned, fired, combusted or destroyed in a boiler, process heater, incinerator, or landfill gas flare, and the device is not subject to RCRA subtitle C or listed in ENCLOSURE 3, PLEASE CONTINUE.