

# **Instructions for Filling Out the Oceangoing Ship Onboard Incinerator Survey**

## **Description of Oceangoing Ship Onboard Incinerator Survey**

Recent California legislation (Senate Bill 771) affects the waste incineration practices onboard oceangoing ships. Specifically, beginning on January 1, 2006, this new legislation prohibits oceangoing ships from conducting onboard incineration while operating within three miles of the California coast. Air Resources Board (ARB) staff is collecting information on incinerator practices onboard oceangoing ships and requests your assistance by filling out the enclosed Oceangoing Ship Onboard Incinerator Survey (Survey). Instructions for filling out the Survey are provided below. This Survey will help us better understand oceangoing ships' incineration practices and will provide other information that will help us with the development and implementation of the Airborne Toxic Control Measure for Oceangoing Ship Onboard Incineration.

### **A. Company Information**

- A.1. Company Name: Please enter the name of the company that owns/operates the vessel in the Survey.
- A.2. Mailing address: Please enter the mailing address, city, state, zip code and country of the company.
- A.3. Contact Person: Please enter the name of the person to be contacted by the ARB staff if we have questions about the information provided.
- A.4. Phone Number: Enter the phone number of the contact person.
- A.5. E-mail Address: Enter the e-mail address of the contact person.
- A.6. Fax Number: Enter the fax number of the contact person.
- A.7. Sign and Date: Please print name, title and date. Sign name in the designated area.

### **B. Ship Information**

- B.1. Vessel Name: Enter the vessel name.
- B.2. IMO or Official Number: Enter the International Maritime Organization (IMO) or Official Number.
- B.3. Vessel Type: Circle the appropriate vessel type.

- B.4. County Flag: Enter the name of the country the vessel is registered under.
- B.5. Gross Tonnage: Record the gross tonnage in metric tons.
- B.6. Typical or required number of crew: Enter the typical or required number of crew for the vessel.
- B.7. Number of incinerators onboard this vessel: Enter the total number of incinerators onboard the vessel. **(Note: If there are no incinerators onboard this vessel please enter "0" or write "none". You do not need to complete the remainder of the Survey. You are only required to complete and return page 1 of the Survey).**

If there is more than one incinerator onboard the vessel, please photocopy the Survey and complete a Survey for each incinerator.

### **C. Waste and Incinerator Information**

- C.1. Incinerator manufacturer and model: Please list the incinerator manufacturer and model (attach a copy of incinerator specifications, if available).
- C.2. Type of fuel used: Please check the type of fuel used to run the incinerator. If other, please enter the type of fuel used.
- C.3. Incinerator fuel use: Specify the amount of fuel used during incineration and indicate units (e.g., gallons/hour).
- C.4. Enter yes or no if the incinerator is kept on when it is not burning waste. If you answered no skip to C.6.
- C.5. If you answered yes to C.4., estimate the fuel use when the incinerator is not incinerating waste but is kept on (for the purpose of minimizing start-up and shut-down) and indicate units (e.g., gallons/hour).
- C.6. Types of waste: Please check the types of waste incinerated onboard this vessel. Check all that apply.
- C.7. Amount of waste incinerated: For the year 2005, estimate the amount of total waste incinerated either in tons per year or in cubic meters (m<sup>3</sup>) per year.

- C.8. Amount of waste incinerated within three miles of the California Coast: For the year 2005, estimate the amount of waste that was incinerated within three miles of the California Coast (including while at California ports) in either tons per year or cubic meters (m<sup>3</sup>) per year.
- C.9. Garbage record log: Enter yes or no if you currently maintain a garbage record log as specified by Annex V of MARPOL 73/78?
- C.10. Hours of Day: Identify the time of day waste is typically incinerated (Daytime, Nighttime, or any time).
- C.11. Manufacturer waste and/or material capacity: Specify the manufacturers waste and or material capacity in pounds per hour or in other units.
- C.12. Stack gas temperature: Indicate the stack gas temperature and include units.
- C.13. Stack gas diameter: Indicate the size of the incinerator stack inside diameter and include units.
- C.14. Incinerator stack height: Indicate the approximate distance and specify the units from the design draft water line of the ship to the top of the incinerator stack.
- C.15. Stack velocity OR flow rate of the incinerator stack: Indicate either the stack velocity or flow rate of the stack and specify units.
- C.16. Incinerator air pollution add-on controls: If your incinerator has air pollution control devices check the boxes that apply.
- C.17. Emissions testing: Please indicate if emissions testing has ever been conducted on your incinerator. If yes, please attach a copy of the emissions testing to the end of the Survey.
- C.18. Type of incinerator: based on the definitions below, identify whether the incinerator is Batch, Continuous, or Intermittent?

Batch: an incinerator that is designed such that neither waste charging nor ash removal can occur during combustion.

Continuous: an incinerator that is designed to allow waste charging and ash removal during combustion.

Intermittent: an incinerator that is designed to allow waste charging, but not ash removal, during combustion.

- C.19. Continuous/Intermittent Incinerators: Estimate the amount of waste typically incinerated per hour in pounds (lbs) or cubic meters (m<sup>3</sup>).

- C.20. Continuous/Intermittent Incinerators: Identify the number of hours waste is incinerated per day.
- C.21. Batch Incinerators: Identify the pounds (lbs) or cubic meters (m<sup>3</sup>) of waste typically burned in the incinerator per batch.
- C.22. Batch Incinerators: Estimate the time required to burn the batch of waste specified in your answer for question C.21.
- C.23. Batch Incinerators: Estimate the maximum number of batches incinerated per day.
- C.24. Batch Incinerators: Estimate the number of days per week that batches of waste are incinerated.

**D. Other Waste Treatment**

- D.1. Other methods of waste treatment or disposal: Briefly describe any other methods of waste treatment or disposal conducted on this vessel.

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**\*\*END OF SURVEY\*\***

**\*\*IF AVAILABLE, PLEASE ATTACH A COPY OF YOUR INCINERATOR SPECIFICATIONS, CONTROL EQUIPMENT, AND EMISSIONS TESTING, IF APPLICABLE.\*\***

Thank you for filling out this survey.  
Submit completed form by e-mail, fax, or mail by **June 12, 2006**. For e-mail submittals send to [mkomleni@arb.ca.gov](mailto:mkomleni@arb.ca.gov), by fax to **(916) 327-6251** **OR mail the survey back to the following address:**

**Michelle Komlenic  
Air Resources Board  
Stationary Source Division  
P.O. Box 2815  
Sacramento, California 95812-2815**

Additional copies of the survey can be found on our website at **[www.arb.ca.gov/toxics/shipincin/shipincin.htm](http://www.arb.ca.gov/toxics/shipincin/shipincin.htm)**. If you have any questions, please contact Ms. Michelle Komlenic, at (916) 322-3926 or via email at [mkomleni@arb.ca.gov](mailto:mkomleni@arb.ca.gov).