

**BOILERS, STEAM GENERATORS, AND PROCESS HEATERS**  
**SUPPLEMENTAL FORM**

**Section I - Facility/Owner Information**

- 1.1. Business Name: \_\_\_\_\_
- 1.2. Contact Name: \_\_\_\_\_
- Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Address: \_\_\_\_\_
- 1.3. Address of Boiler: \_\_\_\_\_
- 1.4. FRAQMD Permit No.: \_\_\_\_\_ (if unknown, leave blank)
- 1.5. Do you claim confidentiality of data?  No  Yes (attach explanation)

**Section II - General Equipment Information** (Complete all items to the best of your ability)

- 2.1. Type of Equipment:
- Boiler  Steam Generator  Process Heater  Other (specify): \_\_\_\_\_
- 2.2. Equipment Manufacturer: \_\_\_\_\_
- 2.3. Equipment Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_
- 2.4. Year of Manufacture: \_\_\_\_\_ Year of Installation: \_\_\_\_\_
- 2.5. Equipment Rating: \_\_\_\_\_ MMBtu/hr (input) OR \_\_\_\_\_ horsepower (hp)
- 2.6. Fuel Information:
- Diesel  Natural Gas  Propane/LPG  Gasoline  Digester Gas
- Landfill Gas  Other Fuel: \_\_\_\_\_  If Dual Fuel: \_\_\_\_\_
- 2.7. Tracking Equipment:  Hour Meter  Dedicated Fuel Meter  None
- 2.8. Burner Information:
- A. Primary Burner  
Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Maximum Heat Input Rating \_\_\_\_\_ MMBtu/hr
- Type:  Standard  Low NOx  Ultra Low NOx
- B. Secondary Burner  
Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_
- Maximum Heat Input Rating \_\_\_\_\_ MMBtu/hr
- Type:  Standard  Low NOx  Ultra Low NOx

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**Section II - General Equipment Information** (Complete all items to the best of your ability)

2.9. Additional Emission Control Devices (Check all that apply) :

- Flue Gas Recirculation (FGR)                       Staged Air Combustion                       Staged Fuel Combustion
- Selective Non-catalytic Reduction (SNCR)    Selective Catalytic Reduction (SCR)
- Other (specify): \_\_\_\_\_

**Section III - Operation Information**

3.1. Describe the General Use of the equipment:

\_\_\_\_\_

\_\_\_\_\_

3.2. Emission Data: (if unknown, leave blank)

Pollutants	Maximum Emissions <b>before</b> Control Device			Maximum Emissions <b>after</b> Control Device		
	gm / bhp	lb / hour	ppmv <sup>(1)</sup>	gm / bhp	lb / hour	ppmv <sup>(1)</sup>
NMHC	_____	_____	_____	_____	_____	_____
NOx	_____	_____	_____	_____	_____	_____
CO	_____	_____	_____	_____	_____	_____
PM10	_____	_____	_____	_____	_____	_____
SOx	_____	_____	_____	_____	_____	_____

NOTE<sup>(1)</sup> - DRY, CORRECTED TO 3% O<sub>2</sub>.

Source of Emission Data:

- Attached Manufacturer Emission Data                       Attached Source Test Results                       Attached AP-42 Data
- Attached Other (specify) \_\_\_\_\_

3.3. District Rule 3.21 Compliance Options: Please circle one of the following options if you are subject to Rule 3.21.

If the equipment is rated greater than or equal to 1 MMBtu/hr and less than 5 MMBtu/hr:

- A. Operate the equipment using less than 90,000 therms of annual heat input.
- B. Operate in a manner that maintains stack gas oxygen concentration at less than or equal to 3% by volume.
- C. Operate with a stack gas oxygen trim system set at 3% by volume oxygen.
- D. Tune the unit at least once a year by a qualified technician in accordance with District Rule 3.21.
- E. Operate in compliance with the emission limits specified in Rule 3.21-Table 1.

If the equipment is rated greater than or equal to 5 MMBtu/hr:

- F. Operate the equipment using less than 90,000 therms of annual heat input AND Circle one additional compliance option between Section 3.3B-3.3E.
- G. Operate in compliance with the emission limits specified in Rule 3.21-Table 1.

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**Section III - Operation Information**

3.4. Operating Schedule: Q1 Q2 Q3 Q4

Maximum: \_\_\_\_\_ hours / day      \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ hours / qtr      \_\_\_\_\_ hours / year

Average: \_\_\_\_\_ hours / day      \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ hours / qtr      \_\_\_\_\_ hours / year

**Section IV – Receptor Information**

4.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): \_\_\_\_\_

4.2. Facility Distance to the Nearest Receptor: \_\_\_\_\_ feet

4.3. Name of Nearest School (K-12): \_\_\_\_\_

4.4. Facility Distance to the Nearest School: \_\_\_\_\_ feet

If the facility is within 1,000 feet of a school site, and if the application will result in an increase in hazardous emissions, a public notice will be required at the expense of the applicant. (CH&S 42301.6)

**Section V - Applicant Certification Statement**

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE

OFFICIAL OF FIRM: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_