# 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
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)

<table>
<thead>
<tr>
<th>Pollutants</th>
<th>Maximum Emissions before Control Device</th>
<th>Maximum Emissions after Control Device</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>gm / bhp</td>
<td>lb / hour</td>
</tr>
<tr>
<td>NMHC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOx</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE (1) - DRY, CORRECTED TO 3% O₂.

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.
Section III - Operation Information

3.4. Operating Schedule: 

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum:</td>
<td>_______ hours / day</td>
<td>_______ hours / qtr</td>
<td>_______ hours / year</td>
<td></td>
</tr>
<tr>
<td>Average:</td>
<td>_______ hours / day</td>
<td>_______ hours / qtr</td>
<td>_______ hours / year</td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________

APPLICATION / PERMIT BOILER Supplemental.doc, 6/7/2010