



San Joaquin Valley Air Pollution Control District Supplemental Application Form



Boilers, Steam Generators, Dryers, and Process Heaters

Please complete one form for each different piece of equipment. For streamlining, make note if one form covers identical equipment.

This form must be accompanied by a completed [Authority to Construct/Permit to Operate Application form](#)

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

EQUIPMENT DESCRIPTION

Equipment Details	<input type="checkbox"/> Boiler <input type="checkbox"/> Steam Generator <input type="checkbox"/> Dryer <input type="checkbox"/> Process Heater <input type="checkbox"/> Other: _____	
	Number of Identical Units This Application Covers (if applicable): _____	
	Check all that apply: <input type="checkbox"/> Oilfield Steam Generator <input type="checkbox"/> Refinery Unit <input type="checkbox"/> Wastewater Treatment Facility <input type="checkbox"/> Fired on < 50%, by volume, PUC quality gas	
	Manufacturer: _____	
	Model: _____	Serial Number: _____
	<input type="checkbox"/> Indirect-Fired <input type="checkbox"/> Direct-Fired	
	Flue Gas Recirculation: <input type="checkbox"/> Forced FGR <input type="checkbox"/> Induced FGR <input type="checkbox"/> None	
	Is an O ₂ Controller present? <input type="checkbox"/> No <input type="checkbox"/> Yes, Manufacturer: _____	
Rule 4320 Type of Use and Emissions Monitoring Provisions	<input type="checkbox"/> Full Time <input type="checkbox"/> Low Use - for units installed prior to January 1, 2009 and limited to less than 1.8 billion Btu/year, must have fuel use meter <input type="checkbox"/> Tune the unit at least twice per calendar year in accordance with District Rule 4304 <input type="checkbox"/> Operate the unit in a manner that maintains exhaust O ₂ concentration ≤ 3.00% by volume on a dry basis <input type="checkbox"/> Pay Annual Fee - in lieu of complying with NO _x and CO emission limits of the Rule, pay annual fee per §5.1.2	
	Note: Low Use units must identify operational characteristics recommended by the manufacturer, which can be monitored on a monthly basis (please provide details in additional documentation).	
	Note: Full Time units must have either a Continuous Emission Monitoring System (CEMS) or one of the following alternate emissions monitoring plans <input type="checkbox"/> CEMS, please specify all pollutants monitored: <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> O ₂ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monitoring of NO _x , CO, and O ₂ concentrations <input type="checkbox"/> Periodic determination of flue gas recirculation rate by temperature measurement <input type="checkbox"/> Periodic determination of flue gas recirculation rate by O ₂ measurement <input type="checkbox"/> Monitoring of burner mechanical adjustments and O ₂ concentration <input type="checkbox"/> Monitoring of the flue gas recirculation valve(s) setting <input type="checkbox"/> Other Alternate Monitoring Plan (approved on a case by case basis), attach details	
	Note: See District policy (SSP-1105) for additional details of pre-approved alternate emissions monitoring plans, at: http://www.valleyair.org/policies_per/Policies/SSP_1105.pdf	
	<input type="checkbox"/> Gaseous Fuel Meter <input type="checkbox"/> Liquid Fuel Meter <input type="checkbox"/> None	
Fuel Use Meter	<input type="checkbox"/> Gaseous Fuel Meter <input type="checkbox"/> Liquid Fuel Meter <input type="checkbox"/> None	
	Manufacturer: _____	Type: <input type="checkbox"/> Standard <input type="checkbox"/> Low NO _x <input type="checkbox"/> Ultra Low NO _x
	Model: _____	Serial Number: _____
Primary Burner	Maximum Heat Input Rating: _____ MMBtu/hr	
	Annual Heat Input: _____ billion Btu/year	
	<input type="checkbox"/> Standard <input type="checkbox"/> Low NO _x <input type="checkbox"/> Ultra Low NO _x	
Secondary Burner <small>(if more than one burner is present)</small>	<input type="checkbox"/> Standard <input type="checkbox"/> Low NO _x <input type="checkbox"/> Ultra Low NO _x	
	Manufacturer: _____	Type: <input type="checkbox"/> Standard <input type="checkbox"/> Low NO _x <input type="checkbox"/> Ultra Low NO _x
	Model: _____	Serial Number: _____
Maximum Heat Input Rating: _____ MMBtu/hr		
Annual Heat Input: _____ billion Btu/year		

EMISSIONS DATA

Note: See District BACT and District Rule 4320 requirements for applicability to proposed unit at <http://www.valleyair.org/busind/pto/bact/chapter1.pdf>, and <http://www.valleyair.org/rules/curnrules/r4320.pdf>.

Primary Fuel	Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____						
	Higher Heating Value: _____ Btu/gal or _____ Btu/scf			Sulfur Content: _____ % by weight or _____ gr/scf			
Primary Fuel Emissions Data	Operational Mode	Steady State (ppmv) (lb/MMBtu)		Start-up (ppmv) (lb/hr)		Shutdown (ppmv) (lb/hr)	
	Nitrogen Oxides						
	Carbon Monoxide						
	Volatile Organic Compounds						
	Duration (please provide justification)			_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr
	% O ₂ , dry basis, if corrected to other than 3%: _____ %						
Secondary Fuel	Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG/Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____						
	Higher Heating Value: _____ Btu/gal or _____ Btu/scf			Sulfur Content: _____ % by weight or _____ gr/scf			
	How will the secondary fuel be used? <input type="checkbox"/> Secondary full-time fuel <input type="checkbox"/> Backup for primary fuel <input type="checkbox"/> Other: _____						
Secondary Fuel Emissions Data	Operational Mode	Steady State (ppmv) (lb/MMBtu)		Start-up (ppmv) (lb/hr)		Shutdown (ppmv) (lb/hr)	
	Nitrogen Oxides						
	Carbon Monoxide						
	Volatile Organic Compounds						
	Duration (please provide justification)			_____ hr/day	_____ hr/yr	_____ hr/day	_____ hr/yr
	% O ₂ , dry basis, if corrected to other than 3%: _____ %						
Source of Data	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emission Source Test <input type="checkbox"/> Other _____ (please provide copies)						
Additional Emissions Control Equipment	<input type="checkbox"/> Selective Catalytic Reduction - Manufacturer: _____ Model: _____ <input type="checkbox"/> Ammonia (NH ₃) <input type="checkbox"/> Urea <input type="checkbox"/> Other: _____						
	<input type="checkbox"/> Non-Selective Catalytic Reduction - Manufacturer: _____ Model: _____ Control Efficiencies: NO _x _____ %, SO _x _____ %, PM ₁₀ _____ %, CO _____ %, VOC _____ %						
	<input type="checkbox"/> Other (please specify): _____						

HEALTH RISK ASSESSMENT DATA

Note: See Manufacturer's Specifications for Stack Parameters and Exhaust Data. All information is required.

Operating Hours	Maximum Operating Schedule: _____ hours per day, and _____ hours per year					
Receptor Data	Distance to nearest Residence	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.			
	Direction to nearest Residence	_____	Direction from the stack to the receptor, i.e. Northeast or South.			
	Distance to nearest Business	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.			
	Direction to nearest Business	_____	Direction from the stack to the receptor, i.e. North or Southwest.			
Stack Parameters	Release Height	_____ feet above grade				
	Stack Diameter	_____ inches at point of release				
	Rain Cap	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None <input type="checkbox"/> Other: _____				
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____° from vert. or _____° from horiz.				
Exhaust Data	Flowrate: _____ acfm			Temperature: _____ °F		
Facility Location	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)					
	Include a facility plot plan showing the location of the stack. Please indicate North on the plot plan. For public notice projects, indicate on plot plan the facility boundaries or fence line and distance(s) from stack to boundaries.					