

**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.

*This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form*

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

**EQUIPMENT DESCRIPTION**

<b>Equipment Details</b>	<input type="checkbox"/> Boiler <input type="checkbox"/> Steam Generator <input type="checkbox"/> Dryer <input type="checkbox"/> Process Heater <input type="checkbox"/> Refinery Unit <input type="checkbox"/> Other: _____	
	Manufacturer:	
	Model:	Serial Number:
	Steam: _____ pph, at _____ psig _____ bhp	
	Is this a "Load-Following" unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Note: A load following unit is a unit with normal operational load fluctuations and requirements which exceed the operational response range of an Ultra-Low NO<sub>x</sub> burner system operating at 9 ppmv NO<sub>x</sub>.)</small>	
	<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 <sub>2</sub> Controller present? <input type="checkbox"/> No <input type="checkbox"/> Yes, Manufacturer:		
<b>Rules 4305/4306 Type of Use and Emissions Monitoring Provisions</b>	<input type="checkbox"/> Low Use - limited to less than 9 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 <sub>2</sub> concentration ≤ 3.00% by volume on a dry basis  <input type="checkbox"/> Limited Use - limited from 9 billion Btu/year to 30 billion Btu/year, must have fuel use meter <input type="checkbox"/> Full Time - limited from greater than 30 billion Btu/year to full time operation (8,760 hrs/year)	
	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: Limited Use or 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 <sub>x</sub> <input type="checkbox"/> CO <input type="checkbox"/> O <sub>2</sub> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monitoring of NO <sub>x</sub> , CO, and O <sub>2</sub> 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 <sub>2</sub> measurement <input type="checkbox"/> Monitoring of burner mechanical adjustments and O <sub>2</sub> 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: <a href="http://www.valleyair.org/policies_per/Policies/SSP_1105.pdf">http://www.valleyair.org/policies_per/Policies/SSP_1105.pdf</a>	
<b>Fuel Use Meter</b>	<input type="checkbox"/> Gaseous Fuel Meter <input type="checkbox"/> Liquid Fuel Meter <input type="checkbox"/> None	
<b>Primary Burner</b>	Manufacturer:	Type: <input type="checkbox"/> Standard <input type="checkbox"/> Low NO <sub>x</sub> <input type="checkbox"/> Ultra Low NO <sub>x</sub>
	Model:	Serial Number:
	Maximum Heat Input Rating: _____ MMBtu/hr	Annual Heat Input: _____ billion Btu/year
<b>Secondary Burner</b> <small>(if more than one burner is present)</small>	Manufacturer:	Type: <input type="checkbox"/> Standard <input type="checkbox"/> Low NO <sub>x</sub> <input type="checkbox"/> Ultra Low NO <sub>x</sub>
	Model:	Serial Number:
	Maximum Heat Input Rating: _____ MMBtu/hr	Annual Heat Input: _____ billion Btu/year

## EMISSIONS DATA

Note: See District BACT and District Rules 4305 and 4306 requirements for applicability to proposed unit at <http://www.valleyair.org/busind/pto/bact/chapter1.pdf>, <http://www.valleyair.org/rules/currnrules/r4305.pdf>, and <http://www.valleyair.org/rules/currnrules/r4306.pdf>.

<b>Primary Fuel</b>	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			
<b>Primary Fuel Emissions Data</b>	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 <sub>2</sub> , dry basis, if corrected to other than 3%: _____ %							
<b>Secondary Fuel</b>	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: _____						
<b>Secondary Fuel Emissions Data</b>	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 <sub>2</sub> , dry basis, if corrected to other than 3%: _____ %							
<b>Source of Data</b>	<input type="checkbox"/> Manufacturer's Specifications <input type="checkbox"/> Emission Source Test <input type="checkbox"/> Other _____ (please provide copies)						
<b>Additional Emissions Control Equipment</b>	<input type="checkbox"/> Selective Catalytic Reduction - Manufacturer: _____ Model: _____ <input type="checkbox"/> Ammonia (NH <sub>3</sub> ) <input type="checkbox"/> Urea <input type="checkbox"/> Other: _____						
	<input type="checkbox"/> Non-Selective Catalytic Reduction - Manufacturer: _____ Model: _____ Control Efficiencies: NO <sub>x</sub> _____ %, SO <sub>x</sub> _____ %, PM <sub>10</sub> _____ %, CO _____ %, VOC _____ %						
	<input type="checkbox"/> Other (please specify): _____						

## HEALTH RISK ASSESSMENT DATA

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year					
<b>Receptor Data</b>	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.			
<b>Stack Parameters</b>	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.				
<b>Exhaust Data</b>	Flowrate: _____ acfm			Temperature: _____ °F		
<b>Facility Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)					

## FOR DISTRICT USE ONLY

<b>Date:</b>	<b>FID:</b>	<b>Project:</b>	<b>Public Notice:</b> [ ] Yes [ ] No
<b>Comments:</b>			