

**San Joaquin Valley Unified Air Pollution Control District  
Supplemental Application Form**

**Glycol Dehydration Units**

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

PERMIT TO BE ISSUED TO:
DEHYDRATOR LOCATION (STREET ADDRESS OR ¼ SECTION, TOWNSHIP, & RANGE)

**EQUIPMENT DESCRIPTION**

<b>Dehydrator</b>	Manufacturer:	Model:
<b>Gas compressor</b>	Type (IC engine, electric motor, etc.):	Rating: (hp)
<b>Reboiler</b>	Type of fuel used: (i.e., LPG, PUC natural gas, or Process Gas Stream)	Rating: (MMBtu/hr)
	Sulfur Content:	gr/100 scf
<b>Glycol Pump</b>	Type (electric, gas driven, etc.):	Rating: (hp)

Indicate if the dehydrator is exempt from Rule 4408. If it is not exempt, it must meet one of the Rule requirements listed below.

<b>Rule 4408 Exemption</b>	<input type="checkbox"/> Permitted to operate less than 200 hours per year OR, <input type="checkbox"/> Permitted to dehydrate less than 5 MMSCF of gas per year
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A unit not exempt from District Rule 4408 must use one of the following:

- A system that directs all vapors to a vapor control system, a fuel gas system, or a sales gas system, or
- A system that directs all vapors to a flare, incinerator, reboiler, or thermal oxidizer and:
  - Operates continuously in a smokeless mode, and
  - Has an electronically controlled ignition system with an alarm system if the pilot flame fails, and
  - Liquid knock-out system to condense any condensable vapors, and
  - Sight glass ports, if the flame is not visible.
- Another emission control system that controls vent VOC emissions by at least 95 percent averaged over one hour, or to a level no higher than 1.7 lb VOC per MMdscf gas averaged over 24 hours. (provide details)

Is this equipment operated at a production facility prior to custody transfer?     Yes     No

If glycol dehydrator vents to a vapor control system, a fuel gas system, or a sales gas system go directly to "Health Risk Assessment Data". If not, please fill out all the sections of this form. Attach a gas analysis in either case.



## INCINERATOR EQUIPMENT AND FUEL DATA

<b>Pilot Type</b>	Intermittent <input type="checkbox"/>	Continuous <input type="checkbox"/>
<b>Pilot Fuel Data</b>	Type of pilot gas fuel: (i.e., LPG, PUC natural gas, or Process Gas Stream)	Sulfur Content: <span style="float: right;">gr/100 scf</span>
	Pilot Fuel Consumption: <span style="float: right;">scf/hr</span>	

**Incinerator Gas Fuel Flow Meter(s):**

YES       NO

**Incinerator Pilot Fuel Flow Meter(s):**

YES       NO

## 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	
	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: Y N</b>
<b>Comments:</b>			