

Antelope Valley Air Quality Management District

43301 Division Street, Suite 206, Lancaster, CA 93535-4649

Phone 661.723.8070

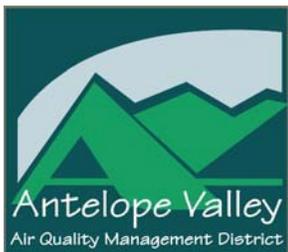
www.avagmd.ca.gov

Application for External Combustion Engine (boiler, etc.) Only

Please type or print.

Please refer to Rule 301 for Application Filing Fee.

1. Permit to be Issued to (name of company to receive permit):		1a. Federal Tax ID #:	
2. Mailing/Billing Address (for the above company name):			
3. Facility or Business Name on License (for equipment location):			
4. Facility Address/Location of Equipment (if same as company, enter "Same"):		Facility UTM or Lat/Long:	
5. Contact Name and Title:	E-mail Address:	Phone and Fax #^s:	
6. Application is hereby made for the Authority to Construct (ATC) and Permit to Operate (PTO) the following equipment:			
7. Application is for: <input type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		*For modification or change of owner: Current permit #: _____	
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. Distances (feet and direction to closest): Fenceline _____ Residence _____ Business _____ School _____			
10. General Nature of Business:		11. Principal Product:	
12. Facility Annual Throughput by Quarters (percent): _____% _____% _____% _____% Jan-Mar Apr-Jun Jul-Sep Oct-Dec		13. Expected Facility Operating Hours: _____ Hrs/Day _____ Days/Wk _____ Wks/Yr _____ Total Hrs/Yr	
14. Do you claim Confidentiality of Data? (If yes, state nature of data in an attachment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Machine Information: Check One: <input type="checkbox"/> Boiler <input type="checkbox"/> Dryer <input type="checkbox"/> Furnace <input type="checkbox"/> Heater <input type="checkbox"/> Kiln <input type="checkbox"/> Oven <input type="checkbox"/> Other _____ (specify): Manufacturer: _____ Model #: _____ Serial #: _____ Maximum heat input rating (use Higher Heating Value): _____ MMBtu/hr or kW Burner Manufacturer: _____ Burner Model #: _____ # of Burners: _____ Burner max heat input rating: _____ MMBtu/hr or kW Percent excess air (or n/a): _____ Operating temps (C or F): Av. _____ Max. _____ Specify Primary Fuel (attach fuel analysis for these fuels, specifying HHV and sulfur content): <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG (Propane) <input type="checkbox"/> CARB Diesel <input type="checkbox"/> Coal* <input type="checkbox"/> Petroleum Coke* <input type="checkbox"/> Digester Gas* <input type="checkbox"/> Landfill Gas* <input type="checkbox"/> Refinery Gas* <input type="checkbox"/> Other* (specify): _____ Max hourly primary fuel usage: _____ Fuel units (ft ³ , gal, etc.) _____ If secondary fuel is proposed, specify: _____ Max hourly usage: _____ Feedstock type and max process rate (specify units): _____			



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Unit lat/long or UTM coordinates: _____

Max annual hours: _____ Exhaust stack height (feet): _____ Inside diameter (inches) _____

16. Emissions Controls:
 Check all that apply:
 Low NOx Burner Oxygen Trim Flue or Exhaust Gas Recirculation (FGR or EGR) Oxidation Catalyst Selective Catalytic Reduction (SCR) Selective Non-Catalytic Reduction (SNCR) Afterburner ESP Baghouse
 Other (specify): _____

17. Max Emissions Rates (controlled):

Pollutant	Concentration (ppmvd or gr/dscf)	Mass (pounds/hr)
1. Oxides of Nitrogen (NOx)		
2. Oxides of Sulfur (SOx)		
3. Carbon Monoxide (CO)		
4. Total Particulates (TSP or PM30)		
5. Coarse Respirable Particulates (PM2.5)		
6. Total Organics (TOG)		
7. Volatile Organic Compounds (VOC, ROG, or NMOG)		

18. Dryers Only:
 Check one:
 Centrifugal Chip Fluidized Bed Rotary Spray Other (specify): _____

19. Furnace Only:
 Check one:
 Annealing Burnoff Calcining Crucible Cupola Diffusion Electric Forge Pot Holding
 Heat Treating Melting Reveratory Rotary Sweating Oxide Growth

20. Oven Only:
 Check one:
 Bakery Baking Curing Drying Fluidized Bed Stripping Solder Reflow
 Roasting, specify type: _____

Firing Method: Direct Indirect

Signature of Responsible Official:		Official Title:
Typed or Printed Name of Responsible Official:	Phone Number:	Date Signed:

For District Use Only

Application #:	Invoice #:	Permit #:	Company/Facility #:
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