

# Antelope Valley Air Quality Management District

2551 West Ave H, Suite 102, Lancaster, CA 93536

Phone 661.723.8070

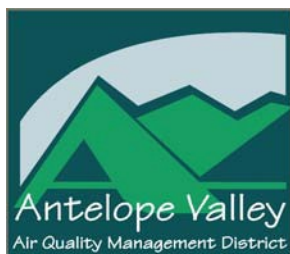
[www.avaqmd.ca.gov](http://www.avaqmd.ca.gov)

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

Please type or print.

Please refer to Rule 301 for Application Filing Fee.

<b>1. Permit to be Issued to (name of company to receive permit):</b>		<b>1a. Federal Tax ID #:</b>	
<b>2. Mailing/Billing Address (for the above company name):</b>			
<b>3. Facility or Business Name on License (for equipment location):</b>			
<b>4. Facility Address/Location of Equipment (if same as company, enter "Same"):</b>		<b>Facility UTM or Lat/Long:</b>	
<b>5. Contact Name and Title:</b>	<b>E-mail Address:</b>	<b>Phone and Fax #<sup>s</sup>:</b>	
<b>6. Application is hereby made for the Authority to Construct (ATC) and Permit to Operate (PTO) the following equipment:</b>			
<b>7. Application is for:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Modification* <input type="checkbox"/> Change of Owner*		<b>*For modification or change of owner:</b> Current permit #: _____	
<b>8. Type of Organization (check one):</b> <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			
<b>9. Distances (feet and direction to closest):</b> Fenceline _____ Residence _____ Business _____ School _____			
<b>10. General Nature of Business:</b>		<b>11. Principal Product:</b>	
<b>12. Facility Annual Throughput by Quarters (percent):</b> _____%    _____%    _____%    _____% Jan-Mar    Apr-Jun    Jul-Sep    Oct-Dec		<b>13. Expected Facility Operating Hours:</b> _____ Hrs/Day    _____ Days/Wk    _____ Wks/Yr    _____ Total Hrs/Yr	
<b>14. Do you claim Confidentiality of Data? (If yes, state nature of data in an attachment.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>15. Machine Information:</b> 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 <sup>3</sup> , gal, etc.) _____ If secondary fuel is proposed, specify: _____    Max hourly usage: _____ Feedstock type and max process rate (specify units): _____			



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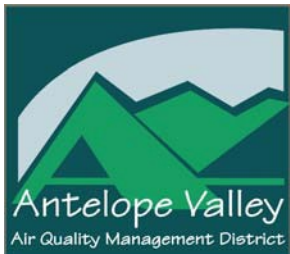
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Unit lat/long or UTM coordinates: _____			
Max annual hours: _____		Exhaust stack height (feet): _____	
		Inside diameter (inches) _____	
<b>16. Emissions Controls:</b>			
Check all that apply:			
<input type="checkbox"/> Low NOx Burner	<input type="checkbox"/> Oxygen Trim	<input type="checkbox"/> Flue or Exhaust Gas Recirculation (FGR or EGR)	<input type="checkbox"/> Oxidation Catalyst
<input type="checkbox"/> Selective Catalytic Reduction (SCR)	<input type="checkbox"/> Selective Non-Catalytic Reduction (SNCR)	<input type="checkbox"/> Afterburner	<input type="checkbox"/> ESP
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Baghouse		
<b>17. Max Emissions Rates (controlled):</b>			
<b>Pollutant</b>	<b>Concentration (ppmvd or gr/dscf)</b>	<b>Mass (pounds/hr)</b>	
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)			
<b>18. Dryers Only:</b>			
Check one:			
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Chip	<input type="checkbox"/> Fluidized Bed	<input type="checkbox"/> Rotary
<input type="checkbox"/> Spray	<input type="checkbox"/> Other (specify): _____		
<b>19. Furnace Only:</b>			
Check one:			
<input type="checkbox"/> Annealing	<input type="checkbox"/> Burnoff	<input type="checkbox"/> Calcining	<input type="checkbox"/> Crucible
<input type="checkbox"/> Cupola	<input type="checkbox"/> Diffusion	<input type="checkbox"/> Electric	<input type="checkbox"/> Forge
<input type="checkbox"/> Pot	<input type="checkbox"/> Holding	<input type="checkbox"/> Heat Treating	<input type="checkbox"/> Melting
<input type="checkbox"/> Reveratory	<input type="checkbox"/> Rotary	<input type="checkbox"/> Sweating	<input type="checkbox"/> Oxide Growth
<b>20. Oven Only:</b>			
Check one:			
<input type="checkbox"/> Bakery	<input type="checkbox"/> Baking	<input type="checkbox"/> Curing	<input type="checkbox"/> Drying
<input type="checkbox"/> Fluidized Bed	<input type="checkbox"/> Stripping	<input type="checkbox"/> Solder Reflow	
<input type="checkbox"/> Roasting, specify type: _____			
Firing Method: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect			
<b>Signature of Responsible Official:</b>		<b>Official Title:</b>	
<b>Typed or Printed Name of Responsible Official:</b>		<b>Phone Number:</b>	<b>Date Signed:</b>
<b>For District Use Only</b>			
<b>Application #:</b>	<b>Invoice #:</b>	<b>Permit #:</b>	<b>Company/Facility #:</b>



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### Application Submittal Instructions

1) Submit completed application to [engineering@avaqmd.ca.gov](mailto:engineering@avaqmd.ca.gov)

2) Pay the corresponding application fee via check or credit card

#### Payment by check:

Make check payable to: Antelope Valley AQMD

Mail the check with a copy of this completed application to:

Antelope Valley AQMD 2551 West Ave H, Suite 102, Lancaster, CA 93536

#### Payment by credit card:

Pay online at our website: <http://www.avaqmd.ca.gov>

Click "Pay Fees"

Please note a surcharge applies for all credit card payments.

If payment is made online via credit card, please email the receipt to [engineering@avaqmd.ca.gov](mailto:engineering@avaqmd.ca.gov).

Should you have any additional questions, please, do not hesitate to contact the permitting division at 661-723-8070, or via email at [engineering@avaqmd.ca.gov](mailto:engineering@avaqmd.ca.gov)