

## EXTERNAL COMBUSTION ENGINE: BOILER

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A, Form CEQA, Plot Plan and Stack Form

Permit to be issued to (Business name of operator to appear on permit):

Street location where the equipment will be operated (for equipment which will be moved to various locations in AQMD's jurisdiction, please list the initial location site):

## Section A: EQUIPMENT DESCRIPTION Manufacturer: Model: Serial No: Boiler Max. Heat Input Rating (Higher Heating Value - HHV): Water-tube (ONLY Check if Fuel Type is Natural Type: Gas or Propane) BTU per hour Fire-tube Manufacturer: Model<sup>.</sup> Burner Number of burners: Rating of each burner (HHV): Low NOx (please attach manufacturer's specifications) Type: Other: Blower HP: LPG Landfill Gas\* Natural Gas **Refinery Gas\* Digester Gas\*** Primary Fuel: If Digester or Landfill Gas, Other\* : Fuel Oil (Specify Grade): List Higher Heating Value : Fuel type LPG Natural Gas **Refinery Gas\* Digester Gas\*** Landfill Gas\* Secondary or If Digester or Landfill Gas, stand-by fuel: Other\* : Fuel Oil (Specify Grade): List Higher Heating Value : \*If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content. Type of Controls (check all that apply): Low NOx Burner Oxygen Trim CO Catalyst<sup>1</sup> **Fuel Gas Recirculation** Control Selective Catalytic Reduction (SCR)<sup>1</sup> Other (specify): Thermal DeNOx (Selective Non-Catalytic Reduction, SNCR)<sup>1</sup> <sup>1</sup>A separate permit is required, please see Form 400-E-GI for instructions Fuel usage Average Load : OR Average Firing Rate (HHV): % MMBTU/hr Section B: PROCESS DESCRIPTION Operating Parameters Turn down ratio: Percent excess air: % Normal: hours/day days/week weeks/yr. Operating Schedule Maximum: hours/dav davs/week weeks/vr. Section C: APPLICANT CERTIFICATION STATEMENT I hereby certify that all information contained herein and information submitted with this application is true and correct SIGNATURE OF PREPARER: TITLE OF PREPARER: CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT : CONTACT PERSON'S TELEPHONE NUMBER DATE SIGNED: CONFIDENTIAL INFORMATION Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps: (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy." (b) Label the original page "confidential." Circle all confidential items on the page.

(c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.

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GIVEN

 RATING:
 btu/hr.

 HHV:
 btu/cu.ft.

 FUEL USAGE:
 cu.ft./hr.

 cu.ft./day
 cu.ft./mo.

 OPERATING SCHEDULE:
 hrs./day

 days/wk.
 days/wk.

 days/mo.
 wks./yr.

 yks./yr.
 dys./yr.

Calculations							
	EF	EF	HOURLY	DAILY	30 DAY AVE.	30 DAY NSR	ANNUAL
	lbs/mmcf	lb./mmbtu	lbs./hr.	lbs./day	lbs./day	lbs./day	lbs./yr.
ROG							
NOx							
SOx							
со							
PM							
PM10							