BOILERS/HEATERS

COMPANY NAME: ____________________________

ADDRESS: ________________________________________

A. EQUIPMENT DESCRIPTION

Equipment Type: □ Boiler □ Heater

Boiler Type: □ water or □ steam

Heater Type: □ water or □ steam

Heater purpose (specify): ____________________________

Rated Heat Input: _______ million (MM) Btu/HR

Manufacturer: __________________ Model: ____________ S/N ____________

Burner Mfr.: __________________ Model: ____________ S/N ____________

Emission Control Equipment:

☐ Low NOx Burners □ Yes □ No

☐ Flue/Exhaust Gas Recirculation □ Yes □ No

If yes, ________% recirculated

☐ Water Injection □ Yes □ No

If yes, ________ lbs/hr

☐ Oxygen Trim Controller & Display □ Yes □ No

Describe any other emission controls; (i.e., catalyst, NH3 injection, fuel additive, etc.)

B. PROCESS DESCRIPTION

Purpose of equipment (steam, hot water, hot air, etc.): ____________________________

C. OPERATING SCHEDULE

Avg. ________ hrs/day ________ days/wk ________ wks/yr

Max. ________ hrs/day ________ days/wk ________ wks/yr

D. MAXIMUM FUEL CONSUMPTION

<table>
<thead>
<tr>
<th>Fuel</th>
<th>Type (e.g., Diesel #1, natural gas, etc.)</th>
<th>Fuel Flow Rate (e.g., gal/hr, lbs/hr, dscf/hr, etc.)</th>
<th>Fuel Sulfur Content % by weight (liquid fuel) or grains sulfur compound per 100 dscf (gaseous fuel)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
<td></td>
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<tr>
<td>Backup</td>
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</tbody>
</table>

Note: Permittee shall be limited to maximum fuel consumption rate given.

Split Fuel Firing □ Yes □ No

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E. **MANUFACTURER'S EMISSION DATA** - Exhaust gas concentrations at rated maximum load:

- Oxides of Nitrogen (as NO2) __________ ppmv at _______% oxygen
- Carbon Monoxide (CO) __________ ppmv at _______% oxygen
- Hydrocarbons (HC as CH4) __________ ppmv at _______% oxygen
- Particulates (PM) __________ grains/dscf at _______% CO2

Operating Values:
- CO2 _______% by volume
- Oxygen O2 _______% by volume
- Exhaust flow rate _______ actual cu. ft./min. @ _______ °F

Provide manufacturer's specifications for the basic emission control equipment, and documentation of all emissions data.

Additional information: ________________________________

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F. **RULE 1200 TOXICS EVALUATION:**

**FACILITY SITE MAP** Please provide a copy of a **Thomas Bros. Map** showing the geographic location of your facility. This helps by making it possible for the District to use a Geographic Information System to identify community residents and workers who may be impacted by emissions from your facility.

**PLOT PLAN** Please also provide a **facility plot plan or diagram** (need not be to scale as long as distances of key features from reference points are shown) showing the location of emission point(s) at the facility, property lines, and the location and dimensions of buildings (estimated height, width, and length) that are closer than 100 ft. from the emission point. This diagram helps by making it possible for the District to efficiently set-up the inputs for a health risk evaluation. Inaccurate information may adversely affect the outcome of the evaluation.

**EMISSION POINT DATA** Determine if your emission source(s) are ducted sources or if they are unducted/fugitive sources and provide the necessary data below. **(Examples of commonly encountered emission points:** Ducted or Stack Emissions - an exhaust pipe or stack, a roof ventilation duct; Unducted Emissions - anything not emitted through a duct, pipe, or stack, for instance, an open window or an outdoor area or volume.)

1. **Ducted or Stack Emissions** (For 1 or more emission points). Estimate values if you are unsure.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Point #1</th>
<th>Point #2</th>
<th>Point #3</th>
<th>Point #4</th>
<th>Point #5</th>
<th>Point #6</th>
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</thead>
<tbody>
<tr>
<td>Height of Exhaust above ground (ft)</td>
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<td>Stack Diameter (or length/width) (ft)</td>
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<td>Exhaust Gas Temperature* (°F)</td>
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<td>Exhaust Gas Flow (actual cfm or fps)</td>
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<td>Is Exhaust Vertical (Yes or No)</td>
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<td>Raincap? (None, Flapper Valve, Raincap)</td>
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<td>Distance to Property Line (+/- 10 ft)</td>
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</tbody>
</table>

* Use “70 °F” or “Ambient” if unknown
2. **Unducted Emissions** (For 1 or more emission points). Estimate if you are unsure.

Describe how unducted gases, vapors, and/or particles get into the outside air. Provide a brief description of the process or operation for each unducted emission point. If unducted emissions come out of building openings such as doors or windows, estimate the *size of the opening* (example – 3 ft x 4 ft window).

If unducted emissions originate outside your buildings, estimate the *size of the emission zone* (example - paint spraying 2’ x 2’ x 2’ bread boxes).

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**RECEPTOR DATA** A receptor is a residence or business whose occupants could be exposed to toxic emissions from your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the nearest residence and to the nearest business.

Distance to nearest residence __________ ft
Distance to nearest business __________ ft

Name of Preparer: ___________________________ Title: ___________________________
Phone Number: ( ) ___________________________ Date: ___________________________

**NOTE TO APPLICANT:**

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.