



MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT
 14306 Park Avenue, Victorville, CA 92392-2310
 (760) 245-1661 Facsimile: (760) 245-2022

www.mdaqmd.ca.gov
 Eldon Heaston
 Executive Director

APPLICATION FOR AIR POLLUTION CONTROL EQUIPMENT ONLY

PLEASE TYPE OR PRINT

REMIT \$261.00 WITH THIS DOCUMENT (\$149.00 FOR CHANGE OF OWNER)

Section 1: Facility/Owner Information

a. Permit To Be Issued To (Company Name):		b. Federal Tax ID #:
c. Mailing/Billing Address (for above company name)		
d. Facility or Business License Name (for equipment location):		
e. Facility Address - Location of Equipment (if same as for company, enter "Same"):		Facility UTM or Lat/Long:
f. Contact Name/Title:	Email Address:	Phone/Fax #.:
General Nature of Business:		
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		

Section 2: Nature of Application

Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment:	
Process Equipment Permit # served by proposed control:	
Application is for:	For modification or change of owner:
<input type="checkbox"/> New Construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of Owner	_____ Current Permit Number
Do you claim Confidentiality of Data? _____ No _____ Yes (attach explanation; specify which information provided is confidential)	

Section 3: Equipment Information – complete section A-G as applicable, each control unit requires a separate application

A. Adsorption Units:

Flow diagram of emissions source and control unit: <input type="checkbox"/> included	Manufacturer Specifications/Guarantee: <input type="checkbox"/> included
Manufacturer: _____	Model: _____ Serial Number: _____
Adsorbent: <input checked="" type="checkbox"/> Activated Charcoal: type _____ <input type="checkbox"/> Other: specify _____	
Adsorbate(s): _____	
Number of beds: _____	Weight of adsorbent per bed: _____
Dimensions of bed: thickness: _____ surface area: _____	
Inlet temperature: _____ °F	Pressure drop across unit: _____ inches H ₂ O
Regeneration: <input type="checkbox"/> Replacement <input type="checkbox"/> Steam <input type="checkbox"/> Other, specify: _____	
Regeneration Method: <input type="checkbox"/> shut down <input type="checkbox"/> alternate use, specify: _____ <input type="checkbox"/> other, specify: _____	
Minimum Control efficiency: _____ % _____ ppmv _____ mg/m ³	
Describe method to monitor control efficiency and breakthrough:	

B. Afterburner Units:

Flow diagram of emissions source and control unit: <input type="checkbox"/> included		Manufacturer Specifications/Guarantee: <input type="checkbox"/> included	
Manufacturer:	Model:	Serial Number:	
Combustion chamber dimensions: length: _____ in. Cross sectional area: _____ sq. in.			
Fuel: <input type="checkbox"/> natural gas <input type="checkbox"/> propane <input type="checkbox"/> CARB diesel <input type="checkbox"/> other, specify _____			
Number and rating of burners:		Operating temperature of combustion chamber:	
Inlet temperature: _____ °F		Pressure drop across unit: _____ inches H ₂ O	
Gas flow rate: _____ SCFM			
Catalyst used: <input type="checkbox"/> , please describe:			
Heat exchanger used: <input type="checkbox"/> , please describe:			
Minimum Control efficiency: _____ % _____ ppmv _____ mg/m ³			
Describe method to monitor control efficiency:			

C. Condenser Units:

Flow diagram of emissions source and control unit: <input type="checkbox"/> included		Manufacturer Specifications/Guarantee: <input type="checkbox"/> included	
Manufacturer:	Model:	Serial Number:	
Heat exchange area: _____ ft ²			
Coolant flow rate: _____ gpm water air CARB diesel other, specify _____			
Gas flow rate: _____ scfm	Coolant temperature: inlet _____ °F outlet _____ °F		Gas temperature: inlet _____ °F outlet _____ °F
Minimum Control efficiency: _____ % _____ ppmv _____ mg/m ³			
Describe method to monitor control efficiency:			

D. Electrostatic Precipitator Units:

Flow diagram of emissions source and control unit: <input type="checkbox"/> included		Manufacturer Specifications/Guarantee: <input type="checkbox"/> included	
Manufacturer:	Model:	Serial Number:	
Collecting electrode area: _____ ft ²			
Gas flow rate: _____ scfm			
Describe method to monitor control efficiency:			

E. Filter Units:

Flow diagram of emissions source and control unit: <input type="checkbox"/> included		Manufacturer Specifications/Guarantee: <input type="checkbox"/> included	
Manufacturer:	Model:	Serial Number:	
Filtering material:		Filtering area:	
Number and dimension of filters:			
Cleaning method: <input type="checkbox"/> shaker <input type="checkbox"/> reverse air <input type="checkbox"/> pulse air <input type="checkbox"/> pulse jet <input type="checkbox"/> Other, specify: _____			
Gas flow rate: _____ scfm			
Unit equipped with a manometer gauge? <input type="checkbox"/> yes <input type="checkbox"/> no		Manufacturer's specified pressure differential range: _____ inches H ₂ O	
Control efficiency: _____ % _____ ppmv _____ mg/m ³			
Describe method to monitor control efficiency:			

F. Scrubber Units:

Flow diagram of emissions source and control unit: <input type="checkbox"/> included		Manufacturer Specifications/Guarantee: <input type="checkbox"/> included	
Manufacturer:	Model:	Serial Number:	
Type of scrubber: <input type="checkbox"/> high energy, gas stream pressure drop: _____ in. H ₂ O <input type="checkbox"/> packed: packing type _____ packing size _____ packing material height _____ <input type="checkbox"/> spray: number of nozzles _____ nozzle pressure _____ PSIG <input type="checkbox"/> Other, specify: _____			
Flow type: <input type="checkbox"/> concurrent <input type="checkbox"/> countercurrent <input type="checkbox"/> crossflow			
Scrubber dimensions: length in direction of gas flow _____ in. cross sectional area _____ sq. in.			
Scrubbant: _____ Scrubbant flow rate: _____ scfm			
Control efficiency: _____ % _____ ppmv _____ mg/m ³			
Describe method to monitor control efficiency:			

G. Other types:

Equipment description:			
Flow diagram of emissions source and control unit: <input type="checkbox"/> included		Manufacturer Specifications: <input type="checkbox"/> included	
Manufacturer:	Model:	Serial Number:	
Gas flow rate: _____ scfm			
Control efficiency: _____ % _____ ppmv _____ mg/m ³			
Describe method to monitor control efficiency:			

Section 4: Emissions Data

Emission Factor Basis (attach any source specified): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Source Test <input type="checkbox"/> MDAQMD Default <input type="checkbox"/> USEPA AP-42 <input type="checkbox"/> Other (please specify) _____				
Pollutant	Pre-Control Max. Emissions	Units	Post Control Max. Emissions	Units
NOx	_____	_____	_____	_____
NMHC	_____	_____	_____	_____
SOx	_____	_____	_____	_____
PM10	_____	_____	_____	_____
SOx	_____	_____	_____	_____

Section 5 Exhaust Stack Information:

Stack height above grade: _____ ft.	<input type="checkbox"/> vertical <input type="checkbox"/> horizontal
Stack diameter:	
Exhaust gas temperature: _____ °F	Exhaust Flow Rate: _____ SCFM
Greatest height of nearby buildings: _____ ft.	

Section 6: Operation Information

Facility Annual Throughput by Quarters (percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec	Expected Hours of Operation: _____ Hrs/Day _____ Days/Wk _____ Wk/Yr _____ Total Annual Hours
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Section 7: Receptor Information

Distance (Feet) and direction to the property line of closest: _____ Residence _____ Business _____ School _____
Name of Closest School (K-12) _____
<i>If the proposed ICE operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)</i>

*Please note, District Staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

Section 8: Certification

I hereby certify that all information contained herein is true and correct.				
Name of Responsible Official		Official Title	Signature of Responsible Official	Date Signed
Telephone Number:		Email:		
-For District Use only-				
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number	