

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 EXTERNAL COMBUSTION ENGINE (BOILER, ETC.) ONLY

Page 1 of 2: please type or print

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

1. Permit To Be Issued To (company name to receive permit):		1a. Federal Tax ID No.:	
2. Mailing/Billing Address (for above company name):			
3. Facility or Business License Name (for equipment location):			
4. Facility Address - Location of Equipment (if same as for company, enter "Same"):		Facility UTM or Lat/Long:	
5. Contact Name/Title:	Email Address:	Phone/Fax Nos.:	
6. Application is hereby made for Authority To Construct (ATC) and Permit To Operate (PTO) the following equipment:			
7. 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: _____	
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):		13. Facility Operating Hours:	
_____ % _____ % _____ % _____ % Jan-Mar Apr-Jun Jul-Sep Oct-Dec		_____ Hrs/Day _____ Days/Wk _____ Wks/Yr _____ Total Hrs/Yr	
14. Do you claim Confidentiality of Data (if yes, state nature of data in attachment)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Signature of Responsible Official:		Official Title:	
Typed or Printed Name of Responsible Official:		Phone Number:	Date Signed:
- For District Use Only -			
Application Number:	Invoice Number:	Permit Number:	Company/Facility Number:

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT
EXTERNAL COMBUSTION APPLICATION, continued**

Page 2 of 2: please type or print

16. INFORMATION ON EQUIPMENT:

Boiler Dryer Furnace Heater Kiln Oven Other, specify: _____

Manufacturer: _____

Model No.: _____ Serial No.: _____

Maximum heat input rating (use Higher Heating Value): _____ MMBtu/hr or kW

Burner Manufacturer: _____ Burner Model No.: _____

Number 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):

Natural Gas LPG (Propane) CARB Diesel Coal* Petroleum Coke*

Digester Gas* Landfill Gas* Refinery Gas* Other,* specify: _____

Max hourly primary fuel usage: _____ Fuel units (ft³, gal, etc.): _____

If secondary fuel is proposed, specify: _____ Max hourly usage: _____

Feedstock type and max process rate (specify units): _____

Unit Lat/Long or UTM Coordinates: _____

Max annual hours: _____ Exhaust Stack Height (feet): _____ Inside Diameter (inches): _____

17. EMISSION 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 - Please specify: _____

18. MAX EMISSION RATES (CONTROLLED):

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of Nitrogen (NOx)	_____	_____
Oxides of Sulfur (SOx)	_____	_____
Carbon Monoxide (CO)	_____	_____
Total Particulates (TSP or PM30)	_____	_____
Coarse Respirable Particulates (PM10)	_____	_____
Fine Respirable Particulates (PM2.5)	_____	_____
Total Organics (TOG)	_____	_____
Volatile Organic Compounds (VOC, ROG or NMOG)	_____	_____

19. DRYERS ONLY Check one:

Centrifugal Chip Fluidized Bed Rotary Spray Other, specify: _____

20. FURNACE ONLY Check one:

Annealing Burnoff Calcining Crucible Cupola Diffusion Electric Forge Pot

Holding Heat Treating Melting Reveratory Rotary Sweating Oxide Growth

21. OVEN ONLY Check one:

Bakery Baking Curing Drying Fluidized Bed Stripping Solder Reflow

Roasting, specify type: _____ Firing Method: Direct Indirect