

# MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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[www.MDAQMD.ca.gov](http://www.MDAQMD.ca.gov) • @MDAQMD



## Application for external combustion engine (boiler, etc.) only

Remit **\$302.00** with this document (\$172.00 for change of owner)

PLEASE TYPE OR PRINT

### Section 1: Owner information

a. Permit to be issued to (company name):		b. Federal tax ID #:	
c. Mailing/billing address (for above company name) <i>include city, state and zip code</i> :			
d. Facility or business license name (for equipment location):			
e. Facility Address — Location of equipment (if same as for company, enter "Same"):		Equip. coordinates (lat/long):	
f. Contact name:	g. Title:	h. Email address:	i. Phone:
j. General nature of business:		k. Principal product:	
Type of Organization <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:	
Application is for what type of permit: <input type="checkbox"/> New construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of owner	For modification or 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

<input type="checkbox"/> Boiler <input type="checkbox"/> Dryer <input type="checkbox"/> Furnace <input type="checkbox"/> Heater <input type="checkbox"/> Kiln <input type="checkbox"/> Over <input type="checkbox"/> Other, specify: _____	
Manufacturer: _____ Model: _____ Serial number: _____	
Maximum heat input rating (use Higher Heating Value): _____ MMBtu/hr or kW	
Burner manufacturer: _____ Model no.: _____ Number of burners: _____ Max. heat input rating: _____ MMBtu/hr or kW	
Percent excess air (or n/a): _____ Operating temperatures (C or F): _____ avg. _____ 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: _____	
Maximum hourly primary fuel usage: _____ Fuel units (ft <sup>3</sup> , gal, etc.): _____	
If secondary fuel is proposed, specify: _____ Maximum hourly usage: _____	
Feedstock type and maximum process rate (specify units): _____	
Maximum annual hours: _____ Exhaust stack height: _____ feet    Inside diameter: _____ inches	

### Section 4: Emission controls

Check all that apply: <input type="checkbox"/> Low NO <sub>x</sub> 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"/> Baghouse <input type="checkbox"/> Other, specify: _____	
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#### -For District use only-

Application number:	Invoice number:	Permit number:	Company/facility number:
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## Section 5: Max. emission rates (controlled)

Pollutant	Concentration ppmvd or gr/dscf	Mass pounds/hour
Oxides of nitrogen (NO <sub>x</sub> )	_____	_____
Oxides of sulfur (SO <sub>x</sub> )	_____	_____
Carbon monoxide (CO)	_____	_____
Total particulates (TSP or PM <sub>30</sub> )	_____	_____
Coarse respirable particulates (PM <sub>10</sub> )	_____	_____
Fine respirable particulates (PM <sub>2.5</sub> )	_____	_____
Total organics (TOG)	_____	_____
Volatile organic compounds (VOC, ROG or NMOG)	_____	_____

## Section 6: Dryers only

Check one:  Centrifugal  Chip  Fluidized bed  Rotary  Spray  Other, specify: \_\_\_\_\_

## Section 7: Furnace only

Check one:  Annealing  Burnoff  Calcining  Crucible  Cupola  Diffusion  Electric  Forge  Pot  
 Holding  Heat treating  Melting  Reveratory  Rotary  Sweating  Oxide growth

## Section 8: Oven only

Check one:  Bakery  Baking  Curing  Drying  Fluidized bed  Stripping  Solder reflow  
 Roasting, specify type: \_\_\_\_\_ Firing method:  Direct  Indirect

## Section 9: Operation information

Facility annual operation by quarters (percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec	Expected operating hours of equipment _____ Hrs/day _____ Days/wk _____ Wk/yr Total annual hours _____
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## Section 10: Receptor information

Distance (feet) and direction to the property line of closest: \_\_\_\_\_ residence \_\_\_\_\_ business \_\_\_\_\_ school

Name of closest school (K-12) \_\_\_\_\_

*If the proposed equipment 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)*

**\*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 11: 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
Phone:	Email:		

### Application submission instructions:

- 1) Submit completed application to [Engineering@mdaqmd.ca.gov](mailto:Engineering@mdaqmd.ca.gov)
- 2) Pay the corresponding application fee of \$302 per permit for new or modified permit (or \$172 for change of owner) via check or credit card.

#### Payment by check:

Make check payable to **Mojave Desert AQMD**  
 Mail the check with a copy of this completed application to:  
**Mojave Desert AQMD**  
 14306 Park Avenue  
 Victorville, CA 92392

#### Payment by credit card:

Pay online at <http://www.mdaqmd.ca.gov>  
 Click "Pay Fees"  
 Please note: **a surcharge applies for all credit card payments.**

- 3) If payment is made online via credit card, please email the receipt to [Engineering@mdaqmd.ca.gov](mailto:Engineering@mdaqmd.ca.gov)  
 Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at [engineering@mdaqmd.ca.gov](mailto:engineering@mdaqmd.ca.gov)