

**IMPERIAL COUNTY AIR POLLUTION CONTROL DISTRICT**

150 SOUTH NINTH STREET

EL CENTRO, CA 92243

PHONE: (442) 265-1800

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**SUPPLEMENTAL APPLICATION FORM -  
BOILERS & HEATERS**

1	Company/Agency:	Telephone Number:
2	Equipment Location:	Existing Permits (if any):

**A. EQUIPMENT DESCRIPTION**

3.	Equipment Type: <input type="checkbox"/> Boiler <input type="checkbox"/> Heater	Boiler Type: <input type="checkbox"/> Water or <input type="checkbox"/> Steam	Heater Purpose (specify): _____
4.	Manufacturer:	Model:	
5.	Burner Manufacturer:	Model:	
6.	Emission Control Equipment: <input type="checkbox"/> Low NOX Burners <input type="checkbox"/> Flue/Exhaust Gas Recirculation <input type="checkbox"/> Water Injection <input type="checkbox"/> Selective Catalytic Reduction <input type="checkbox"/> Oxygen Trim <input type="checkbox"/> CO Catalyst <input type="checkbox"/> Other (specify): _____		

**B. PROCESS DESCRIPTION**

7.	Purpose of the Equipment(steam, hot water, etc):

**C. MAXIMUM FUEL CONSUMPTION**

8.	Fuels to be Burned in Equipment:		
	Fuels	Type (e.g. Natural Gas, Diesel, etc.)	Fuel Flow Rate (e.g. gal/hr, lbs/hr, dscf/hr, etc.)
	Primary		
	Secondary		

**D. OPERATING SCHEDULE**

9.	Actual Operating Schedule: _____ hr/day ; _____ days/week; _____ weeks/year Maximum Operating Schedule: _____ hr/day
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**E. MANUFACTURER'S EMISSION DATA - (Exhaust Gas Concentration at Rated Load):**

10.	Oxides of Nitrogen (as NO <sub>2</sub> ) _____ ppmv	at _____ % oxygen
	Carbon Monoxide (CO) _____ ppmv	at _____ % oxygen
	Hydrocarbons (HC as CH <sub>4</sub> ) _____ ppmv	at _____ % oxygen
	Particulates (PM) _____ ppmv	at _____ % oxygen

11.	Exhaust Flow Rate: _____ actual cu. ft/min @ _____ °F
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\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Date