

MONTEREY BAY UNIFIED AIR POLLUTION CONTROL DISTRICT
24580 SILVER CLOUD COURT, MONTEREY, CA 93940
PHONE (831)647-9411 FAX (831) 647-8501

BOILER AND LIQUID HEATER SUPPLEMENTAL INFORMATION FORM

- A. This form must be submitted with Application for Authority To Construct and Permit To Operate, APCD Form #1.
 B. Each application must include all applicable equipment specifications and dimensions, with equipment location drawing. Additional information may be required.
 C. Any questions regarding this form may be directed to the Engineering Division at the Air Pollution Control District.

NOTE: YOUR APPLICATION FOR AN AUTHORITY TO CONSTRUCT AND A PERMIT TO OPERATE MUST BE APPROVED PRIOR TO THE COMMENCEMENT OF ANY WORK. NO MODIFICATIONS SHALL BE PERFORMED WITHOUT FIRST OBTAINING DISTRICT APPROVAL.

1. Permit To Be Issued To: _____	2. Doing Business As: _____
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3. Nearest Neighbor or Business: _____ Distance: _____ Direction: _____

4. Boiler Manufacturer: _____ Model No.: _____ Serial Number: _____

4a. State Serial Number or Other Identification Number: _____

4b. Boiler Rating: _____ Circle One: BHP MMBTU/Hr

4c. Scheduled Installation Completion Date: ____/____/____ or Date of Original Installation: ____/____/____

4d. Steam Production: _____ lb/hr @ _____ psig Use Hot Water Other Use: _____

5. Gas Burner Manufacturer: _____ Rating per Burner: _____ MMBTU/Hr

5a. No. Of Burners: _____ Model No.: _____ Size No.: _____

5b. Maximum NO_x Emission Rate: _____ ppm @ _____ % O₂ or _____ lb/MMCF

5c. Burner Mode of Control: Manual Automatic On-Off Automatic High-Low Full Modulation

5d. Fuel: Natural Gas LPG Process Gas Heating Value of Process Gas: _____ BTU/CF

5e. Hydrogen Sulfide Content of Process Gas: _____ GR/100 CF

6. Oil Burner Manufacturer: _____ Rating Per Burner _____ MMBTU/hr

6a. No. of Burners: _____ Model No.: _____ Size No.: _____

6b. Maximum NO_x Emission Rate: _____ ppm @ _____ % O₂ or _____ lb/1000 Gallons

6c. Oil Burner Type: Steam Atomizing Rotary Cup Air Atomizing If Air Atomizing, Give Air Pressure: _____ psig

6d. Oil Burner Mode of Control: Manual Automatic On-Off Automatic High-Low Full Modulation

6e. Oil: No. 1 No. 2 No. 4 No. 5 No. 6 Sulfur % by Wt. Content: _____

6f. Oil Preheater: Steam Electric Steam & Electric None Expected Oil Preheat Temperature: _____ °F

7. Other Fuel: Type _____ Gross Heating Value _____

8. Stack Data: Inside Diameter or Dimensions: _____ Height Terminated Above Ground: _____ ft

8a. Exhaust Rate: _____ CFM @ _____ °F Stack Serves: Only This Equipment Does Stack Have a Weather Cap: Yes No

9. Other Emission Controls: FGR Yes No

10. Anticipated Operating Schedule: Hours Per Day _____ Days Per Week _____ Weeks Per Year _____

Date Received	11. Signature of Responsible Official, Partner, or Sole Proprietor of Organization:	
	12. Type or Print Name and Official Title of Person Signing This Application:	
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Name</td> <td style="width:50%; border: none;">Title</td> </tr> </table>	Name
Name	Title	