



Siskiyou County Air Pollution Control District

Supplemental Application Form

Boilers, Steam Generators, Dryers, and Process Heaters

Please complete one form for each different piece of equipment.

This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form.

Permit to be issued to: _____
 Location where the equipment will be operated: _____

Equipment Description

Equipment Details:
 Boiler Steam Generator Dryer Process Heater Other: _____
 Manufacturer: _____
 Model: _____ Serial Number: _____
 Steam: _____ lb/hr _____ psig _____ boiler hp
 Load-Following unit? Yes No
 Indirect-Fired Direct-Fired
 Flue Gas Recirculation: Forced FGR Induced FGR None
 O₂ Controller present? No Yes, Manufacturer: _____

Fuel Use Meter: Gaseous Fuel Meter Liquid Fuel Meter None

Primary Burner:
 Manufacturer: _____ Type: Standard Low NO_x Ultra Low NO_x
 Model: _____ Serial Number: _____
 Maximum Heat Input Rating: _____ MMBtu/hr Annual Heat Input: _____ billion Btu/year

Secondary Burner:
 Manufacturer: _____ Type: Standard Low NO_x Ultra Low NO_x
 Model: _____ Serial Number: _____
 Maximum Heat Input Rating: _____ MMBtu/hr Annual Heat Input: _____ billion Btu/year

Emissions Data

Primary Fuel:
 Fuel Type: Natural Gas LPG/Propane Diesel Other: _____
 Higher Heating Value: _____ Btu/gal or _____ Btu/scf Sulfur Content: _____ % by weight or _____ g/scf

Primary Fuel Emissions Data:

Pollutant	ppm v	lb/MMBtu
Nitrogen Oxides		
Carbon Monoxide		
Volatile Organic Compounds		

Secondary Fuel:

Fuel Type: Natural Gas LPG/Propane Diesel Other: _____
 Higher Heating Value: _____ Btu/gal or _____ Btu/scf Sulfur Content: _____ % by weight or _____ g/scf

Secondary Fuel Emissions Data:

Pollutant	ppm v	lb/MM Btu
Nitrogen Oxides		
Carbon Monoxide		
Volatile Organic Compounds		

Source of Data: Manufacturer's Specifications Emissions Source Test Other

Please provide copies

Additional Emissions Control Equipment:

Selective Catalytic Reduction – Manufacturer: _____ Model: _____

Ammonia Urea Other: _____

Non-Selective Catalytic Reduction – Manufacturer: _____ Model: _____

Control Efficiencies: NO_x _____%, SO_x: _____%, PM₁₀ _____%, CO _____%, VOC _____%

Other (Please specify): _____

Health Risk Assessment Data

Operating Hours: Maximum Operating Schedule: _____ hours/day _____ hours/year

Receptor Data:

Distance to nearest Residence _____ feet Direction to nearest Residence _____

Distance to nearest Business _____ feet Direction to nearest Business _____

Are you within 1000 ft of a school? Yes No

If yes, which school? _____

Stack Parameters:

Release Height: _____ feet above grade

Stack Diameter: _____ inches at point of release

Rain Cap: Flapper-type Fixed-type None Other: _____

Direction of Flow: Vertically upward Horizontal

Exhaust Data: Flowrate: _____ acfm Temperature: _____ °F

Facility Location: Urban Rural