

Section G: Equipment Information	
Manufacturer:	
Model:	
Serial Number:	
Type of Used Oil Heater:	<input type="checkbox"/> Space Heater <input type="checkbox"/> Other (Specify):
Type of Heater:	<input type="checkbox"/> Vaporizing Burner <input type="checkbox"/> Atomizing Burner
Rated Heat Input:	BTU/hr
Sources of Used Oil: (check all that apply)	<input type="checkbox"/> Crankcase Oil <input type="checkbox"/> Used Industrial Lubricating Oil <input type="checkbox"/> Transmission Fluid <input type="checkbox"/> Other Used Industrial Oil (Specify): <input type="checkbox"/> Power Steering Fluid <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Brake Fluid
Is used oil accepted from "do-it-yourself" motor vehicle oil changers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anything mixed with or added to the used oil before it is burned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete the following.</i>	
List all additives combined with the used oil:	
Heat Content of Used Oil:	BTU/gal
Maximum Firing Rate of Used Oil:	gallons/hr
Percent Sulfur of Used Oil:	%
Percent Ash of Used Oil:	%
Has the used oil been tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach the results of the test.	
Will a supplemental fuel be used if there is not enough used oil?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, complete the following.</i>	
Supplemental Fuel:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel <input type="checkbox"/> No. 2 Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> No. 4 Fuel Oil <input type="checkbox"/> Other (Specify): _____
Maximum Annual Supplemental Fuel Consumption:	
Heat Content of Supplemental Fuel:	
Maximum Hourly Firing Rate of Supplemental Fuel:	
Percent Sulfur of Supplemental Fuel:	%
Percent Ash of Supplemental Fuel:	%
If the used oil heater uses an air pollution control device , please include the appropriate LMAPCD control device form with this application.	

Section H: Stack Information

Is there a **vent** or **stack**? YES NO
If yes, complete this section.

Describe how the emissions are captured:

Stack Height Above Grade: Feet:

Stack Exit Diameter: Feet:
(Provide stack dimensions if rectangular stack)

Is a **stack cap** present? YES NO

Stack Configuration: Vertical Horizontal Downward – Venting
(Check all that apply) Other (Specify):

Stack Exit Gas Temperature: ° F

Stack Exit Gas Flow Rate: ACFM

Distance to Nearest Property Line: Feet

Height of Nearest Obstruction: Feet

Distance to Nearest Obstruction: Feet

Are Stack Sampling Ports Provided? YES NO

Section I: Visible Emissions Monitoring Information

Proposed Technique Used to Monitor Visible Emissions: Opacity Monitor (COM)
 Manual (Method 9)
 Manual (Method 22)
 Other (Describe):

If an opacity monitor (COM) is used, complete the following.

Describe the continuous opacity monitoring system:

Manufacturer:

Model:

Serial Number:

Proposed Frequency of Opacity Monitoring If Not Using COM:

Section J: Additional Information

Attach potential emissions calculations with your application. If there are no emission calculations provided with the application, the LMAPCD will calculate the potential emission rates for this equipment. This will result in a delay in the issuance of the permit. The potential emission rates shall be based on operation at maximum equipment capacity. The annual potential emissions shall be based on 8,760 operating hours per year. All potential emission calculations shall represent pre-control emissions.

Is there any additional information pertinent to this application? YES NO

If yes, describe below: