



| Section G: Equipment Information   |   |
|--|---|
| Manufacturer:  |   |
| Model:   |   |
| Serial Number:   |   |
| Rated Heat Input:  | MMBTU/hr  |
| Maximum Power Output:  | kilowatt  |
| Date of Manufacture:   |   |
| Date of Installation:  |   |
| Primary Fuel:  | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane<br><input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel<br><input type="checkbox"/> No. 2 Fuel Oil <input type="checkbox"/> Wood<br><input type="checkbox"/> No. 4 Fuel Oil <input type="checkbox"/> Waste Oil<br><input type="checkbox"/> No. 6 Fuel Oil <input type="checkbox"/> Other (Specify): |
| Maximum Annual Primary Fuel Consumption:   |   |
| Heat Content of Primary Fuel:  |   |
| Maximum Firing Rate:   |   |
| Percent Sulfur of Primary Fuel:  | %   |
| Percent Ash of Primary Fuel:   | %   |
| Secondary Fuel:  | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane<br><input type="checkbox"/> Diesel <input type="checkbox"/> Biodiesel<br><input type="checkbox"/> No. 2 Fuel Oil <input type="checkbox"/> Wood<br><input type="checkbox"/> No. 4 Fuel Oil <input type="checkbox"/> Waste Oil<br><input type="checkbox"/> No. 6 Fuel Oil <input type="checkbox"/> Other (Specify): |
| Maximum Annual Secondary Fuel Consumption:   |   |
| Heat Content of Secondary Fuel:  |   |
| Maximum Firing Rate:   |   |
| Percent Sulfur of Secondary Fuel:  | %   |
| Percent Ash of Secondary Fuel:   | %   |
| Section H: Control Device Information  |   |
| Is a <b>low NO<sub>x</sub> burner</b> used? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| <i>If a low NO<sub>x</sub> burner is used, complete the following:</i>   |   |
| NO <sub>x</sub> Emissions from Burner in lb/MMBTU:   |   |
| Is <b>flue gas recirculation</b> used? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |
| If flue gas recirculation is used, what is the percentage of flue gas recirculated?                      %   |   |
| Are any other control devices used? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| <i>If yes, complete the following information:</i>   |   |
| Is a <b>baghouse</b> used? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, complete form AP-0808 and attach to this application.</b>   |   |
| Is an <b>electrostatic precipitator</b> used? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, complete form AP-1408 and attach to this application.</b>  |   |
| Is a <b>scrubber</b> used? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, complete form AP-0908 and attach to this application.</b>   |   |
| Is <b>SCR, NSCR, SNCR or ammonia injection</b> used? <input type="checkbox"/> YES <input type="checkbox"/> NO  |   |
| <b>If yes, complete form AP-2508 and attach to this application.</b>   |   |
| Is any other type of control device used? <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| <b>If yes, attach a copy of the control device manufacturer's specification sheet(s).</b>  |   |
| Describe the Control Device:   |   |
| Pollutants Controlled: <input type="checkbox"/> VOC <input type="checkbox"/> HAPs <input type="checkbox"/> TACs <input type="checkbox"/> PM <input type="checkbox"/> PM <sub>10</sub> <input type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> SO <sub>2</sub> <input type="checkbox"/> Metals<br><input type="checkbox"/> Other (Specify): |   |
| Control Device Manufacturer:   |   |
| Control Device Model:  |   |
| Control Device Serial Number:  |   |
| Control Device Design Capacity:  |   |
| Control Device Removal or Destruction Efficiency:  |   |

| <b>Section I: Ash Handling Information</b>   |   |
|--|---|
| Is <b>ash handling equipment</b> used? <input type="checkbox"/> YES <input type="checkbox"/> NO    |   |
| <b>If yes, attach a copy of the ash handling equipment manufacturer's specification sheet(s).</b>  |   |
| <i>If ash handling equipment is used, complete the following information:</i>                      |   |
| Type of Ash Handling System:   | <input type="checkbox"/> Pneumatic<br><input type="checkbox"/> Hydraulic<br><input type="checkbox"/> Mechanical<br><input type="checkbox"/> Other (Explain):                |
| Ash Generation Rate:   |   |
| Ash Storage Containment System:  | <input type="checkbox"/> Storage Silos<br><input type="checkbox"/> Settling Basin<br><input type="checkbox"/> Trucked Off Site<br><input type="checkbox"/> Other (Explain): |
| <b>Section J: Soot Blowing Information</b>   |   |
| Is <b>soot blowing</b> conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO         |   |
| <i>If soot blowing is conducted, complete the following:</i>                                       |   |
| Projected Frequency of Soot Blowing Operation:   |   |
| Projected Duration of Soot Blowing Operation:  |   |
| Projected Time of Day Soot Blowing is Conducted:   |   |
| <b>Section K Stack Information</b>   |   |
| Stack Height Above Grade:  | <b>feet</b>   |
| Stack Exit Diameter:<br><i>(Provide stack dimensions if rectangular stack)</i>                     | <b>feet</b>   |
| Is a <b>stack cap</b> present? <input type="checkbox"/> YES <input type="checkbox"/> NO            |   |
| Stack Configuration:<br><i>(Check all that apply)</i>  | <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Downward – Venting<br><input type="checkbox"/> Other (Specify):              |
| Stack Exit Gas Temperature:                      ° F   | Stack Exit Gas Flow Rate:                      ACFM   |
| Distance to Nearest Property Line:   | <b>feet</b>   |
| Describe Nearest Obstruction:  |   |
| Height of Nearest Obstruction:   | <b>feet</b>   |
| Distance to Nearest Obstruction:   | <b>feet</b>   |
| Are stack <b>sampling ports</b> provided? <input type="checkbox"/> YES <input type="checkbox"/> NO |   |

**Section L: Monitoring Information**

Will emissions data be recorded by a **continuous emission monitoring system**?  YES  NO

If yes, attach a copy of the CEMS manufacturer's specification sheets.

If yes, complete the following information:

Pollutants Controlled:  VOC  HAPs  TACs  PM  PM<sub>10</sub>  NO<sub>x</sub>  SO<sub>2</sub>  Metals  
 Other (Specify):

Describe the Continuous Emission Monitoring System:

Manufacturer:

Model:

Serial Number:

Will multiple emission units be monitored at the same point?  YES  NO

If yes, complete the following information.

Emission Units Monitored:

Will more than one emission unit be emitting from the combined point at any time?  YES  NO

If YES, Emission Units Emitting Simultaneously:

**Section M: Visible Emissions Monitoring Information****For Primary Fuel:**

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

If a **continuous opacity monitor (COM)** is used, complete the following information:

Describe the Continuous Opacity Monitoring System:

Manufacturer:

Model:

Serial Number:

Proposed Frequency of Opacity Monitoring:

**For Secondary Fuel:**

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 information.

Describe the Continuous Opacity Monitoring System:

Manufacturer:

Model:

Serial Number:

Proposed Frequency of Opacity Monitoring:

