



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

1947 Galileo Court, Suite 103; Davis, CA 95618

Phone (530) 757-3650; Fax (530) 757-3670

**BOILERS, DRYERS, AND PROCESS HEATERS
SUPPLEMENTAL FORM 170**

For operation of boilers, dryers, or process heaters. This form must be accompanied by an Authority to Construct (ATC) application form (Form 01) and the applicable filing fees.

After an ATC or Permit to Operate (PTO) is granted for any equipment, deviations from the approved plans are not permissible without first securing additional written approval for the changes from the Air Pollution Control Officer.

For assistance or clarification concerning permits, contact Engineering Staff at (530) 757-3650.

SECTION 1 - COMPANY INFORMATION

Company Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

SECTION 2 – EQUIPMENT INFORMATION

Boiler Dryer Process Heater Other: _____

Equipment Manufacturer: _____

Model #: _____ Serial # _____

Flue Gas Recirculation? Forced FGR Induced FGR None

SECTION 3 - EMISSION GUARANTEES.

Provide manufacturer’s emission guarantees demonstrating compliance with emissions concentrations.

- Carbon monoxide (CO) emissions shall not exceed a concentration of 400 ppmvd@3% O₂.
- See the table below for applicable NO_x limits.

NO_x Emission limits for New Installations (ppmvd @ 3% O₂)

Fuel Type	< 1 MMBtu/hr	≥ 1 MMBtu/hr but < 5 MMBtu/hr	≥ 5.0 but ≤ 20.0 MMBtu/hr	> 20 MMBtu/hr
Gaseous fuel	20 ppmvd	30 ppmvd	15 ppmvd	9 ppmvd
Nongaseous fuel	N/A	40 ppmvd	40 ppmvd	40 ppmvd

SECTION 4 – EXHAUST INFORMATION

Exhaust Diameter: _____ (inches) Exhaust Temperature: _____ °F

Exhaust Height (distance from ground to top of exhaust): _____ (feet)

SECTION 5 – PRIMARY BURNER INFORMATION

Fuel Type: Natural Gas LPG/Propane Other _____

If other, specify Higher Heating Value (HHV): _____ Btu/scf or _____ Btu/gal

If other, specify sulfur (H₂S) content: _____ gr/scf or _____ % by weight

Burner Manufacturer: _____

Model #: _____ Serial # _____

Maximum heat input rating _____ Million BTU per hour (MMBtu/hr)

NO_x Emissions Guarantee _____ ppmv @3% O₂

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SECTION 6 – SECONDARY BURNER INFORMATION (leave blank if none)

Fuel Type: Natural Gas Fuel Oil LPG/Propane Other: _____
 If other, specify Higher Heating Value (HHV): _____ Btu/scf or _____ Btu/gal
 If other, specify sulfur (H₂S) content: _____ gr/scf or _____ % by weight
 How will the secondary fuel be used? Emergency only Supplemental (on demand) Other
 Burner Manufacturer: _____
 Model #: _____ Serial # _____
 Maximum heat input rating _____ Million BTU/hour
 NOx Emissions Guarantee _____ ppmv @3% O₂

SECTION 7 – Additional Emissions Control Equipment

Selective Catalytic Reduction Manufacturer: _____ Model: _____
 Ammonia Urea Other _____
 NOx Control Efficiency (%): _____

SECTION 8 – Tracking (how will records of operation be tracked?) – (MUST select one)

Non-resettable totalizing fuel meter (dedicated solely for this piece of equipment)
 Does the meter compensate for pressure and temperature? Yes No
 PG&E Meter (all fuel passing through flowmeter will be assumed to combust in equipment)
 List all other natural gas fuel burning equipment served by the same meter: _____

Non-resettable totalizing hour meter (equipment will be assumed to run at maximum rated heat input).[Not an option for heat inputs greater than 20 MMBtu/hr]

SECTION 9 – Operating Schedule

Use the rated heat input times 24 hours per day, 365 days per year. [If this option triggers additional requirements (i.e. further control, emission reduction credits, etc.), the District will offer a reduced operating schedule prior to issuing an ATC.]

Other: _____

Fill out applicable row in the table below (selection should agree with means of tracking above)

Means of Tracking	Daily	1 st Quarter (Jan 1 – Mar 31)	2 nd Quarter (Apr 1 – June 30)	3 rd Quarter (July 1 – Sept 30)	4 th Quarter (Oct 1 – Dec 31)	Yearly
Hours*	hrs/day	hrs/qtr	hrs/qtr	hrs/qtr	hrs/qtr	hrs/yr
Fuel	SCF/day	SCF/qtr	SCF/qtr	SCF/qtr	SCF/qtr	SCF/yr

* Tracking hours is only allowed for boilers with heat input ratings ≤ 20 MMBtu/hr

Print and sign the name of person completing the form:

Print name: _____ Title: _____

Signature: _____ Date: _____

(ORIGINAL OR DIGITAL SIGNATURE REQUIRED)