



North Coast Unified Air
Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093

EXTERNAL COMBUSTION EQUIPMENT FORM 1302

Form 1300 must also accompany all submittals.

Section I - Facility/Application Information

- Business Name: _____ Facility ID: _____
- The requested application is for a(n):
 - New Construction
 - Change of Location
 - Modification of Equipment/Process
 - Existing Equipment with Expired Permit
 - Existing Equipment Operating without a Permit; Initial Operation Date: ____/____/____
 - Change of Condition(s); Specify the change of condition(s) requested: _____
 - Change of Operator; List previous name of operator and Facility ID #: _____
- If equipment has previous written permit, list Permit Number or Device Number(s): _____
 - Write description of this equipment/process: _____
- Have you been issued a Notice to Comply (NTC) or Notice of Noncompliance (NON) for this equipment?

 No Yes; NTC #: _____ NON #: _____ Issue Date: ____/____/____
- For New Construction, Modification, or Change of Location:

Estimated Construction Start Date: ____/____/____ Estimated Completion Date: ____/____/____
- For this project, has a California Environmental Quality Act (CEQA) document been required by another governmental agency? No Yes, for agency (Provide name): _____
 - Are you required by another governmental agency to have a permit? No Yes, for agency (Provide name) _____
- Do you claim any trade secrets? No Yes (attach documentation to describe and support your claim)
- Is the equipment located within 1,000 feet from the outer boundary of a school? No Yes
(If Yes, complete a. for all public or private school, grade K-12, within a 1/4 mile radius of facility property)
 - School Name(s): _____ Telephone No(s): _____
School Address(s): _____

Section II.A- General Equipment Information (Complete all items in Section II.A and ...)

- Equipment Type (check only one, a separate Form 1302 must be submitted for each equipment type.
 - Boiler
 - Drier (Complete Section II.B)
 - Furnace (Complete Section II.C)
 - Heater
 - Kiln
 - Oven (Complete Section II. D)
- Equipment Manufacturer: _____ Model No.: _____ Serial No.: _____
- Max. Heat Input Rating (Based on Higher Heating Value): _____ MM BTU per hour or KW (circle units)
- Burner Manufacturer, Model No.: _____
Number of Burners: _____; Max. Rating Per Burner _____ MM BTU per hour or KW (circle units)
- Fuels to be Burned in the Equipment (check the primary fuel and check all the secondary fuels burned):

Primary	Secondary
a. <input type="checkbox"/>	e. <input type="checkbox"/>
b. <input type="checkbox"/>	f. <input type="checkbox"/>
c. <input type="checkbox"/>	g. <input type="checkbox"/>
d. <input type="checkbox"/>	

 * (If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content).
- Type of Controls (check all that apply):
 - Low NOx Burner
 - Flue Gas Recirculation
 - Selective Catalytic Reduction (SCR)
 - CO Catalyst
 - Oxygen Trim
 - Thermal DeNOx (Non-Selective Catalytic Reduction, NSCR)
 - Other (specify): _____

TURN OVER AND COMPLETE

AQMD USE ONLY	TRACKING #	SIC/SCC CODES	PERMIT REVIEW	ENFORCEMENT REVIEW
		/		
	FEE SCHEDULE:	CHECK/MONEY ORDER		AMOUNT
	\$	#		\$

Section II.B - Drier Information (Complete only if equipment type is a dryer)

- 7. Drier Type:
a. Centrifugal
b. Chip
c. Fluidized Bed
d. Rotary
e. Spray
f. Other:

Section II.C - Furnace Information (Complete only if equipment type is a furnace)

- 8. Furnace Type:
a. Annealing
b. Burnoff
c. Calcining
d. Crucible
e. Cupola
f. Diffusion
g. Electric
h. Forge
i. Holding
j. Heat Treating
k. Melting
l. Reveratory
m. Pot
n. Rotary
o. Sweating
p. Oxide Growth
9. For burnoff furnace, is there an integral afterburner connected?
10. Metal Melting Process Rates:

Section II.D - Oven Information (Complete only if equipment is an oven)

- 11. Oven Type:
a. Bakery
b. Baking
c. Curing
d. Drying
e. Fluidized Bed
f. Stripping
g. Solder Reflow
h. Roasting (specify type):
12. Method of Heating:
13. Bakery Ovens:
14. Types of coatings/inks applied to articles dried:

Section III - Operation Information (Complete all items)

- 1. Provide emissions information with data to substantiate, if available.
Table with columns: lbs/hr, ppm, NOx, CO, PM10, SOx, VOC
2. Operating Temperature (N/A to Boilers and Heaters):
3. Average Load :
4. List all materials, metals, alloys, or feedstock which are processed, burned, or dried in equipment:
5. Stack or Vent Data:
6. Maximum operating schedule:
Average operating schedule:

Section IV - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:
TITLE OF RESPONSIBLE OFFICIAL OF FIRM:

Form fields for responsible official: TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM, RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER, DATE SIGNED.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF PREPARER:
TITLE OF PREPARER:

Form fields for preparer: TYPE OR PRINT NAME OF PREPARER, PREPARER'S TELEPHONE NUMBER, DATE SIGNED.

Section V- Title V Information: Fill out if AQMD has identified your facility as a Title V facility

- The requested application involves a(n): (check all that apply)
a. Administrative Permit Amendment
b. Minor Permit Modification
c. Significant Permit Modification
d. Non-Title V Permit Processing
e. Permit Shield
f. Alternative Operating Scenarios
g. Voluntary Emission Cap
h. Other (specify):