Mojave Desert Air Quality Management District
Brad Poiriez, *Executive Director*
14306 Park Avenue, Victorville, CA 92392-2310
760.245.1661 • Fax 760.245.2022
Email: **engineering@mdaqmd.ca.gov**
www.MDAQMD.ca.gov • @MDAQMD

Application for air pollution control equipment only

Remit **$288.00** with this document *(**$164.00** for change of owner)*

PLEASE TYPE OR PRINT

Section 1: Owner information

a. Permit to be issued to (company name):			b. Federal tax ID #:
c. Mailing/billing address (for above company name) *include city, state and zip code:*			
d. Facility or business license name (for equipment location):			
e. Facility Address — Location of equipment (if same as for company, enter "Same"):			Equip. coordinates (lat/long):
f. Contact name:	Title:	Email address:	Phone:
General nature of business:			Company NAICS:

Type of Organization
☐ Individual owner ☐ Partnership ☐ Corporation ☐ Utility ☐ Local agency ☐ State agency
☐ Federal agency

Section 2: Nature of application

Application is hereby made for the following equipment:

Application is for what type of permit:
☐ New construction ☐ Modification ☐ Change of owner

For modification or change of owner:
_____ Current Permit Number

Do you claim Confidentiality of Data? ____ No ____ Yes (attach explanation; specify which information provided is confidential)

Section 3: Equipment information — *Complete sections A-G as applicable*

Note: Each control unit requires a separate application

A. Adsorption units:

Flow diagram of emissions source and control unit: ☐ included | Manufacturer specifications/guarantee: ☐ included

Manufacturer: _____ | Model: _____ | Serial No.: _____

Adsorbent: ☐ Activated charcoal: type _____ ☐ Other: specify _____

Adsorbate(s): _____

Number of beds: _____ | Weight of adsorbent per bed: _____

Dimensions of bed: thickness: _____ surface area: _____

Inlet temperature: _____ °F | Pressure drop across unit: _____ inches H_2O

Regeneration: ☐ Replacement ☐ Steam ☐ Other, specify: _____

Regeneration method: ☐ shut down ☐ alternate use, specify: _____ ☐ other, specify: _____

Minimum control efficiency: _____ % _____ppmv _____mg/m^3

Describe method to monitor control efficiency and breakthrough:

-For District use only-

Application number:	Invoice number:	Permit number:	Company/facility number:

B. Afterburner units:

Flow diagram of emissions source and control unit: ☐ included		Manufacturer specifications/guarantee: ☐ included
Manufacturer: _____	Model: _____	Serial No.: _____
Combustion chamber dimensions: length: _____ in.	Cross sectional area: _____ sq. in.	
Fuel: ☐ natural gas ☐ propane ☐ CARB diesel ☐ other, specify: _____		
Number and rating of burners: _____		Operating temperature of combustion chamber in °F: _____
Inlet temperature: _____ °F		Pressure drop across unit: _____ inches H_2O
Gas flow rate: _____ dscfm		
Catalyst used: ☐, please describe: _____		
Heat exchanger used: ☐, please describe: _____		
Minimum control efficiency: _____ % _____ppmv _____mg/m^3		
Describe method to monitor control efficiency and breakthrough:		

C: Condenser units:

Flow diagram of emissions source and control unit: ☐ included		Manufacturer specifications/guarantee: ☐ included
Manufacturer: _____	Model: _____	Serial No.: _____
Heat exchange area: _____ ft^2		
Coolant rate: _____ units _____ type: ☐ water ☐ air ☐ CARB diesel ☐ other, specify: _____		
Gas flow rate: _____ dscfm	Coolant temp.: inlet _____ °F outlet _____ °F	Gas temp.: inlet _____ °F outlet _____ °F
Minimum control efficiency: _____ % _____ppmv _____mg/m^3		
Describe method to monitor control efficiency and breakthrough:		

D. Electrostatic precipitator units:

Flow diagram of emissions source and control unit: ☐ included		Manufacturer specifications/guarantee: ☐ included
Manufacturer: _____	Model: _____	Serial No.: _____
Collecting electrode area: _____ ft^2		
Gas flow rate: _____ dscfm		
Describe method to monitor control efficiency and breakthrough:		

E. Filter units

Flow diagram of emissions source and control unit: ☐ included		Manufacturer specifications/guarantee: ☐ included
Manufacturer: _____	Model: _____	Serial No.: _____
Filtering material: _____		Filtering area: _____
Number and dimension of filters: _____		
Cleaning method: ☐ shaker ☐ reverse air ☐ pulse air ☐ pulse jet ☐ other, specify: _____		
Gas flow rate: _____ dscfm		
Unit measured with a manometer gauge? ☐ yes ☐ no		Manufacturer's specified pressure differential range: _____inches H2O
Control efficiency: _____ % _____ppmv _____mg/m^3		
Motor size: _____ bhp	Fan size: _____ inches	
Describe method to monitor control efficiency and breakthrough:		

F. Scrubber units

Flow diagram of emissions source and control unit: ☐ included	Manufacturer specifications/guarantee: ☐ included	
Manufacturer: _____	Model: _____	Serial No.: _____
Type of scrubber: ☐ high energy, gas stream pressure drop: _____ inches H_2O ☐ packed: packing type _____ packing size _____ packing material height _____ ☐ spray: number of nozzles _____ nozzle pressure _____ PSIG ☐ other, specify: _____		
Flow type: ☐ concurrent ☐ countercurrent ☐ crossflow		
Scrubber dimensions: length in direction of gas flow _____ in. cross sectional area _____ sq. in.		
Scrubbant: _____ Scrubbant flow rate: _____ dscfm		
Control efficiency: _____ % _____ppmv _____mg/m^3		
Describe method to monitor control efficiency and breakthrough:		

G. Other types:

Equipment description: _____		
Flow diagram of emissions source and control unit: ☐ included	Manufacturer specifications/guarantee: ☐ included	
Manufacturer: _____	Model: _____	Serial No.: _____
Gas flow rate: _____ dscfm		
Control efficiency: _____ % _____ppmv _____mg/m^3		
Describe method to monitor control efficiency and breakthrough:		

Section 4: Emissions data

Emission Factor Basis (attach any source specified): _____

☐ Manufacturer ☐ Source test ☐ MDAQMD default ☐ USEPA AP-42
☐ Other (please specify): _____

Emissions data: _____

Pollutant	Pre-control max. emissions	Units	Post control max. emissions	Units
NO_x	_____	_____	_____	_____
NMHC	_____	_____	_____	_____
CO	_____	_____	_____	_____
PM_{10}	_____	_____	_____	_____
SO_x	_____	_____	_____	_____

Toxic pollutants — Please include a list of all toxic air pollutants and their emission rates if known.

Section 5: Operation information

Fuel Consumption: _____ at max rated load ☐ gal/hour ☐ SCF/hour ☐ MMBtu/hr	
Typical load: _____	
Facility annual operation by quarters (percent): ☐ Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____% Jul-Sep _____% Oct-Dec	Expected operating hours of equipment _____ Hrs/day _____ Days/wk _____ Wk/yr Total annual hours _____

Section 6: Receptor information

Distance (feet) and direction to the property line of closest: _____ residence _____ business _____ school
Name of closest school (K-12) _____
If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)

***Please note:** *District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.*

Section 7: Certification

I hereby certify that all information contained herein is true and correct.			
_____ Name of responsible official	_____ Official title	_____ Signature of responsible official	_____ Date signed
Phone:		Email:	

Application submission instructions:

1) Submit completed application to Engineering@mdaqmd.ca.gov

2) Pay the corresponding application fee of $288 per permit for new or modified permit (or $164 for change of owner) via check or credit card.

Payment by check:
Make check payable to the Mojave Desert AQMD
Mail the check with a copy of this completed application to:
Mojave Desert AQMD
14306 Park Avenue
Victorville, CA 92392

Payment by credit card:
Pay online at **http://www.mdaqmd.ca.gov**
Click ***"Pay Fees"***
Please note: ***a surcharge applies for all credit card payments.***

3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov

Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at **engineering@mdaqmd.ca.gov**