

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**BRAD POIRIEZ, EXECUTIVE DIRECTOR**

14306 Park Ave., Victorville, CA 92392-2310

760.245.1661 • Fax 760.245.2022

Email: engineering@mdaqmd.ca.govwww.MDAQMD.ca.gov • [@MDAQMD](#)**Application for air pollution
control equipment only**Remit **\$374.00** with this document (\$213.00 for change of owner)

PLEASE TYPE OR PRINT

➔ Section 1: Owner information

a. Permit to be issued to (<i>company name</i>):		b. Federal tax ID #:	
c. Billing address (<i>for above company name</i>) include city, state and ZIP code:			
d. Facility or business license name (<i>for equipment location</i>):			
e. Facility address (<i>location of equipment</i>) include city and ZIP code:		f. Equip. coordinates (lat/long):	
g. Name of person completing application:	h. Title:	i. Email address:	j. Phone number:
k. General nature of business:			l. Company NAICS:
m. Type of Organization Individual owner Partnership Corporation Utility Local agency State agency Federal agency			

➔ Section 2: Nature of application

Application is for what type of permit? New construction Modification Change of owner	For modification or change of owner: Current Permit No.:
Do you claim Confidentiality of Data? No Yes (<i>attach explanation; specify which information provided is confidential</i>)	

➔ Section 3: Receptor information

Distance (feet) and direction to the property line of nearest:	residence business school
Name of nearest school (K-12):	
<i>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)</i>	

For District use only

Application No.:	Invoice No.:	Permit No.:	Company/facility No.:
------------------	--------------	-------------	-----------------------

➔ Section 4: 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 specs/guarantee: included	
Manufacturer:	Model:	Serial No.:	
Adsorbent: Activated charcoal: type		Other: specify	
Adsorbate(s):			
Number of beds:		Weight of adsorbent per bed:	
Dimensions of beds: thickness		surface area:	
Inlet temperature: F°		Pressure drop across unit: H ₂ O	
Regeneration: Replacement		Steam Other, specify:	
Regeneration method: shut down alternate use, specify: other, specify:			
Minimum control efficiency: %		ppmv	mg/m3
Describe method to monitor control efficiency and breakthrough:			

B. Afterburner units

Flow diagram of emissions source and control unit: included		Manufacturer specs/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: H ₂ O	Gas flow rate:	dscfm
Catalyst used: , please describe:			
Heat exchanger used: , please describe:			
Minimum control efficiency: %		ppmv	mg/m3
Describe method to monitor control efficiency and breakthrough:			

C. Condenser units

Flow diagram of emissions source and control unit: included		Manufacturer specs/guarantee: included	
Manufacturer:	Model:	Serial No.:	
Heat exchange area: ft ²			
Coolant rate: units	type: water	air	CARB diesel
other, specify:			
Coolant temp.: inlet °F	outlet °F	Gas temp.: inlet °F	outlet °F
Minimum control efficiency: %		ppmv	mg/m3
Describe method to monitor control efficiency and breakthrough:			

D. Electrostatic precipitator units				
Flow diagram of emissions source and control unit:		included	Manufacturer specs/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 specs/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/m3	
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 specs/guarantee: included	
Manufacturer:	Model:		Serial No.:	
Type of scrubber:	high energy, gas stream pressure drop:		inches H2O	
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/m3	
Describe method to monitor control efficiency and breakthrough:				

G. Other types				
Equipment description:				
Flow diagram of emissions source and control unit:		included	Manufacturer specs/guarantee: included	
Manufacturer:	Model:		Serial No.:	
Control efficiency:	%	ppmv	mg/m3	Gas flow rate: dscfm
Describe method to monitor control efficiency and breakthrough:				

➔ Section 5: Emissions data

Emission Factor Basis (*attached any source specified*):

Manufacturer Source test MDAQMD default USEPA AP-42

Other (*specify*):

Emissions data:

Pollutant	Pre-control max. emissions	Units	Post-control max. emissions	Units
NOx				
NMHC/VOC				
CO				
PM10				
SOx				

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

***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 6: Certification

I hereby certify that all information contained herein is true and correct.

Name of responsible official:

Official title:

Signature of responsible official:

Phone number:

Email address:

Date signed:

➔ Application submission instructions

- 1) Submit completed application to **Engineering@mdaqmd.ca.gov**
- 2) Pay the corresponding application fee of **\$374** per permit for new or modified permit (or **\$213** 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 <https://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, email receipt along with completed application form to **Engineering@mdaqmd.ca.gov**

Contact the MDAQMD Permit Engineering section with additional questions:
760-245-1661 or **engineering@mdaqmd.ca.gov**