



air pollution control district
SANTA BARBARA COUNTY

External Combustion Equipment Form 200-5 Oil and Gas Equipment

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

Submit this supplemental equipment form attached to the **Oil and Gas Production Facility Form-200** to permit **External Combustion Devices** (boilers, process heaters, steam generators) with an individual or combined (i.e., stacked) heat input rating greater than **2.0 MMBtu/hr** that are part of the project. Submit one application per device. Include manufacturer specifications as an attachment to this form.

Device Name	
Facility Name	

I. External Combustion Device Information

Operator ID (component ID)	
Manufacturer	
Model	
Serial Number	

Rated Heat Input		MMBtu/hr	Number of Burners	
Type of Equipment			Is the unit "stacked"	<input type="radio"/> Yes <input type="radio"/> No

II. Burner Information

Burner Different from Boiler	<input type="radio"/> Yes <input type="radio"/> No	
Burner Manufacturer (If different)		
Burner Model (If different)		
Burner Rating (If different)		MMBtu/hr

III. Fuel Parameters

Primary Fuel Type		Primary Fuel Sulfur Content		ppmv as H ₂ S
If Fuel Type is "other", explain		Fuel Higher Heating Value		
Secondary Fuel Type		Secondary Fuel Sulfur Content		ppmv as H ₂ S
If Fuel Type is "other", explain		Fuel Higher Heating Value		

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**External Combustion Equipment Form 200-5
Oil and Gas Equipment****IV. Emission Control** (Select all that apply and attach any manufacturer specifications)

- ☐ Low NOx Burner ☐ Flue Gas Recirculation ☐ Selective Non-Catalytic Reduction
- ☐ Other ☐ Selective Catalytic Reduction

V. Continuous Emissions Monitoring System (CEMS) (Select all pollutants monitored)

- ☐ NOx ☐ CO ☐ SOx
- ☐ Other CEMS

VI. Emission Factors☐ Use APCD Default Factors

Pollutant	Emission Factor	Units
NOx	<input type="text"/>	lb/MMBtu
PM	<input type="text"/>	lb/MMBtu
CO	<input type="text"/>	lb/MMBtu
ROC	<input type="text"/>	lb/MMBtu

VII. Hours of Operation

Daily	<input type="text"/>
Annual	<input type="text"/>

VIII. Fuel Meter

If a fuel meter serves this device, fill out Fuel Meter Form 200-18 and list the fuel meter name from Form 200-18 below.

Fuel Meter Name

☐ Yes ☐ No Is manufacturer specifications for this external combustion device, meters and emission control devices attached to the form? Application cannot be deemed complete without the attached information.

IX. Device Description**X. Location Note**