

EXTERNAL COMBUSTION EQUIPMENT SUMMARY FORM-33 Page 1 of 4

(This form must be submitted for each	equipment item)
GENERAL	
1. MANUFACTURER	MODEL NO
2. SERIAL NO	OPERATOR ID
3. EQUIPMENT USED AS A CONTROL DEVICE? [] YES [] NO	DATE OF INSTALLATION
4. EQUIPMENT TYPE (Check one) [] Steam Boiler [] Afterburner [] Steam Generator [] Dryer [] Hot Water Boiler [] Oven [] Heater Treater [] Furnace [] Process Heater [] Kiln [] Incinerator [] Other (Descond) Class Type Waste	Material Dried, Baked, or Heated
 5. GENERAL INFORMATION REQUIRED: The following general informatio Site and plot plan, with dimensions, showing the location of the constraint of the description of the business. Description of the general purpose of the combustion unit and its and the source Review information. Submit information required by Offsets or Health Risk Assessment is required. 	ombustion unit. associated production and/or process line.
6. SIC NUMBER Submit manufacturer's literature, catalog, or equivalent information	n for the combustion unit.
EQUIPMENT RATING	
7. MAXIMUM HEAT INPUT MMB	Btu/hr (report all Btu values in x.xxx format)
 MAXIMUM ANNUAL HEAT INPUT^(a) MMB (a) This value represents the maximum requested annual heat input to limit on your permit. (Note: 1 Therm = 100,000 Btu) 	Btu/year to your equipment and will be listed as a not-to-exceed
9. BURNER MANUFACTURER	NO. OF BURNERS
MODEL NO.	INPUT: Maximum MMBtu/hr
Company Name	Facility Name
Person Completing This Form (please print)	Date

APCD-33 (01/22/2020) Rev.04

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	FUEL DATA				
10.	FUEL USED (Select all that apply)				
	[] Oilfield Field Gas[[] Propane - Commercial Grade[[] Propane - HD5 Grade[[] LPG - Commercial Grade[[] Landfill Gas[] Pathological Waste] Solid Waste (Spec] Other-Gaseous Fu] Other-Liquid Fuel	e (Specify) cify) uel		
11.	PRIMARY FUEL			(Fuel #1)	
	SECONDARY FUEL			(Fuel #2)	
12.	HIGHER HEATING VALUE (HHV) (Circle appropriate unit	s)			
	Fuel #1 (Btu/scf, Btu/gal, Btu	(b) Fuel #2		_(Btu/scf, Btu/gal, Btu/lb)	
13.	SULFUR CONTENT (Circle appropriate units)				
	Fuel #1 (% by wt., ppmvd	as S) Fu	uel #2	(% by wt., ppmvd as S)	
14.	IS EQUIPMENT FIRED ON MORE THAN ONE FUEL? []YES []NO (If y	res, fill in Section 1	5 below)	
15.	MULTIPLE FUELS [] Primary or Secondary Fuel Fired as Needed (Either	r fuel may be used to	o supply the total m	naximum heat input)	
	[] Gas Is Primary Fuel. Non-Gaseous Fuel Used As a Backup During Times of Natural Gas Curtailment or Testing According to Section B.2 of Rule 342 (Annual cumulative allowance of 168 hours for curtailment and 24 hours for				
	[] Secondary Fuel Fired As An Alternative to the Primary Fuel, But Annual Maximum Heat Input for the Secondary Fuel Less than the Total Maximum Annual Heat Input as Listed in Section 8. Maximum Annual Heat Input of Secondary BTU/yr.				
	[] Secondary Fuel Is Fired Simultaneously with the P	imary Fuel (Describe	e)		
	[] Other (Describe)				
16.	INCINERATORS a. Maximum Hourly Design Charge Rate	Ibs/hr M	1ax Annual Input _	tons/year	
	b. Residence Time second	Combustion	Temperature	°F	
	c. Total Horizontal Inside Cross-Sectional Area	ft	t ²		
	d. Does This Equipment Incinerate Medical Waste [] addresses compliance with Rule 340)	YES []NO (If yes,	, please provide de	etailed information which	
	e. Is the Equipment of the Multiple-Chamber Design [an equivalent design per Rule 308)]YES []NO (If no	o, please provide d	letailed information supporting	

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EMISSION CALCULATIONS

17. EMISSION FACTOR^(a) (Contact APCD with any questions - If left blank, default APCD emission factors will be used)

POLLUTANT	FUEL #1			FUEL #2		
	FACTOR	UNITS (b)	BASIS CODE ^(c)	FACTOR	UNITS ^(b)	BASIS CODE(c)
NOx (as NO ₂)		lb/MMBtu			lb/MMBtu	
ROC		lb/MMBtu			lb/MMBtu	
со		lb/MMBtu			lb/MMBtu	
SO _x ^(d) (as SO ₂)		lb/MMBtu			lb/MMBtu	
РМ		lb/MMBtu			lb/MMBtu	
PM ₁₀		lb/MMBtu			lb/MMBtu	

NOTES:

(a) Emission factors are used to establish allowable emissions on your permit.

- (b) Units "lb/MMBtu" based on the higher heating value. Incinerator applications must state the units used (e.g., lb/ton).(c) Basis Codes:
 - 1 Site specific source tests, CEMS or PEMS data (attach copy)
 - 2 Specifications by manufacturer (attach copy)
 - 3 Material balance (*attach copy of calculations*)
 - 4 Taken from AP-42 (Compilation of Air Pollution Emission Factors, EPA, 5th Edition, Chapter 1)
 - 5 Taken from Literature other than AP-42 (attach copy)
- (d) SO₂ emission factors are based mass balance calculations:
 - for liquid Fuels: SO_x EF (lb SO_x/MMBtu) = [20,000] [wt % S] [density, lb/gal] / [HHV, Btu/gal]
 - for gases: SO_x EF [lb SO_x/MMBtu] = [0.169] [ppmv S] / [HHV, Btu/scf]
 - Ex: Low sulfur diesel #2 (0.05% S by wt) EF = 0.0504 lb SO_x/MMBtu
 - Ex: PUC Quality Natural Gas (85 ppmvd S) EF = 0.0137 lb SO_x/MMBtu
- 18. EMISSIONS (Contact APCD with any questions)

POLLUTANT	FUEL #1		FUEL #2	
	LB/DAY	TON/YEAR	LB/DAY	TON/YEAR
NO _x (as NO ₂)				
ROC				
со				
SO _x (as SO ₂)				
РМ				
PM ₁₀				

NOTES:

- (a) Emissions are calculated based on the emission factor used. For daily emissions, multiply the max firing rate times the emission factor and then times 24 (hr/day). For annual emissions, multiply the max annual heat input times the emission factor and then divide by 2000 (lb/ton).
- (b) Report all emissions to two (2) decimal places (x.xx)

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	VENT/STACK DATA			
19.	a. INSIDE DIAMETER		STACK EXIT TEMPERATURE	
	b. STACK HEIGHT(above grade)	feet	STACK HEIGHT(above the	feetfeet
	c. MAXIMUM STACK GAS FLOW			
20.	STACK SERVES [] This Equipme [] Other Equipm <i>vent/stack</i>)		ype and rating of all of all other equipment	exhausted through this
I	EMISSION CONTROL DEVICES			
21.	ARE EMISSION CONTROLS USED?		D (If yes, continue)	
		MA	<u>KE MOI</u>	DEL
	 Low-NOx Burners Exhaust-Gas Recirculation % Recirc 			
	Staged Combustion Ammonia/Urea Injection - SNCR Selective Catalytic Reduction Other			
	(Describe)			
	()			
	Submit manufacturers' literature, catalog,	or equivalent infor	mation for each control device.	
Ρ	ROCESS PARAMETER DEVICES	5		
22.	[] YES [] NO OXYGEN TRIM, TRIN	I SETTING	% O ₂	
	[] YES [] NO CONTINUOUS EMIS	SION MONITOR(S), POLLUTANTS MONITORED	
	[] OTHER (Describe)			
23.	IS FUEL USE MONITORED? [] YES [] NO (If yes, cor	tinue)	
	a. [] Dedicated Meter [] Shared Meter, List of Equip	ment Items Sharing	g This Meter	
	[] YES [] NO For Gaseous	Fuels: Is the fuel	neter pressure corrected?	
	b. Type of Fuel Meter (type design,	mfg and model no.)	
	Submit manufacturer's literature, catalog,	or equivalent infori	mation for each monitoring/metering device	