



MAJOR SOURCE OPERATING PERMIT APPLICATION  
**FUEL BURNING NON-PROCESS EQUIPMENT**

1. FACILITY NAME:		
2. LIST ALL FUEL - BURNING EQUIPMENT THAT IS AT THIS FUEL BURNING INSTALLATION ( PLEASE COMPLETE AN AQD V.3 FORM FOR EACH PIECE OF FUEL BURNING EQUIPMENT ).		
3. FUEL BURNING EQUIPMENT IDENTIFICATION NUMBER:	4. STACK ID OR FLOW DIAGRAM POINT IDENTIFICATION ( S ):	
5. FUEL BURNING EQUIPMENT DESCRIPTION:		
6. YEAR OF INSTALLATION OR LAST MODIFICATION OF FUEL BURNING EQUIPMENT:		
7. FURNACE TYPE:	8. MANUFACTURER AND MODEL NUMBER ( IF AVAILABLE ):	
9. MAXIMUM RATED HEAT INPUT CAPACITY ( IN MILLION BTU/HOUR):		
11. FUELS:	PRIMARY FUEL	BACKUP FUEL
FUEL NAME		
ACTUAL YEARLY CONSUMPTION		
12. IF EMISSIONS FROM THIS FUEL BURNING EQUIPMENT ARE CONTROLLED FOR COMPLIANCE, PLEASE SPECIFY THE TYPE OF CONTROL:		
13. IF EMISSIONS FROM THIS FUEL BURNING EQUIPMENT ARE MONITORED FOR COMPLIANCE, PLEASE SPECIFY THE TYPE OF MONITORING:		
14. LOCATION OF THIS FUEL BURNING INSTALLATION IN UTM COORDINATES:  UTM VERTICAL: _____ UTM HORIZONTAL: _____		
15. NORMAL OPERATING SCHEDULE:  _____ HRS/DAY      _____ DAYS/WK      _____ DAYS/YR		
16. DESCRIBE ANY FUGITIVE EMISSIONS ASSOCIATED WITH THIS PROCESS, SUCH AS OUTDOOR STORAGE PILES, OPEN CONVEYORS, MATERIAL HANDLING OPERATIONS, etc. ( PLEASE ATTACH A SEPARATE SHEET IF NECESSARY ).		
17. PAGE NUMBER:	REVISION NUMBER:	DATE OF REVISION: