

El Dorado County
Air Quality Management District
 Boiler Supplemental Information Questionnaire

Business Name and Address: _____

Prepared by: _____

Date: _____

Boiler Location or Area:		Emission Control Device(s):	
For Hot Water?		Heat Input Rating (Btu/hour):	
For Steam?		Meter for Fuel Usage?	
Make:		Non-resetting Hour Meter?	
Model:		(If available, please attach a copy of manufacturer's specifications including emissions test results)	
Serial Number:			
Installation Date:		PRIMARY FUEL	BACKUP FUEL
Type of fuel:			
Annual fuel usage, in therms, cubic feet or gallons:			
Maximum hours* operated per day:			
Maximum hours* operated per first calendar quarter:			
Maximum hours* operated per second calendar quarter:			
Maximum hours* operated per third calendar quarter:			
Maximum hours* operated per fourth calendar quarter:			
Maximum hours* operated per calendar year:			

* Hours include routine operations plus testing and maintenance operation.