|  | Massachusetts Department of Environmental Protection  Environmental Results Program  Compliance Certification  For New Boilers | | | | | | | MassDEP Facility ID# (if known)    Facility AQ # (if known) | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A. Facility Information | | | | | | | | | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | 1. Facility Location: | | | | | | | | | |
| Facility Name | | | | | | | | | |
| Street Address | | | | | | | | | |
| City | | | | | State | | | | Zip Code |
| Federal Employer ID # (FEIN) – NOTE: Please do not use a Social Security Number. | | | | | | | | | |
|  | | | | | | | | | |
| 2. Mailing Address & Contact Information: | | | | |  | | | | |
| Street Address/P.O. Box | | | | | | | | | |
| City | | | | | State | | | | Zip Code |
| Telephone Number | | | | | Fax Number | | | | |
|  | Contact Person Name | | | | | Contact Person Title | | | | |
|  | Contact Person Email Address | | | | |  | | | | |
|  |  | | | | |  | | | | |
|  | B. Facility Emissions Information | | | | | | | | | |
|  | *This section is for informational purposes only.*  If the installation of this boiler causes your facility-wide emissions to exceed an existing emissions cap contained in one or more of the following:   * Limited Plan Application (LPA) or Comprehensive Plan Application (CPA) - 310 CMR 7.02 * Restricted Emission Status (RES) - 310 CMR 7.02(9) * 50% / 25% Facility Emission Cap Notification - 310 CMR 7.02(11)   Contact the appropriate MassDEP regional office:  <https://www.mass.gov/service-details/massdep-regional-offices-by-community> | | | | | | | | | |
|  |
|  |
|  |
|  |
|  | C. Boiler Information | | | | | | | | | |
|  | Complete and submit a Compliance Certification form for *each* new boiler subject to the Environmental Results Program (ERP) for Boilers (i.e. with a heat input rating of between 10 million and 40 million BTU per hour and installed after September 14, 2001). Answer all questions. IMPORTANT NOTE: Answering NO to certain questions requires completion of the Return to Compliance form. In these cases, the notation “RTC” appears next to NO. | | | | | | | | | |
|  |
|  | Manufacturer of Unit | | | Company Name | | Date Installed | Date (MM/DD/YYYY) | | | |
|  | Boiler Model | | | Name or Number | | Boiler Serial # | Number | | | |
|  | Maximum Heat Input | | | Million BTU Per Hour | | Facility’s Boiler ID | Name or Number | | | |
|  | C. Boiler Information (continued) | | | | | | | | | |
|  | Is the **new** boiler replacing an **old** boiler? | | | |  | Yes |  | | No – Skip to Section D | |
|  | What fuel(s) did the **old** boiler primarily burn? | | | |  | Natural Gas |  | | #2 Distillate Fuel Oil | |
|  |  | #4 Fuel Oil |  | | #6 Residual Fuel Oil | |
|  |  | Solid Fuel |  | |  | |
|  | D. Compliance Information | | | | | | | | | |
|  | 1. | Is the boiler equipped with an **automated combustion control system**? Definitions in Workbook | | |  | Yes |  | | No | |
|  | 2a. | **On or before July 1, 2009**, the new boiler will burn: *(Check only one)* | | |  | Natural Gas |  | | Distillate Fuel Oil (Natural Gas Supply Unavailable) | |
|  |  | *Workbook Section 2.1* | | |  | Both Natural Gas & Distillate Fuel Oil | | |  | |
|  | 2b. | **After July 1, 2009,** the owner/operator will only accept delivery for burning in the new boiler: *(Check only one)* | | |  | Natural Gas |  | | Ultra Low Sulfur Distillate Fuel Oil (ULSD) | |
|  | Both Natural Gas & ULSD | | |  | |
|  | 3. | Does the boiler, as designed and installed, meet the emissions limitations specified in  310 CMR 7.26(33)  *Workbook Section 2.2* | | |  | Yes |  | | No – Submit RTC Plan | |
|  | 4. | Do you have manufacturer documentation on-site that the boiler - as designed and when operated according to the manufacturer's instructions - will comply with the above emission limitations?  *Workbook Section 2.2* | | |  | Yes |  | | No – Submit RTC Plan | |
|  | 5. | Have you established procedures to ensure that the boiler and appurtenances are *operated* in accordance with the manufacturer’s standard operating procedures? | | |  | Yes |  | | No – Submit RTC Plan | |
|  | 6. | Have you established procedures to ensure that the boiler will receive an annual tune-up as required by 310 CMR 7.26(34) for the life of the equipment?  *Workbook Section 2.3* | | |  | Yes |  | | No – Submit RTC Plan | |
|  | D. Compliance Information (continued) | | | | | | | | | |
|  | 7. | | Have you established procedures to maintain on-site records for at least three (3) years?  *Workbook Section 2.4* | |  | Yes |  | | No – Submit RTC Plan | |
|  | 8. | | Is the stack is at least 1.5 times the height of the building and greater than the height of all *adjacent structures*?  *Definitions in Workbook* | |  | Yes – Skip to 10 |  | | No – Answer 9 through 9b | |
| 9. | | Was an EPA guideline air quality model run to document that stack emissions will not exceed National Ambient Air Quality Standards? Workbook Section 2.5 | |  | Yes |  | | No – Submit RTC Plan | |
|  | 9a. | | Did the analysis demonstrate that stack emissions do not cause a violation of National Ambient Air Quality Standards? | |  | Yes |  | | No – Submit RTC Plan | |
|  | 9b. | | Will air quality model documentation be kept on site for as long as the boiler(s) is operational? | |  | Yes |  | | No – Submit RTC Plan | |
|  | 10. | | Is the stack exhaust flow vertical and unrestricted by a rain protection device? Workbook Section 2.5 | |  | Yes |  | | No | |
|  | 11. | | Have you established procedures to ensure that source registration will be filed as required by 310 CMR 7.12?  *Workbook Section 1.3* | |  | Yes |  | | No | |
|  | 13. | | Do you discharge boiler blowdown to a sewer? | |  | Yes |  | | No | |
|  | 13. | | Do you discharge boiler blowdown to a septic system? | |  | Yes – Cease discharge & submit RTC Plan. |  | | No | |
|  | 14. | | Do you discharge boiler blowdown to surface water? | |  | Yes |  | | No – Skip to Question 15 | |
|  | 14a. | | Do have a permit to discharge boiler blowdown to surface water? | |  | Yes |  | | No – Submit a RTC Plan | |
|  | 15. | | Do you discharge boiler blowdown to the ground or groundwater? | |  | Yes |  | | No – Skip to Question 16 | |
|  | 15a. | | Do you have permit to discharge boiler blowdown to the ground or groundwater? | |  | Yes |  | | No – Submit a RTC Plan | |
|  | 16. | | Do you store boiler blowdown in a holding tank or container? | |  | Yes |  | | No – Skip to Section E | |
|  | 16a. | | Have you submitted a holding tank compliance certification or received a plan approval? | |  | Yes |  | | No – Submit a RTC Plan | |
|  | E. Certification Statement | | | | | | | | | |
|  | “I attest under the pains and penalties of perjury:   1. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement; 2. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete; 3. That systems to maintain compliance are in place at the facility and will be maintained even if processes or operating procedures are changed; and 4. That I am fully authorized to make this attestation on behalf of this facility.   I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information. | | | | | Signature | | | | |
|  | Print First Name | | | | |
|  | Print Last Name | | | | |
|  | Title | | | | |
|  | Date of Certification (MM/DD/YYYY) | | | | |
|  | Source of Signatory Authority:  If a Corporation:    President  Secretary  Treasurer    Vice President (if authorized by corporate vote)    Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)  If a Partnership:  General Partner  If a Sole Proprietorship:  Proprietor  If a Municipality or Public Agency:  Principal Executive Officer  Ranking Elected Official (empowered to enter into contracts on behalf of the municipality or public agency) | | | | |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  | **KEEP A COPY OF THIS COMPLETED FORM AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE ORIGINAL FORM(S) TO:**  MassDEP - ERP - Boiler  P.O. Box 120-165 Boston, MA 02112-0165 | | | | | | | | | |