



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Air Management  
Engineering & Enforcement Division

<b>DEEP USE ONLY</b>	
Survey Received Date:	_____
Participation:	Yes ___ No ___
Notice Sent Date:	_____
Notice Sent Date + 6 Months:	_____
Permit Application Received Date:	_____

## Air Permit Amnesty Program Equipment Survey

*\*If there are multiple premises complete one package for each premises.*

### Part I: Building or Premises Information

<b>1. Premises Information</b>	Premises name: _____ Address: _____ City/Town: _____ State: _____ Zip Code: _____
<b>2. Main Contact or Official Responsible for Completing Survey</b>	Contact: _____ Contact title: _____ Address: _____ City/Town: _____ State: _____ Zip Code: _____ Phone: _____ Ext.: _____ Fax: _____ E-mail: _____
<b>3. Onsite Contact Information</b>	Contact: _____ Contact title: _____ Phone: _____ Ext.: _____ Fax: _____ E-mail: _____
<b>4.</b>	Is this premises adjacent to one or more properties under the control of the same person or persons (e.g., Mayor, Superintendent) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b>	Volunteer to participate in Air Permit Amnesty Program: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Part II: Emergency Engine Unit Information

\*To be completed for each Emergency Engine at this premises – Duplicate this form for each piece of equipment.

Unit ID Number: \_\_\_\_\_

DEP/DEEP Permit Number\* (if applicable): \_\_\_\_\_

\*Do not include permits issued by Department of Public Safety or other agencies.

1. Type of unit:  Emergency Generator  Fire Pump  Other Pump: \_\_\_\_\_

2. Unit manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

3. Date of installation:    /    /   

4. Engine kW rating: \_\_\_\_\_ Engine brake horsepower: \_\_\_\_\_

Maximum hourly firing rate: \_\_\_\_\_ gal/hr or cubic feet/hour

5. Type of fuel burned:

Diesel  Kerosene  ULSD  Distillate (No. 2 Fuel Oil)  Natural Gas

Propane  Other (specify): \_\_\_\_\_

Is the unit equipped with its own fuel meter?  Yes  No

Annual fuel usage during the last 3 years:

2012: \_\_\_\_\_ gal or ft<sup>3</sup> or \_\_\_\_\_

2011: \_\_\_\_\_ gal or ft<sup>3</sup> or \_\_\_\_\_

2010: \_\_\_\_\_ gal or ft<sup>3</sup> or \_\_\_\_\_

Percent sulfur: \_\_\_\_\_ %

Is the unit equipped with an hour meter?  Yes  No

Annual hours of operation for the last 3 years:

2012: \_\_\_\_\_ hours      2011: \_\_\_\_\_ hours      2010: \_\_\_\_\_

6. Operating Schedule:

This engine is exercised for non-emergency purposes: \_\_\_\_\_ minutes

Every:  day  week  month  other (specify): \_\_\_\_\_

7. Air pollution control equipment for unit:  Yes  No

Type of air pollution control equipment: \_\_\_\_\_

### Part III: Boiler, Furnace or Other Fuel Burning Device Information

To be completed for each non-engine fuel burning source at this premises - Duplicate this form for each piece of equipment.

Unit ID Number: \_\_\_\_\_

DEP/DEEP Permit Number\* (if applicable): \_\_\_\_\_

\*Do not include permits issued by Department of Public Safety or other agencies.

1. Type of unit:  Boiler  Heater/Furnace  Other: \_\_\_\_\_

2. Unit manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

3. Date of installation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Maximum rated heat input of the unit: \_\_\_\_\_ BTU per hour

Boiler horse power: \_\_\_\_\_ HP

5. Maximum firing rate of the burner(s): \_\_\_\_\_ gal/hr or cubic feet/hour

6. Type of fuel burned (check one type burned):

Residual Oil (No. 6 and No. 4 Fuel Oil)  Distillate (No. 2 Fuel Oil)

Natural Gas  Propane  Other (specify): \_\_\_\_\_

Percent sulfur: \_\_\_\_\_ %

This unit is equipped with its own fuel meter:  Yes  No

Annual fuel usage during the last 3 years:

2012: \_\_\_\_\_ gal or ft<sup>3</sup>      2011: \_\_\_\_\_ gal or ft<sup>3</sup>      2010: \_\_\_\_\_ gal or ft<sup>3</sup>

7. Operating schedule:  used during the heating season only  used more often

8. Does the unit have a stack?  Yes  No

Stack height: \_\_\_\_\_ ft

Building height: \_\_\_\_\_ ft

Longest building width: \_\_\_\_\_ ft

9. Air pollution control equipment for unit:  Yes  No

Type of air pollution control equipment: \_\_\_\_\_

### Part IV: Spray Coating

To be completed for Spray Coating at this premises – Duplicate this form for each piece of equipment.

<p>1. Do you have any paint spray booths?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>2. Do you use a paint spray gun or spray application system at the premises?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>    If “yes” complete the rest of the questions. If “no” continue to Part V.</p> <p>3. Are all spray guns high volume low pressure (HVLP)?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. Maximum application rate for the spray gun: _____ ounces/min or gals/hr</p> <p>5. Total gallons of paint purchased for the premises in 2012: _____    2011: _____</p> <p>6. Total gallons of solvent purchased for the premises in 2012: _____    2011: _____</p> <p>Please provide a copy of the Material Safety Data Sheet (MSDS) for the paint and the thinner/solvent used most.</p>
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### Part V: Cold Cleaners or Parts Washers

<p>1. Do you have any cold cleaners or parts washers?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>    If yes, how many do you have at this premises? _____</p> <p>Please provide a copy of the Material Safety Data Sheet (MSDS) for the solvent used.</p>
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## Part VI: Energy Efficiency

1. Have you participated in the Connecticut Green LEAF Schools program?  Yes  No

When? \_\_\_\_\_

If "no", you MUST register at [http://www.ctgreenschools.org/How\\_Green\\_LEAF\\_works.htm](http://www.ctgreenschools.org/How_Green_LEAF_works.htm)

2. Has an energy audit been conducted at the premises?  Yes  No

When? \_\_\_\_\_

3. Do you plan on conducting an energy audit?  Yes  No

When? \_\_\_\_\_

4. Do you have an energy team?  Yes  No

Who is on the energy team? \_\_\_\_\_

5. Have you performed any energy upgrades?  Yes  No

What has been upgraded and when? \_\_\_\_\_

6. Do you plan on performing any energy upgrades?  Yes  No

What do you plan on upgrading and when? \_\_\_\_\_

7. Have any energy efficiency projects been initiated at this premises?  Yes  No

Please list: \_\_\_\_\_

8. Would you like more information on energy efficiency measures?  Yes  No