



**THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor
Flushing, New York 11373

Instructions for Completing Form APC5-0

| Item Number & Name | Specific Instructions |
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| 1A. Facility name (if any) | If subject premise has a name which is displayed on the store front sign or is commonly known (e.g. "ABCD" Garden Apartments) indicate such name. If no such name exists indicate "none". |
| 1B. Facility New or Existing | Select "New" if equipment will be housed in a new structure. Select "Existing" if equipment will be housed in an existing structure. |
| 1C-1H. Facility Location | Complete premise address of combustion equipment being filed for. Do not abbreviate street address. |
| 1I. Building Section or Number | If premise identified is part of a housing or commercial complex where buildings have identifying numbers and/or letters, provide same. |
| 1J. Equipment Location | Identify physical location, by floor number, of combustion equipment within premise. (e.g cellar) |
| 1K. Number of Floors | Total number of floors in subject premises. |
| 1L. Number of Apartments | Total number of apartments in subject premises. |
| 1M. Number of Rooms | Total number of rooms in subject premise. |
| 1N. Building Total Square Footage | Area in square feet of the building in subject premise. |
| 1O. Replacement Equipment | Select "Yes" if equipment is a replacement for equipment currently certified. Select "No" if the equipment is not a replacement for equipment currently certified. |
| 1P. Installation Number or Replaced Equipment | If this equipment is a replacement for equipment currently certified, please provide the Installation Number of the equipment it is replacing. <i>(Renewal of the existing Certificate of Operation (CO) is required as long as the equipment is operable. The existing CO will be cancelled once we receive a written notification within 20 days that the equipment is dismantled or rendered inoperable.)</i> |
| 2A. Owner's Name | Full legal name of owner of premise. |
| 2B-2E. Owner's Address | Owner's complete mailing address. |
| 2F. Owner's Email Address | Email address to facilitate future correspondences and send out renewal reminders. |
| 2G. Telephone | Telephone number of the Owner. |
| 2H. Fax | Fax number of the Owner. |
| 2I. Facility Classification | Classification based on type of used: Check only one appropriate Box, example: Hospital owned residence, check residential College owned dormitory, check residential |

College owned power plant, check utility

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| 3A. | Name of P.E or R.A | Full name of Professional Engineer authorized to file the APC 5-0 Form. |
| 3B. | New York State P.E or R.A License Number | New York State Professional Engineer's or R.A's License Number. |
| 3C. | P.E. Email Address | P.E. email address for future correspondence. |
| 3D. | Telephone | Telephone number of the Professional Engineer. |
| 3E. | Fax | Fax number of the Professional Engineer |
| 3F. | Company Name | Name of the company the Professional Engineer is employed with. |
| 3G-3J. | P.E's Address | Complete business address information of the Professional Engineer. |
| 3K. | Name of Installer | Full name of the installer or plumber authorized to file the APC 5-0 Form. |
| 3L. | New York City Installer or Plumber License Number | New York City Oil Burner Installer or Plumber License Number. |
| 3M. | Installer/Plumber Email Address | Installer or plumber email address for future correspondence. |
| 3N. | Telephone | Telephone number of the installer or plumber. |
| 3O. | Fax | Fax number of the installer or plumber. |
| 3P. | Company Name | Name of the company the installer or plumber is employed with. |
| 3Q-3T. | Installer's Address | Complete business address information of the installer or plumber. |
| 4A. | Is Tax Exempt Property | Is the premise where boiler is located tax exempted as per Department of Finance, then select yes. Also, upload the DOF document. |
| 4B. | Is Government Owned Property | Is the premise where boiler is located owned by a Government agency, then select yes. |
| 4C. | Agency Name | If selected "yes" then provide the government agency that owns the premise. |
| 5B. | Chimney | Select "New" if it's a new chimney and "Existing" if it's an existing chimney. |
| 5C. | Type of Chimney | Indicate "Residential" or "Commercial" A residential chimney is exclusively connected to a boiler used for the primary purpose of supplying heat & hot water for domestic use while a commercial chimney is used for a process load. If the boiler is used in conjunction with a central air conditioning system, the chimney shall be treated as a commercial chimney. |

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| 5D. | Chimney Height (feet) | The distance from the centerline of the entrance of the combustion gases into the chimney to the top of the chimney. |
| 5E. | Inside Dimension at Outlet (inches) | Specify inside dimension of chimney outlet in inches. |
| 5F. | Radial Distance Above (feet) | The minimum radial distance from the centerline of the existing chimney to an acceptable receptor location, located at a height equal to or greater than the chimney outlet in feet. |
| 5G. | Radial Distance Below (feet) | The minimum radial distance from the centerline of the existing chimney to an acceptable receptor location, located at a height below than the chimney outlet in feet. |
| 5H. | Rain cap or cover | Specify if rain cap or rain cover exists at chimney outlet. |
| 5I. | Exit Velocity (feet/sec) | Chimney gas exit velocity in feet per second. |
| 5J. | Exit Flow Rate (SCFM) | Chimney gas exit flow rate in standard cubic feet per minute (SCFM). The standard condition is 60° F and 14.6 psi. |
| 6A. | Induced Draft Fan | Indicate “Yes” or “No” & “New” or “Existing” |
| 6B-6D. | Manufacturer, Model# & Capacity | Specify Induced Fan’s Manufacturer make, model & Capacity. |
| 7A. | Name of Manufacturer and model Continuous Opacity Monitor | Specify the name of the manufacturer and model number of the continuous opacity monitor. |
| 7B. | Name of Manufacturer and model Continuous NOx Monitor | Specify the name of the manufacturer and model number of the continuous NOx monitor. |
| 7C. | Name of Manufacturer and model Continuous SOx Monitor | Specify the name of the manufacturer and model number of the continuous SOx monitor. |
| | Is this boiler on the DEP Accepted Equipment List? | Select “Yes” if the boiler is accepted. Select “No” if the boiler is not accepted. Please check to see if this boiler is on the Department Accepted Equipment List and complete an equipment certification form if “No” is selected. |
| 8A. | Boiler Make | Specify the name of the manufacturer of the boiler. |
| 8B. | Boiler Model | Specify complete model of the manufacturer’s model number. |
| 8C. | Total Heat Input Rating (million BTU/Hr) | If application is for new and/or modified installation specify in million BTU/hr, the total maximum operating heat input of all units on this application. |
| 8D. | Number of Identical Boilers Applied for | Submit total number of identical boilers applied for. Note that only one type and size of equipment may be included on any one application. |
| 8E. | Boiler New or Existing | Check “New” if this is a new boiler or it is a replacement boiler and submit draft calculations. Check “Existing” if boiler application is for a replacement burner and the boiler is remaining the same. |

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| 8F. | Boiler Category | Specify the unit type: Package Boiler Built up Boiler Acceptable steel oil-fired boiler assembly Acceptable cast- iron oil-fired boiler assembly Scotch marine boiler |
| 8G. | Type of Boiler | Check appropriate items: Hot Water Steam Steel Cast Iron |
| 8H. | Heating Surface (Fireside) (square feet) | Indicate fireside heating surface of boiler in square feet. |
| 8I. | Gross Output (million BTU/Hr) | Provide boiler gross output in million BTU/Hour, which shall be specified by the manufacturer. |
| 8J. | Gross Firing Rate (GPH or CFH) | Provide boiler gross firing rate (GFR) in gallons per hour or cubic feet per hour. For new boilers, the GFR of the boiler shall be required to produce the GFR based on the manufacturer data. The GFR in gallons per hour for an existing boiler shall be determined by multiplying the gross output by 9.52×10^{-6} |
| 8K. | Additional Combustion Equipment on Chimney or in Boiler Room | Check "Yes" if other combustion equipment is operated in the same room or is attached to the same chimney, as the filed equipment. Show other equipment on plans: Identify other boiler/ incinerator/ burner etc.; manufacturer's name and model number (s), source emission numbers, draft controls, firing rates, ventilation, and all pertinent details. Check "No" if no other combustion equipment exists in same boiler room or on same chimney. |
| 8L. | Automatic Pressure Device to Maintain Boiler Steam Pressure | Indicate manufacturer's name and complete catalog number of device. Indicate minimum pressure setting in pounds per square inch. |
| 8M. | Automatic Temperature Device to Maintain Boiler Water Pressure | Indicate manufacturer's name and complete catalog number of device. Indicate minimum temperature setting in degrees Fahrenheit. |
| 8N. | Lead Lag System | Enter "Yes" if multiple boilers covering the same load are Employed. Enter "No" if single boiler covers entire load or each boiler carries a distinct load. |
| 8O. | Lead Lag System Make & Model | Supply manufacturer's name and complete model number for a lead lag system. |
| 8P. | Types of Load on Boiler | Check appropriate loads. For residential select either Space Heating or Domestic Hot Water and for Commercial select either Air Conditioning or Process. |
| 8Q. | Is it a Condensing Boiler | Select "Yes" if the boiler is condensing unit and "No" if it is not. |
| 8R. | Is the Boiler Part of Cogeneration Unit | Select "Yes" if the boiler is part of cogeneration unit and "No" if it is not. |

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| Is this burner on the DEP Accepted Equipment List? | Select "Yes" if the burner is accepted. Select "No" if the boiler is not accepted. Please check to see if this boiler is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. |
| Is this boiler/burner assembly on the DEP Accepted Equipment List? | Select "Yes" if the assembly is accepted. Select "No" if the assembly is not accepted. Please check to see if this boiler is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. |
| 9A. Burner Make | Specify the name of the manufacturer of the burner. |
| 9B. Burner Model Number | Specify burner manufacturer's model number. |
| 9C. Number of Burners | Specify the total number of the burners mounted on each boiler being filed for on the same application. All burners on a single application must be identical. |
| 9D. Burner Status | Check "new" or "existing" accordingly. |
| 9E. Burner Type | Specify the type of burner used (for dual fuel installations, select the oil atomizer): Oil- Atomizers Pressure atomized burner Steam atomized burner Air atomized burner Rotary cup burners Sonic atomizers Other oil atomization burners Natural Gas Atmospheric gas burner Natural draft power gas burner Forced draft power gas burner Other natural gas types |
| 9F. Unit Heat Input (Million BTU/Hr) | Maximum Fuel Delivery Rate (MFDR)*140,000 BTU/Hr for fuel oil and MFDR*1000 BTU/Hr for natural gas. |
| 9G. Maximum Fuel Delivery Rate (GPH or CFH) | Select GPH if fuel is oil used and CFH if its natural gas only. For dual fuel installations, use the maximum fuel delivery rate of the fuel oil. The maximum fuel delivery rate to the burner nozzle shall be 80 to 110% of the boiler's gross output firing rate. Specify units used. |
| 10A. Fuel Type 1 | Select the type of fuel burned or to be burned: No. 2 Fuel Oil No. 4 Fuel Oil No. 6 Fuel Oil Natural Gas Other |
| 10B. Hours Per Day | Average number of hours per day burner is or will be Operating for fuel type 1. |
| 10C. Days Per Year | Average number of days per year burner is or will be in operation. |

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| 10D. | Max. Quantity Per Hour | Maximum quantity of fuel burned per hour in gallons for oil or cubic feet for gas during normal heating season. |
| 10E. | Quantity Per Year | Total quantity of fuel burned per year in gallons for oil or cubic feet for gas. |
| 11A. | Fuel Type 2 | <p>Select the type of fuel burned or to be burned:</p> <p>No. 2 Fuel Oil No. 4 Fuel Oil No. 6 Fuel Oil Natural Gas Liquid Petroleum Gas Other</p> |
| 11B. | Hours Per Day | Average number of hours per day burner is or will be Operating for fuel type 2. |
| 11C. | Days Per Year | Average number of days per year burner is or will be in operation. |
| 11D. | Max. Quantity Per Hour | Maximum quantity of fuel burned per hour in gallons for oil or cubic feet for gas during normal heating season. |
| 11E. | Quantity Per Year | Total quantity of fuel burned per year in gallons for oil or cubic feet for gas. |
| 12. | Burner Limitation Details Is this Modulating Motor on the DEP Accepted Equipment List? Is this Firing Rate Control on the DEP Accepted Equipment List? | Specify burner limitation details. Select "Yes" if the control is accepted. Select "No" if the control is not accepted. Please check to see if this boiler is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required . Select "Yes" if the control is accepted. Select "No" if the control is not accepted. Please check to see if this boiler is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required. |
| 13A. | Combustion Control Type | Select the type of combustion control type to be used: Combustion On-Off Low-High-Off with Low Fire Start Low-High-Low-Off with Proven Low Fire Start Full Modulation with Proven Low Fire Start |
| 13B. | High/Low Modulating Motor | Submit manufacturer's name and complete model number. |
| 13C. | Modulating Motor Make | |
| 13D. | Modulating Motor Model Number | |
| 13E. | Firing Rate Control | Submit manufacturer's name and complete model number. |
| 13F. | Firing Rate Control Make | |
| 13G. | Firing Rate Control CAT No. | |

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| 14A-14C. | Number of Primary Oil Heaters | For No.6 Fuel Oil, indicate the number of primary heaters, the name of the manufacturer and the complete manufacturer's catalog number. |
| 14D. | Steam, Hot H ₂ O | Indicate whether the heat source for the primary oil heater is steam, hot water, or electricity. |
| 14E. | Circulation: Gravity, Forced | If the primary heater is equipped with a hot water circulator check "Forced" if it does not have a pump check "Gravity". |
| 14F. | Non-Contaminating: Yes | Filing engineer certifies that the primary oil heater selected is a non-contaminating type. |
| 14G. | Blowdown & Throttling Valves: Yes | Filing engineer certifies that primary oil heater meets blowdown & throttling valve requirements. |
| 14H. | Number of Auxiliary (Electric) Heaters | Indicate total number of auxiliary electric heaters associated with all identical boilers filed on this application. Do not include electric heaters submitted as "primary oil heaters". |
| 14I. | Capacity Watts | Provide the capacity of the heater in Watts. (This value should be at least 2 x 28 x Maximum Fuel Delivery Rate). |
| 14J. | Capacity, GPH PER etc. | Submit the capacity of primary oil heater in GPH for the specific temperature rise at the steam pressure or water temperature maintained in 8M. |
| 14K. | Electric Heaters(s) under constant temperature control: Yes | Filing engineer certifies that electric heater is under thermostatic or oil stat control. |
| 14L. | Oil Stats as per Plans: Yes | Filing engineer certifies that Oil stats are as defined in the Plans |
| 14M. | Cold Oil Interlock: Yes | Filing engineer certifies that Cold Oil interlock are as defined in the Plans |
| 14N. | Temperature Gauges as per plan details: Yes | Filing engineer certifies that Temperature Gauges are as defined in the Plans |
| 14O. | All Pipe lines adequately installed: Yes | Filing engineer certifies that pipe lines are installed as defined in the Plans |
| | Is the Power Operated Draft Regulator (PODR) on the DEP Accepted Equipment List? | Select "Yes" if the equipment is accepted. Select "No" if the equipment is not accepted. Please check to see if this equipment is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required. |
| | Is the Smoke Alarm on the DEP Accepted Equipment List? | Select "Yes" if the equipment is accepted. Select "No" if the equipment is not accepted. Please check to see if this equipment is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required. |
| 15A- 15D | Intake Ventilation Fan(s) | Indicate "Yes" or "No". If yes, please specify the manufacturer's name and model with capacity of the fan. |
| 15E- 15H. | Exhaust Fan in Boiler Room | Indicate "Yes" or "No" If yes, please specify the Manufacturer's name and model with capacity of the fan . |

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| 15I. | Louvered Opening | Indicate whether an open louver will be utilized to provide combustion air. |
| 15J. | Fixed or Motorized | Indicate whether it is open or motorized louver. Motorized louvers are required for boilers with a gross output firing rate of 7.0 million BTU/hr or greater. |
| 15K. | Gross Area (Square Inches) | Specify the gross area in square inches. |
| 15L. | Efficiency % | Indicate the percent efficiency. When the actual louver efficiency is unknown, the efficiency shall be taken as 60 percent for a fixed louver and 100 percent for a motorized louver. |
| 15M. | Net Area (Square Inches) | Specify the net area in square inches. The net free area shall be 86 square inches for every one million BTU/hr based on the maximum heat input rating. |
| 15N. | Ventilation Duct | If ventilation duct (s) is (are) used, indicate “yes” and state if ducts (s) is (are) “new” (to be installed with this application) or “Existing” (already installed on a previous application). |
| 16A. | Barometric Damper | If barometric damper is to be used, select “Yes”. If another form of draft control is used, select “No”. |
| 16B. | Nominal Size (inches) | If barometric damper installed then specify its diameter in Inches (must be as large as the breeching diameter). |
| 16C. | Nominal Area (square inches) | If barometric damper installed then specify its area in square inches. |
| 16D. | Power Operated Draft Regulator | If power operated draft regulator (PODR) is used, enter “Yes” and the original manufacturer and complete catalog number of basic unit and low draft switch. If the low draft switch is manufactured by a different company than the draft regulator, submit the complete manufacturer’s name and catalog number of the switch. |
| 16E. | MFR | Provide PODR manufacturer. |
| 16F. | CAT No. | Provide PODR catalog number. |
| 17A. | Do you have Smoke Alarm | If smoke alarm is required, enter “Yes”. A smoke alarm is required for all oil-fired installations and only for temperature controlled dual-fuel systems above 4.2 million BTU/hr. |
| 17B. | Smoke Alarm Manufacturer | If smoke alarm is required, specify the manufacturer’s name and catalog number. |
| 18A. | Control Equipment Status | If emission control equipment is used select “Yes”. If no emission control equipment is used, select “No”. |
| 18B. | Type of Pollutant Controlled | Select: Oxides of Nitrogen (NO _x), Carbon Monoxide (CO), and/or Particulate Matter (PM). |
| 18C. | Type of Control. | Describe control (i.e, low NO _x burners, flue gas recirculation, selective catalytic reduction (SCR)) and Manufacturer’s make/model number. |
| 18D. | % Removal | Specify the percent (%) removed from control. |

- 19A. Emission Factors Provide emission factors in pound of contaminant per million BTU.
- 19B. How Determined Provide how emission factors determined (i.e., Manufacturer Data, USEPA AP-42, Source Testing, Other)
- 19C. Maximum Hourly Emissions (lbs/hr) Provide maximum hourly emissions using emissions factors and maximum quantity per hour.
- 19D. Annual Emissions (lbs/yr) Provide annual emissions using emission factors and maximum quantity per year.
- Additional Combustion Equipment in Facility (or boiler room) Provide all combustion equipment in Facility. Include Installation No., Description, Manufacturer/Model and Heat Input (Btu/hr)