



Boiler Combustion Controls Project Form

The following customer and site information is required for review regarding utility incentives for burner combustion controls.

Project Information:

Name of Facility:
Address of Facility:
Type of Facility:
Year of Construction:
Design Load (if known):
Year(s) of Construction of Additions:
Heated Square Footage of Building:
Currently a Gas Customer?
Number of Stories:
Number of Apartments/Units:
Number of Nursing Home Beds:
Number of Operating Hours/Week:
Number of Operating Days/Week:
Number of Boilers Used on Peak Load Day:
Total Number of Boilers:
Annual Therm and/or Oil Usage:

Customer Contact Information:

Date:
Name:
Title:
Company:
Work Phone:
Cell Phone:
E-Mail Address:
Gas Account Number(s):

Vendor Information:

Name:
Title:
Company:
Work Phone:
Cell Phone:
E-Mail Address:

Boiler: <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water	Burner: <input type="checkbox"/> Gas-fired <input type="checkbox"/> Oil-fired (<input type="checkbox"/> #2, <input type="checkbox"/> #4, <input type="checkbox"/> #6) <i>For dual fuel, please select both.</i>
Quantity:	Manufacturer:
Manufacturer:	Model Number:
Model Number:	Max Btu Input:
Rated Horsepower:	Min Btu Input:
Age:	Age:

Burner Modulation: *Please check one.*
 One Stage (high only) Two Stage (high/low) Fully Modulating Other _____

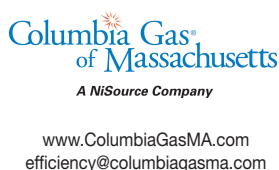
Type of Load Served: *Please check one.*
 Space Heating Water Heating Process
 Absorption Cooling Other _____

Existing Boiler Reset Control:
 Yes No If yes, please specify type: _____

Boiler Control:
 Manual Lead-Lag
 Lead Boiler #: _____
 Lag Boiler #: _____

Are boilers rotated for even run time? Yes No
 How often are boilers rotated? Daily Weekly
 Monthly Other _____

Program Administrators



Combustion Test: Please fill out one combustion report for each boiler at the facility.

FIRING RATE	25%/Low/On	50%/Mid	75%	100%/High
Efficiency Reported (%)				
Stack Temperature (°F)				
Combustion Air Temperature (°F)				
Instrument Temperature (°F)				
Net Stack Temperature (°F)				
CO ₂ (%)				
Excess Air (%)				
Oxygen (%)				
CO (ppm)				
NO (ppm)				
NOx (ppm)				
Undiluted CO (ppm)				

Combustion Air:

Fan Type:	<input type="checkbox"/> Forced Draft	<input type="checkbox"/> Induced Draft
Variable Speed Drive:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor Horsepower:		
Combustion Air Pre-Heater:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flue Gas Recirculation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOx Regulations (ppm):		

Boiler Blowdown:

Surface Blowdown:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequency (Surface):		
Bottom Blowdown:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequency (Bottom):		
Blowdown Heat Recovery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concentration of TDS in Blowdown (ppm):		
Concentration of TDS in Feed Water (ppm):		

Operating Conditions:

Boiler Operating Pressure (PSIG):	
Operating Steam/Hot Water Temperature:	
Entering Feed Water Temperature:	
Steam Production (kpph), if applicable:	
Stack Height (ft):	
Stack Material:	

Stack Economizer:

Do you have an Economizer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Economizer:	<input type="checkbox"/> Condensing	<input type="checkbox"/> Non-Condensing

Plant Description: Please describe the end uses of the boiler system. Include both heating and process applications.

Scheduling: Please describe the boiler loading conditions, run times, building operating shifts, and peak demand periods.

PROPOSED CONDITIONS	To Be Installed	Manufacturer	Model	Total Cost
Burner Combustion Control	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parallel Positioner (Servo Motors)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
O ₂ Trim (FGA)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Variable Frequency Drive	<input type="checkbox"/> Yes <input type="checkbox"/> No			
New Burner:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Gas-fired <input type="checkbox"/> Oil-fired (<input type="checkbox"/> #2, <input type="checkbox"/> #4, <input type="checkbox"/> #6)				
TOTAL COST				

Project Scope: Please describe work being performed and any efficiency project(s) that may have been completed within the past year. _____

Estimated Project Start Date: _____	Estimated Project Completion Date: _____
Name of Person Completing Form (please print): _____	
Signature: _____	Date: _____