



LIKE KIND REPLACEMENT (LKR) GUIDANCE SHEET

This form is intended to serve as a guide to determining whether a replacement is eligible to be considered a like kind replacement in accordance with [Rule 11\(d\)\(5\)\(ii\)](#). If the proposed replacement meets the requirements stated in this form, please include a copy along with the general form and supplemental form with your application package to assist the District in evaluating your application.

Please note that for any equipment described in Rule 11(a) for which exemption does not apply or for equipment listed in Rule 11(d)(5) that is not eligible for like kind replacement, a [standard modification](#) application must be submitted.

Company Name: _____ **Permit No.:** _____

Equipment Address: _____

Answer the following questions regarding the like kind replacement

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Is the like kind replacement identical in function compared to the existing permitted equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the like kind replacement similar in design? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the like kind replacement have actual equipment/process air contamination emissions which are the same in nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the like kind replacement have a capacity, production rate, and actual air contaminant emissions which are equal to or less than the currently permitted equipment? | <input type="checkbox"/> | <input type="checkbox"/> |

Existing Permitted Equipment and Replacement Equipment

	Existing Permitted Equipment	Replacement Equipment
Manufacturer		
Make		
Model		
Serial No.		
Function		
Max. Capacity/Production Rate		
Type of Pollutants Emitted*		
Max. Quantity of Pollutants Emitted (lbs/hr or lbs/day or tons/yr or _____) (Circle one)		

* VOC, NO_x, SO_x, CO, PM₁₀, HAP (list HAPs)

Additional Information: _____

Attachments of supporting documents or drawings

I certify that the information provided above is correct to the best of my knowledge. The proposed like kind replacement equipment meets the requirements of Rule 11(d)(5)(ii).

Name: _____ **Title:** _____

Signature: _____ **Date:** _____