



Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): _____ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): _____

Fixed Location Various Locations

Section B - Equipment Description

Boiler/Heater	Manufacturer: _____ Model: _____ Serial No.: _____
	Max. Heat Input Rating (Higher Heating Value - HHV): _____ BTU per hour Boiler Type: Water-Tube Fire-Tube
Burner	Manufacturer: _____ Model: _____
	Number of burners: _____ Rating of each burner (HHV): _____ Type: Low NOx (please attach manufacturer's specifications) Other: _____
Blower	HP: _____
Fuel Type	Primary Fuel: Natural Gas LPG Refinery Gas* Digester Gas* Landfill Gas* Other*: _____ Fuel Oil (Specify Grade): _____ If Digester or Landfill Gas, List Higher Heating Value: _____
	Secondary or Stand-by Fuel: Natural Gas LPG Refinery Gas* Digester Gas* Landfill Gas* Other*: _____ Fuel Oil (Specify Grade): _____ If Digester or Landfill Gas, List Higher Heating Value: _____
	* If Digester Gas, Landfill Gas, Refinery Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content.
Type Of Controls (Check All That Apply)	Low NOx Burner Flue Gas Recirculation Oxygen Trim CO Catalyst ¹ Selective Catalytic Reduction (SCR) ¹ Thermal DeNOx (Selective Non-Catalytic Reduction, SNCR) ¹ Other (specify): _____
	¹ A separate permit is required, please see Form 400-E-GI for instructions.
Fuel Usage	Average Load _____ % OR Average Firing Rate (HHV): _____ MMBTU/hr

Section C - Process Description

Operating Parameters	Turn Down Ratio: _____ Percent Excess Air: _____ %
Operating Schedule	Normal: _____ hours/day _____ days/week _____ weeks/yr Maximum: _____ hours/day _____ days/week _____ weeks/yr

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: _____ Date: _____	Name:	_____
	Title: _____ Company Name: _____	Phone #:	_____ Fax #: _____
		Email:	_____
Contact Info	Name: _____	Phone #:	_____ Fax #: _____
	Title: _____ Company Name: _____	Email:	_____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information. _____

**Form 400-E-9a
Emission Calculations**

Given	
Rating:	_____ BTU/hour
HHV:	_____ BTU/ft ³
Operating Schedule:	_____ hours/day
	_____ days/week
	_____ days/month
	_____ weeks/year
	_____ days/year
Fuel Usage:	_____ ft ³ /hour
	_____ ft ³ /day
	_____ ft ³ /month

Calculations							
	EF	EF	HOURLY	DAILY	30 DAY AVE.	30 DAY NSR	ANNUAL
	lbs/mmcf	lb./mmbtu	lbs./day	lbs./day	lbs./day	lbs./day	lbs./yr
ROG							
NOx							
SOx							
CO							
PM ₁₀							