



Rule 1118.1 Notification of Flare Inventory and Capacity

Submit form by February 4, 2019

Mail To: SCAQMD
 P.O.Box 4941
 21865 Copley Dr.
 Diamond Bar, CA 91765

Section A – Operator Information	Section B – Equipment Location Address
<p>1. Facility Name (Business Name of Operator):</p> <hr/> <p>2. SCAQMD Facility ID</p> <hr/> <p>3. Owner's Business Name (If different from Business Name of Operator):</p> <hr/>	<p>4. Equipment Location Is:</p> <hr/> <p>Address</p> <hr/> <p>City _____, State _____ Zip _____</p>

Section C – Business Mailing Address	
<p>5. Correspondence Information:</p> <p>Contact Name _____ Title _____</p> <p>Phone # _____ Ext. _____ E-Mail _____</p>	<p>Check here if same as equipment location address</p> <p>Address _____</p> <p>City _____, State _____ Zip _____</p>

Section D – Flare Inventory and Capacity										
Flare Number (Serial # or I.D.)	Permit Number	Date of Flare Installation	Type of Gas Combusted*	Maximum Rated Capacity			Fuel Meter Installed?		Fuel Meter Description	Date of Last Source Test
				Size	MMscf/ hour	MMBtu/ hour	Yes	No		

* 1 – Any gas in an open flare; 2 – Digester Gas; 3 – Landfill Gas; 4 – Produced Gas

Attach additional forms to report more flares

Section E – Authorization/Signature	
<p>6. Signature of Responsible Official</p> <hr/> <p>8. Print Name:</p> <hr/>	<p>7. Title of Responsible Official:</p> <hr/> <p>9. Date:</p> <hr/>