



South Coast Air Quality Management District

# Form 400-E-9b External Combustion Oven

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.

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

## 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

Equipment	Manufacturer:	Model:	Serial No.:
Outside Dimensions	Length: _____ ft. _____ in.    Width: _____ ft. _____ in.    Height: _____ ft. _____ in.		
Type	Cure    Bake    Bakery    Drying    Tenter Frame    Other: _____		
Heating Method	Direct Fired    Indirect Fired    Ultraviolet    Steam Heated    Other: _____		
Design Rating for Fuel	Electric Total KW Rating: _____	LPG Total BTU Rating: _____ BTU/hr	Natural Gas Number of Burners: _____    BTU Rating of Each Burner: _____ BTU/hr
	Manufacturer: _____    Model: _____ Low NOx Type?    No    Yes    If Yes, _____ ppm* @ _____ %O <sub>2</sub> *Provide support document		
Blower(s)	Exhaust    Quantity: _____	HP: _____	CFM: _____ for each unit
	Circulation    Quantity: _____	HP: _____	CFM: _____ for each unit
	Combustion Air Blower    Quantity: _____	HP: _____	CFM: _____ for each unit

## Section C - Process Description

Brief Description of Process	Material Processed: _____ For bakery oven, please provide:    Yeast Percentage: _____ %    Fermentation Time: _____ hours For tenter frame, please provide type(s) of fabrics: _____
Operation	Batch    Continuous Vented to Air Pollution Control (APC) :    Yes    No If Yes, a separate permit is required for the APC. If already permitted, P/O _____ or A/N _____
Operating Temperature	Normal Temperature: _____ °F    Maximum Temperature: _____ °F
Instrumentation	Attach description of instrumentation for measuring temperature and other operating parameters.
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.