



Form 400-E-10 Degreaser

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

Degreaser Machine	Manufacturer: _____	Model: _____	Capacity: _____ gallons
Type	Open Top Vapor Degreaser Batch-Loaded Cold Cleaner	ConveyORIZED (in-line) Vapor Degreaser ConveyORIZED (in-line) Cold Cleaner	Airless System Airtight System
<i>Note: Please attach manufacturer specification of the system.</i>			
Materials Cleaned	List the materials cleaned in the degreaser: _____		
Add-On Control	Vented to an External Carbon Adsorption System A separated permit is needed for this control system. Other: _____		
Degreaser Equipped With: (Select All That Apply)	All Listed Automated Parts Handling System Circumferential Primary Condensing Coils	Refrigerated Freeboard Chiller A Circumferential Trough Water Trough	Lip Exhaust Freeboard Ratio Of At Least 1.0 Superheated Vapor Zone
Safety Switches	Vapor Level Control Condenser Water Flow for Water-Cooled Degreaser	Sump Heat Shut-off Process Control Float for low liquid level indicator	

Section C - Process Description

Type of Solvent <i>Please attach a copy of the Material Safety Data Sheet (MSDS) for the solvent.</i>	National Emission Standard for Hazardous Air Pollutant (NESHAP) Solvent: (Select All That Apply)			
	Perchloroethylene	Methylene Chloride	Trichloroethylene	1-1-1 Trichloroethane
	Carbon Tetrachloride	Chloroform		
	VOC containing solvent with a VOC content of 50 g/l		Name: _____	
	VOC containing solvent with a VOC content of 25 g/l		Name: _____	
	Other: _____			
Solvent Usage	Gallons of solvent consumed per month: _____ (Solvent consumed = Solvent purchase + Initial Inventory - Final Inventory - Waste credit)			
Operating Schedule	Normal: _____ hours/day _____ days/week _____ weeks/yr	Maximum: _____ hours/day _____ days/week _____ weeks/yr		

Section E - 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 #: _____
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. _____