



**Form 400-E-2a  
Gaseous Emission Control Form  
Afterburner/Oxidizer**



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**

<b>Equipment</b>	<b>Manufacturer:</b> _____		<b>Model No.:</b> _____	
<b>Type</b>	Catalytic Oxidizer		Recuperative Oxidizer w/ Heat Exchanger (Catalytic)	
	Thermal (direct fired) Oxidizer		Recuperative Oxidizer w/ Heat Exchanger (Thermal)	
	Regenerative Thermal Oxidizer (RTO) - Number of Chambers: _____			
	Is a concentrator for VOC part of the design?    No      Yes		If Yes, also complete 400-E-2b.	
	For <u>Regenerative Oxidizer</u> , choose type of media:		For <u>Recuperative Oxidizer</u> , choose type of heat exchanger:	
	Ceramic Saddles	Monolith	Shell and Tube	Plate
	Other _____		Other _____	
<b>For Catalytic Oxidizer</b>	<b>Catalyst Manufacturer:</b> _____			
	<b>Type of Catalyst:</b>	Low Temperature Catalyst	Commercial Noble Metal	Other _____
	<b>Estimated Catalyst Life:</b> _____ years	<b>Catalyst Cleaning Frequency:</b> _____ months		
	<b>Method of Cleaning:</b> _____			
	<b>Does the process emit any of the following potential catalyst masking agent or deactivators?    No      Yes</b> If Yes, check the type(s):			
	Halogens	Heavy Metals	Silicones	Sulfur Compounds
	PCBTF	Phosphorous Compounds	Other _____	
<b>Type of Burners and Fuel</b>	<b>Natural Gas Fired</b>	<b>No. of Burners:</b> _____	<b>Other:</b> _____	
	<b>Rating:</b> _____ BTU/hr	<b>Rating:</b> _____ BTU/hr per burner	<b>Rating:</b> _____ BTU/hr	
	<b>Manufacturer:</b> _____		<b>Model:</b> _____	
	<b>Manufacturer's Emission Guarantee for Burners:</b>			
	<b>NOx:</b> _____ ppm @ _____ %O <sub>2</sub>	<b>CO:</b> _____ ppm @ _____ %O <sub>2</sub>		
<b>Combustion Air Blower:</b>	<b>Flow Rate:</b> _____ SCFM	<b>Horsepower:</b> _____ HP		
<b>Design Criteria</b>	<b>Retention time at normal operating temperature:</b> _____ secs @ _____ °F			
	<b>Combustion Chamber Volume:</b> _____ cubic feet (ft <sup>3</sup> )		<b>Design Gas Flow:</b> _____ SCFM	
<b>Pre-Treatment Device</b>	<b>Is a pre-treatment device present?    Yes      No</b>			
	<b>If Yes, indicate type:</b>			
	Cyclone	Precooler	Preheater	Knock-Out Chamber
	Baghouse	Other: _____		
	<b>Inline Filters (Pressure drop of clean filters: _____ in. H<sub>2</sub>O)</b>			
	<b>Dimensions of pre-treatment device:</b>			
	W _____ in. x L _____ in. x H _____ in. or Diameter _____ in. x H _____ in.			

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**Section B - Equipment Description (cont.)**

<b>Auxiliary Fuel Data</b> (e.g. gas injection, duct burner)	Auxiliary fuel available? <b>No</b> <b>Yes</b> If Yes, indicate type: _____											
	Fuel Usage:	Cubic Feet Per Hour (ft <sup>3</sup> /hr)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Maximum</th> <th style="width:33%;">Minimum</th> <th style="width:33%;">Average</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td>Gallons/Hour (gal/hr)</td> <td> </td> <td> </td> </tr> </table>	Maximum	Minimum	Average				Gallons/Hour (gal/hr)		
	Maximum	Minimum	Average									
Gallons/Hour (gal/hr)												
Exhaust Blower	Rating: _____ HP	Flow Capacity: _____ SCFM	Draft: <b>Forced</b> <b>Induced</b>									

**Section C - Process Stream Characteristics**

<b>Brief Description of Process</b>	Please attach a process flow diagram and engineering drawing of the process and the control system configuration. In the space provided, indicate what equipment is vented to the control equipment.		
<b>Emission Data</b>	<b>Air Contaminant</b>	<b>Concentration (ppmv)</b>	<b>Destruction Efficiency (%)</b>
<b>Instrumentation</b>	Describe instrumentation for measuring temperature, pressure drop and other operating parameter (attach description, if necessary):		
<b>Bakeout or Burnout Process</b>	Is bakeout a feature of the process? <b>Yes</b> <b>No</b>		
<b>Operating Conditions</b>	<b>Maximum</b>	<b>Minimum</b>	<b>Average</b>
	Operating Temperature (°F):		
	Exit Gas Temperature (°F):		
<b>Operating Schedule</b>	<b>Normal:</b> _____ hours/day    _____ days/week    _____ weeks/yr <b>Maximum:</b> _____ 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.

<b>Preparer Info</b>	Signature: _____	Date: _____	Name: _____
	Title: _____	Company Name: _____	Phone #: _____ Fax #: _____
<b>Contact Info</b>	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.