



South Coast Air Quality Management District

Form 400-E-2c**Gaseous Emission Control Form
Flare**

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 91765-0944Tel: (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 No.: _____												
Type	Elevated Ground Level Pit	How is Flare Assisted? Air Assisted Steam Assisted Non-Assisted												
Operation (See Rule 1118 for definition)	Clean Service Flare Emergency Service Flare General Service Flare													
Dimension	Flare Height: _____ ft. Flare Tip Inside Diameter: _____ ft.													
Design Criteria for Waste Gas Stream	<table border="1"><tr><td>Retention Time at Normal Operating Temperature: _____ secs at _____ °F</td><td>Maximum</td><td>Minimum</td></tr><tr><td>Combustion Chamber Volume: _____ cubic feet</td><td></td><td></td></tr><tr><td>Design Waste Stream Flow: _____ scfm</td><td></td><td></td></tr><tr><td>Btu: _____</td><td></td><td></td></tr></table>		Retention Time at Normal Operating Temperature: _____ secs at _____ °F	Maximum	Minimum	Combustion Chamber Volume: _____ cubic feet			Design Waste Stream Flow: _____ scfm			Btu: _____		
Retention Time at Normal Operating Temperature: _____ secs at _____ °F	Maximum	Minimum												
Combustion Chamber Volume: _____ cubic feet														
Design Waste Stream Flow: _____ scfm														
Btu: _____														
For Steam Injection	<table border="1"><tr><td></td><td>Maximum</td><td>Minimum</td></tr><tr><td>Steam Pressure (psig):</td><td></td><td></td></tr></table> Design Basis for Steam Injected: _____ lb steam/lb Hydrocarbons Total Steam Flow Rate: _____ pounds/hour Number of Jets: _____ Temperature: _____ °F Diameter of Jets: _____ inches Velocity: _____ feet per second			Maximum	Minimum	Steam Pressure (psig):								
	Maximum	Minimum												
Steam Pressure (psig):														
For Water Injection	Number of Water Jets: _____ Diameter of Water Jets: _____ inches <table border="1"><tr><td></td><td>Maximum</td><td>Minimum</td></tr><tr><td>Water Pressure (psig):</td><td></td><td></td></tr><tr><td>Total Water Flow Rate (gpm):</td><td></td><td></td></tr></table>			Maximum	Minimum	Water Pressure (psig):			Total Water Flow Rate (gpm):					
	Maximum	Minimum												
Water Pressure (psig):														
Total Water Flow Rate (gpm):														
Auxiliary Fuel Data (e.g. gas injection, duct burner)	Auxiliary fuel available? No Yes If Yes, indicate type: _____ Number of Pilots: _____ Fuel Rate per pilot (at 70 °F & 14.7 psia): _____ SCFM Fuel Usage: Cubic Feet Per Hour (ft³/hr) Gallons/Hour (gal/hr) <table border="1"><tr><td>Maximum</td><td>Minimum</td><td>Average</td></tr><tr><td></td><td></td><td></td></tr></table>		Maximum	Minimum	Average									
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Section C - Waste Gas Stream Characteristics

Brief Description of Process	Describe equipment vented to this Flare. Also describe the type of ignition system and its method of operation. Provide an explanation of the control system for steam flow and rate and other operating variables. Please supply an assembly drawing, dimensioned to scale, to show clearly the operation of the flare system. Show interior dimensions and features of the equipment necessary to calculate its performance.				
Waste Gas Stream	Material	Flow Rate (at 70 °F & 14.7 psia) (scfm)			BTU Rating
		Maximum	Minimum	Average	
Instrumentation	Describe instrumentation for measuring temperature, pressure drop and other operating parameter (attach description, if necessary):				
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: _____ Title: _____ Company Name: _____	Phone #: _____ Fax #: _____ 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.