



South Coast Air Quality Management District

Form 400-E-9d
External Combustion
Burn Off Furnaces/Brake Debonders/Wax Burnoff Furnaces

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.:
Type	Burn Off Furnace	Brake Debonder	Wax Burnoff Furnace
Primary Chamber	Electric	LPG	Natural Gas
	Other: _____		
	Total KW Rating: _____	Total BTU Rating: _____ BTU/hr	
	Number of Burners: _____ BTU Rating of Each Burner: _____ BTU/hr		
Manufacturer: _____			Model: _____
Low NOx Type? No Yes If Yes, _____ ppm* @ _____ %O ₂			
*Provide supporting 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
Outside Dimensions	Diameter: _____ ft. _____ in. Width: _____ ft. _____ in.		
	Height: _____ ft. _____ in. Length: _____ ft. _____ in.		
Secondary Chamber/ Afterburner	Electric	LPG	Natural Gas
	Other: _____		
	Total KW Rating: _____	Total BTU Rating: _____ BTU/hr	
	Number of Burners: _____ BTU Rating of Each Burner: _____ BTU/hr		
Manufacturer: _____			Model: _____
Low NOx Type? No Yes If Yes, _____ ppm* @ _____ %O ₂			
*Provide supporting 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
Outside Dimensions	Diameter: _____ ft. _____ in. Width: _____ ft. _____ in.		
	Height: _____ ft. _____ in. Length: _____ ft. _____ in.		

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Section B - Equipment Description (cont.)

Design Features	Distance from Secondary Chamber Burner to Temperature Probe: _____ ft. _____ in.	Operating Temperature of Secondary Chamber: _____ °F
	Time to Reach Operating Temperature in Primary Chamber: _____ min.	
	Time to Reach Operating Temperature in Secondary Chamber: _____ min.	
	Is the Secondary Chamber Ignited Prior to the Primary Chamber? No Yes	
	If Yes, What is the Controlling Factor for Igniting the Primary Chamber? Temperature in Secondary Chamber Reaching: _____ °F Time Delay: _____ min.	
Describe the Ignition Procedure: _____		

Section C - Process Description

Brief Description of Process	Materials Processed: _____ Please provide a brief description of the process and attach manufacturer's technical specifications and guarantees: _____
Operation	Batch Continuous
Process Data	Number of Batches Per Day: _____ Weight of Each Batch of Material Processed (Pounds): _____ Hours to Process Each Batch: _____ Weight Percent of Combustible / Volatile in Each Batch: _____
Wax Burnoff	Pounds of Wax Per Pound of Materials Processed: _____
Brake Debonding	Maximum Weight of Brake Shoes Processed Per Batch (Pounds): _____ Maximum Weight of Calipers Processed Per Batch (Pounds): _____ Weight Percent of Oil on Brake Shoes: _____ Weight Percent of Oil on Calipers: _____
Instrumentation	Attach description of instrumentation for measuring temperature and other operating parameters (attach description).
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: _____	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. _____