



Form 400-E-9f
External Combustion
Metal Melting & Heat Treating 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

Device Type	Crucible Cupola Furnace Other _____
Furnace Type	Electric Arc Induction Pot Reverberatory Sweat
Furnace Operation	Annealing Forging Heat Treating Holding Melting Reducing Other _____
Equipment Type	Manufacturer: _____ Model No.: _____ Serial No: _____
Dimension	Length: _____ ft. Width: _____ ft. Height: _____ ft.
Capacity	Total melting capacity: _____ pounds/hour
Type of Material Processed	Aluminum Lead Steel Titanium Zinc Bronze Other _____
Burner Information	Burner Manufacturer: _____ Burner Model No.: _____ Number Of Burners: _____ BTU Rating Of Each Burner: _____ BTU/hr Low NOx Type? No Yes If Yes, please attach manufacturer's specifications Combustion Air Blower: Quantity: _____ HP: _____ CFM: _____
Fuel Type	LPG Natural Gas Fired Oxygen/Natural Gas Electric Heating: Total KW Rating: _____
Operational Features	Demagging _____ pounds/hour Using _____ Degassing _____ pounds/hour Using _____ Chlorination _____ pounds/hour

Section C - Process Description

Brief Description of Process	Please provide a brief description of the process and attach manufacturer's technical specifications and guarantees. Describe the method of charging the furnace, include data concerning the number and relative sizes of charge per heat and time elapsed between charges.
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Section C - Process Description (cont.)

Operation	Batch	Continuous	Operating Temperature _____ °F
Production Data	List all materials processed in this furnace:		
	Materials (e.g. Aluminum, glass, etc.)	Weight or Volume (%)	process Rate (pounds/hour)
Controls	Furnace is vented to: Afterburner Baghouse Selective Catalytic Reduction (SCR) Knock-out Chamber		
Instrumentation Data	Describe instrumentation data for measuring temperature and other operating parameters.		
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 #: _____
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.