



South Coast Air Quality Management District
Form 400-E-20
Plasma Arc/Laser Cutter

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):

C/O Manufacturing

Address where the equipment will be operated (for equipment which will be moved to various locations in AQMD's jurisdiction, please list the initial location site):

9640 Beverly Road, Pico Rivera Ca.

☒ Fixed Location ☐ Various Locations

Section B - Equipment Description

Equipment

1. Manufacturer:

BYSTRONIC

Model:

BYCUTSMART

Serial No.:

10126444

2. Cutting Method

☐ Plasma

☒ Laser

☐ Other

3. a)

☐ Dry cutting

☐ Semi-Wet Cutting

☐ Wet Cutting

b)

☐ Handheld

☒ Table

4. Equipment Dimensions

W 130 Inches x L 350 Inches x H 91 Inches

5. Power Rating

12 ☒ KW ☐ KVA

For plasma arc cutting: Power Supply Manufacturer

6. Maximum Thickness of Metal Cut

1/4

Model

Inches

7. Maximum Cutting Speed at Thickness above

24

Inches/min

8. Maximum Cutting Width (KERF) of plasma or laser beam

.004

☒ inches ☐ millimeters

9. Type and Amount of Material Being Cut (Select all that apply.)

Stainless Steel

300 ft/day 300 lbs/day 300 ft³/day

Mild Steel

1500 ft/day 1500 lbs/day 1500 ft³/day

Other

Alum

800 ft/day 800 lbs/day 800 ft³/day

Attach Material Safety Data Sheets (MSDS) for each metal cut. Also attach manufacturer's equipment specifications.

Air Pollution Control*
(APC)

Is this equipment vented to APC equipment?

☐ No

☐ Yes

If Yes, a separate permit is required.

If Yes, describe APC:

If already permitted:

Permit No.:

OR

Application No.:

*If you are cutting metals that contain chrome and/or nickel, a control device with HEPA filters may be required.

Section C - Operating Information

Schedule

Normal:

8

hours/day

5

days/week

52

weeks/yr

Maximum:

9

hours/day

6

days/week

52

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:

05/23/25

Name:

CESAR GONZALEZ

Title:

PRESIDENT

Company Name:

C/O MANUFACTURING

Phone #:

562 692 7525

Fax #:

Email:

CESAR@cnomfg.com

Contact
Info

Name:

Title:

Company Name:

Phone #:

Email:

Fax #:

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 submission to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.



South Coast Air Quality Management District

Form 400-A**Application Form for Permit or Plan Approval**

List only one piece of equipment or process per form.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944Tel: (909) 396-3385
www.aqmd.gov**Section A - Operator Information**

1. Facility Name (Business Name of Operator to Appear on the Permit):

C&O Manufacturing Company Inc.

2. Valid AQMD Facility ID (Available On
Permit Or Invoice Issued By AQMD)

3. Owner's Business Name (If different from Business Name of Operator):

Cesar Gonzalez

Section B - Equipment Location Address4. Equipment Location is: ☒ Fixed Location ☐ Various Location
(For equipment operated at various locations, provide address of initial site.)

9640 Beverly Road

Street Address

Pico Rivera, CA 90660

City

Zip

Cesar Gonzalez President

Contact Name

Title

(562) 692-7525 (562) 692-3724

Phone #

Ext.

Fax #

E-Mail: cesar@cnomfg.com

Section C - Permit Mailing Address

5. Permit and Correspondence Information:

☒ Check here if same as equipment location address

9640 Beverly Road

Address

Pico Rivera, CA 90660

City

State

Zip

Cesar Gonzalez President

Contact Name

Title

(562) 692-7525 (562) 692-3724

Phone #

Ext.

Fax #

E-Mail: cesar@cnomfg.com

Section D - Application Type6. The Facility is: ☒ Not in RECLAIM or Title V ☐ In RECLAIM ☐ In Title V ☐ In RECLAIM & Title V Programs

7. Reason for Submitting Application (Select only ONE):

7a. New Equipment or Process Application:

- ☐ New Construction (Permit to Construct)
☐ Equipment On-Site But Not Constructed or Operational
☒ Equipment Operating Without A Permit *
☐ Compliance Plan
☐ Registration/Certification
☐ Streamlined Standard Permit

7b. Facility Permits:

- ☐ Title V Application or Amendment (Refer to Title V Matrix)
☐ RECLAIM Facility Permit Amendment

7c. Equipment or Process with an Existing/Previous Application or Permit:

- ☐ Administrative Change
☐ Alteration/Modification
☐ Alteration/Modification without Prior Approval *
☐ Change of Condition
☐ Change of Condition without Prior Approval *
☐ Change of Location
☐ Change of Location without Prior Approval *
☐ Equipment Operating with an Expired/Inactive Permit *

Existing or Previous
Permit/ApplicationIf you checked any of the items in
7c., you MUST provide an existing
Permit or Application Number:

* A Higher Permit Processing Fee and additional Annual Operating Fees (up to 3 full years) may apply (Rule 301(c)(1)(D)(8)).

8a. Estimated Start Date of Construction (mm/dd/yyyy):

8b. Estimated End Date of Construction (mm/dd/yyyy):

8c. Estimated Start Date of Operation (mm/dd/yyyy):

9. Description of Equipment or Reason for Compliance Plan (list applicable rule):
Laser cutting machine - Bystronic Bycutmart 3015, 2024, 12000
watts fiber / Dust Collector Camfil GSXP10-3K, 202410. For identical equipment, how many additional
applications are being submitted with this application?
(Form 400-A required for each equipment / process)11. Are you a Small Business as per AQMD's Rule 102 definition?
(10 employees or less and total gross receipts are
\$500,000 or less OR a not-for-profit training center) ☒ No ☐ Yes12. Has a Notice of Violation (NOV) or a Notice to
Comply (NC) been issued for this equipment?
If Yes, provide NOV/NC#:☐ No ☒ Yes
PT4464**Section E - Facility Business Information**

13. What type of business is being conducted at this equipment location?

metal manufacturing

14. What is your business primary NAICS Code?
(North American Industrial Classification System)

337127

15. Are there other facilities in the SCAQMD
jurisdiction operated by the same operator? ☒ No ☐ Yes16. Are there any schools (K-12) within
1000 feet of the facility property line? ☒ No ☐ Yes**Section F - Authorization/Signature**

I hereby certify that all information contained herein and information submitted with this application are true and correct.

17. Signature of Responsible Official:

18. Title of Responsible Official:

President

19. I wish to review the permit prior to issuance.
(This may cause a delay in the
application process.) ☒ No ☐ Yes

20. Print Name:

Cesar Gonzalez

21. Date:

10/22/2025

22. Do you claim confidentiality of
data? (If Yes, see instructions.) ☒ No ☐ Yes23. Check List: ☐ Authorized Signature/Date☐ Form 400-CEQA☐ Supplemental Form(s) (i.e., Form 400-E-xx)☐ Fees EnclosedAQMD
USE ONLY

APPLICATION TRACKING #

CHECK #

AMOUNT RECEIVED
\$

PAYMENT TRACKING #

VALIDATION

DATE	APP REJ	DATE	APP REJ	CLASS I III	BASIC CONTROL	EQUIPMENT CATEGORY CODE	TEAM	ENGINEER	REASON/ACTION TAKEN
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South Coast Air Quality Management District

Form 400-CEQA

California Environmental Quality Act (CEQA) Applicability

Mail To:
SCAQMD
P O Box 4944
Diamond Bar, CA 91765-0944

Tel (909) 396-3385
www.aqmd.gov

The SCAQMD is required by state law, the California Environmental Quality Act (CEQA), to review discretionary permit project applications for potential air quality and other environmental impacts. This form is a screening tool to assist the SCAQMD in clarifying whether or not the project¹ has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines § 15060(a)]. Form 400-CEQA and the instructions for guidance on completing this form are available at <http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms> or <http://www.aqmd.gov/home/permits/permit-application-forms>. For each Form 400-A application, also complete and submit one Form 400-CEQA. If submitting multiple Form 400-A applications for the same project at the same time, only one Form 400-CEQA is necessary for the entire project. If you need assistance completing this form, contact Permit Services at (909) 396-3385.

Section A – Facility Information

1. Facility Name (Business Name of Operator to Appear on the Permit):

2. SCAQMD Facility ID:

C&O Manufacturing Company Inc.

3. Project Description:

Issue permits for laser cutting machines

Section B – Review For Exemption From Further CEQA Action

Check "Yes" or "No" as applicable. If "Yes" is checked for any question in Section B, skip Section C and proceed to page 2 and complete Section D - Signatures.

	Yes	No	Is this application for:
1.	☐	☒	A request for a change of operator only (without equipment or process change modifications)?
2.	☐	☒	A functionally identical permit unit replacement with no increase in equipment unit rating or emissions?
3.	☐	☒	A change of daily VOC permit limit to a monthly VOC permit limit?
4.	☐	☒	Equipment damaged as a result of a disaster during state of emergency?
5.	☐	☒	A Title V (e.g., SCAQMD Regulation XXX) permit renewal without equipment or process change modifications?
6.	☐	☒	A Title V administrative permit revision?
7.	☐	☒	The conversion of an existing permit into an initial Title V permit?

Section C – Review of Impacts Which May Trigger Further CEQA Review

Check "Yes" or "No" as applicable. To avoid delays in processing your application(s), explain all "Yes" responses on a separate sheet and attach it to this form.

	Yes	No	
1.	☐	☒	Is this project specifically evaluated in a previously certified or adopted CEQA document? If "Yes" is checked, attach a copy of the signed Notice of Determination to this form.
2.	☐	☒	Is this project specifically exempted from CEQA by another entity (e.g., city or agency)? If "Yes" is checked, attach a copy of the signed Notice of Exemption or other documentation from the entity to this form.
3.	☐	☒	Is this project part of a larger project? If "Yes" is checked, attach a separate sheet to briefly describe the larger project.
4.	☐	☒	Will the project increase the QUANTITY of hazardous materials stored aboveground onsite or transported by mobile vehicle to or from the site by greater than or equal to the amounts associated with each compound listed on Form 400-CEQA, Table 1 - Regulated Substances List and Threshold Quantities for Accidental Release Prevention (http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms)? If "Yes" is checked, attach a separate sheet to identify each hazardous material and corresponding quantity to be transported, stored, or used.
5.	☐	☒	Will the project emit any air toxic listed on Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels (http://www.aqmd.gov/home/regulations/ceqa/ceqa-permit-forms)? If "Yes" is checked, attach a separate sheet to identify each air toxic and corresponding quantity to be emitted.
6.	☐	☒	Will the project require any demolition, excavation, and/or grading construction activities that encompass an area exceeding 20,000 square feet?

¹ A "project" means the whole of an action which has a potential for resulting in physical change to the environment, including construction activities, clearing or grading of land, improvements to existing structures, and activities or equipment involving the issuance of a permit. For example, a project might include installation of a new, or modification of an existing internal combustion engine, dry cleaning facility, boiler, gas turbine, spray coating booth, solvent cleaning tank, etc.

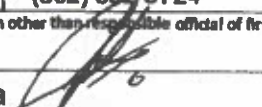
² Form 400-CEQA, Table 2 - Other Air Toxics and Their Screening Levels, contains a list of air toxics that either do not have a cancer potency (CP) or reference exposure level (REL) approved by the Office of Environmental Health Hazards Assessment (OEHA) or have a combination of OEHA-approved and non-approved CPs or RELs.

Section C – Review of Impacts Which May Trigger Further CEQA (concluded)

	Yes	No	
7.	☐	☒	Will the project utilize a boiler, engine, or other combustion equipment that uses fuel (e.g., gasoline, diesel, natural gas, liquefied petroleum gas (LPG), or landfill gas)? If "Yes" is checked, then the applicant will need to calculate the amount of GHGs from fuel use via the Greenhouse Gas (GHG) online estimator (http://www.sqmd.gov/home/regulations/ceqa/ceqa-permit-forms), and attaching the printout or by conducting hand calculations and providing the documentation. Refer to the Instructions for Form 400-CEQA for guidance.
8.	☐	☒	Will the project utilize other types of equipment not addressed in Question 7 that require the use of, or will generate, any chemicals listed on Form 400-CEQA, Table 3 - Greenhouse Gases (http://www.sqmd.gov/home/regulations/ceqa/ceqa-permit-forms)? If "Yes" is checked, attach a separate sheet to identify each equipment unit, the chemical name(s), and the quantity of each chemical identified.
9.	☐	☒	Will the project include the open outdoor storage of dry bulk solid materials that could generate dust? If "Yes" is checked, include a plot plan with the application package.
10.	☐	☒	Will the project result in or make worse noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements? For example, landfills, materials recovery/recycling facilities (MRF), and compost materials or other types of greenhouse (e.g., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to SCAQMD Rule 402 - Nuisance.
11.	☐	☒	Will the project cause an increase of emissions from marine vessels, trains and/or airplanes?
12.	☐	☒	Will the project increase demand for potable water at the facility by more than 262,820 gallons per day? The following examples identify some, but not all, types of projects that may result in a "Yes" answer to this question: 1) a project that generates steam; 2) a project that uses water as part of operating air pollution control equipment; 3) a project that requires water as part of the production process; 4) a project that requires a new, or the expansion of an existing, sewage treatment facility, new water lines, sewage lines, sewage hook-ups etc.; 5) a project where the water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; 6) a project that requires new or the expansion of existing, water supply and conveyance facilities; and, 7) a project that requires water to hydrotest pipelines, storage tanks etc. for structural integrity.
13.	☐	☒	Will the project create an increase in the mass inflow of effluents to a public wastewater treatment facility that would require a new, or revision to an existing, National Pollutant Discharge Elimination System (NPDES) or other related permit at the facility?
14.	☐	☒	Will the project result in the need for more than 350 new employees?
15.	☐	☒	Will the project result in an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?
16.	☐	☒	Will the project result in an increase in customer traffic by more than 700 visits per day?
17.	☐	☒	Will the project result in temporary or permanent noise or vibration in excess of what is allowed by the applicable local noise ordinance?
18.	☐	☒	Will the project create a permanent need for new or additional solid waste disposal? Check "No" if the projected potential amount of solid waste to be generated by the project is less than five tons per day.
19.	☐	☒	Will the project create a permanent need for new or additional hazardous waste disposal? Check "No" if the projected potential amount of hazardous wastes to be generated by the project is less than 42 cubic yards per day (or equivalent in pounds).
20.	☐	☒	Will the project include equipment that after installation or modification will change the visual character of the site and its surroundings or block views?
21.	☐	☒	Will the project have equipment that will create a new source of external lighting that will be visible at the property line?

Section D – SIGNATURES

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS FORM IS A SCREENING TOOL AND THAT THE SCAQMD RESERVES THE RIGHT TO CONSIDER OTHER PERTINENT INFORMATION IN DETERMINING CEQA APPLICABILITY.

1. Signature of Responsible Official of Firm: 		2. Title of Responsible Official of Firm: President
3. Print Name of Responsible Official of Firm: Cesar Gonzalez		4. Date Signed: 10/22/2025
5. Phone # of Responsible Official of Firm: (562) 692-7525	6. Fax # of Responsible Official of Firm: (562) 692-3724	7. Email of Responsible Official of Firm: cesar@cnomfg.com
8. Signature of Preparer, (if prepared by person other than responsible official of firm): 		9. Title of Preparer: Office Manager
10. Print Name of Preparer: Luz Rivera		11. Date Signed: 10/22/2025
12. Phone # of Preparer: (562) 692-7525	13. Fax # of Preparer: (562) 692-3724	14. Email of Preparer: luz@cnomfg.com

THIS CONCLUDES FORM 400-CEQA. INCLUDE THIS FORM AND ANY ATTACHMENTS WITH FORM 400-A.



South Coast Air Quality Management District

Form 400-PS**Plot Plan And Stack Information Form**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

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 To Appear On The Permit):

Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

C&O Manufacturing Company Inc.

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):

9640 Beverly Road Pico Rivera, CA 90660

☒ Fixed Location ☐ Various Locations**Section B - Location Data****Plot Plan**

Please attach a site map for the project with distances and scales. Identify and locate the proposed equipment on the map. A copy of the appropriate Thomas Brothers page, a web-based map, or a sketch that shows the major streets and location of the equipment is acceptable.

Location of Schools NearbyIs the facility located within a 1/4 mile radius (1,320 feet) of the outer boundary of a school? ☐ Yes ☒ No

If yes, please provide name(s) of school(s) below:

School Name: _____

School Name: _____

School Address: _____

School Address: _____

Distance from stack or equipment vent
to the outer boundary of the school: _____ feetDistance from stack or equipment vent
to the outer boundary of the school: _____ feet

CA Health & Safety Code 42301.9: "School" means any public or private school used for purposes of the education of more than 12 children in kindergarten or any of grades 1 to 12, inclusive, but does not include any private school in which education is primarily conducted in private homes.

Population Density☒ Urban ☐ Rural (<50% of land within 3 km radius accounted for by urban land use categories, i.e., multi-family dwelling or industrial.)**Zoning Classification**☐ Mixed Use Residential Commercial Zone (M-U)☐ Service and Professional Zone (C-S)☐ Medium Commercial (C-3)☐ Heavy Commercial (C-4)☒ Commercial Manufacturing (C-M)**Section C - Emission Release Parameters - Stacks, Vents****Stack Data**

Stack Height: _____ feet (above ground level)

What is the height of the closest building nearest the stack? _____ feet

Stack Inside Diameter: _____ inches

Stack Flow: _____ acfm

Stack Temperature: _____ °F

Rain Cap Present: ☐ Yes ☐ NoStack Orientation: ☐ Vertical ☐ Horizontal

If the stack height is less than 2.5 times the closest building height (H), please provide information on any building within 5xH distance from the stack (attach additional sheet if necessary):

Building #/Name: _____

Building #/Name: _____

Building Height: _____ feet (above ground level)

Building Height: _____ feet (above ground level)

Building Width: _____ feet

Building Width: _____ feet

Building Length: _____ feet

Building Length: _____ feet

**Receptor Distance From
Equipment Stack or Roof
Vents/Openings**

Distance to nearest residence or sensitive receptor*: _____ 1,056 feet

Distance to nearest business: _____ 79 feet

Building InformationAre the emissions released from vents and/or openings from a building? ☐ Yes ☒ No

If yes, please provide:

Building #/Name: _____

Building Width: _____ feet

Building Height: _____ feet (above ground level)

Building Length: _____ feet

*AQMD Rule 1470 defines SENSITIVE RECEPTOR as meaning any residence including private homes, condominiums, apartments, and living quarters, schools as defined under paragraph (b)(57), preschools, daycare centers and health facilities such as hospitals or retirement and nursing homes. A sensitive receptor includes long term care hospitals, hospices, prisons, and dormitories or similar live-in housing.

Form 400-PS

Plot Plan And Stack Information Form

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Form 400A and Form 400-CEQA.

Section D - Authorization/Signature			
I hereby certify that all information contained herein and information submitted with this application is true and correct.			
Signature of Preparer: 		Title of Preparer: Office Manager	Preparer's Phone #: (562) 692-7525 Preparer's Email: luz@cnomfg.com
Contact Person: Luz Rivera		Contact's Phone#: (562) 692-7525 Contact's Fax#: (562) 692-3724	Date Signed: 10/22/2025
Contact's Email: luz@cnomfg.com			
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 <u>at the time of submittal</u> to the District. Check here if you claim that this form or its attachments contain confidential trade secret information. ☐			