



South Coast Air Quality Management District

Form 400-E-9g

External Combustion Crematories



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

Mail To:
South Coast AQMD
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 South Coast AQMD Facility ID
(Available On Permit or Invoice Issued By South Coast AQMD)

Address where the equipment will be operated:

Section B – Equipment Description

Equipment	Manufacturer:	Model:	Serial No.:
Type	Human Cremation	Animal Cremation	
Primary Chamber	Natural Gas	Other:	
	Manufacturer:	Model:	
	Number of Burners:	BTU Rating of Each Burner:	BTU/hr
	Total BTU Rating:	BTU/hr	
	Operating BTU Rating of Each Burner (if Different)	BTU/hr	
	Burner Mfg NOx Concentration	ppm @ 3% O ₂ . Please provide supporting documentation.	
Secondary Chamber	Natural Gas	Other:	
	Manufacturer:	Model:	
	Number of Burners:	BTU Rating of Each Burner:	BTU/hr
	Total BTU Rating:	BTU/hr	
	Operating BTU Rating of Each Burner (if Different)	BTU/hr	
	Burner Mfg NOx Concentration	ppm @ 3% O ₂ . Please provide supporting documentation.	
Design Features	Dimensions or Volume	Width: ft. in.	Length: ft. in.
		Height: ft. in.	Volume: cubic feet
	Blower(s)	Combustion Air Blower	Quantity: HP: CFM: for each unit
	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 no, please provide reasons for igniting the primary chamber before the secondary chamber:			

Section C – Process Description

Process Data	Number of Cremations Per Day:	Max Weight of Each Cremation (Pounds):	
	Hours to Process Each Cremation:		
Instrumentation	Attach description of instrumentation for measuring temperature and other operating parameters.		
	Secondary Chamber Temperature Gauge	No	Yes
Operating Schedule	Non-Resettable Totalizing Fuel Meter		
	No	Yes	
Operating Schedule	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 South Coast AQMD's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the South Coast AQMD.

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