



SELECTIVE CATALYTIC REDUCTION (SCR) SYSTEM, OXIDATION CATALYST, AND AMMONIA CATALYST

Mail Application To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

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

Permit to be issued to (Business name of operator to appear on permit):	
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 A: EQUIPMENT INFORMATION

SELECTIVE CATALYTIC REDUCTION (SCR)

SCR Catalyst	Manufacturer:				Catalyst Active Material:			
	Model Number:				Type:			
	Size of Each Layer or Module:		Length:		Width:		Height:	
			ft.	in.	ft.	in.	ft.	in.
	No. of Layers or Modules:		Total Volume:		cu.ft.	Total Weight:		lbs.
Reducing Agent	Urea	Anhydrous Ammonia	Aqueous Ammonia	%	Injection Rate:		lb/hr.	
Reducing Agent Storage	Diameter:		ft.	in.	Height:		ft.	in.
	Capacity:		gal		Pressure Setting:		psia	
Space Velocity	Gas Flow Rate/Catalyst Volume:				hr ⁻¹			
Area Velocity	Gas Flow Rate/Wetted Catalyst Surface Area:				ft/hr			
Manufacturer's Guarantee	NOx:	ppm	%O ₂ :	NOx:	gm/bhp-hr	Ammonia Slip:	ppm @	% O ₂
Catalyst Life	years (expected)							
Cost	Capital Cost:		Installation Cost:			Catalyst Replacement Cost:		

OXIDATION CATALYST

Oxidation Catalyst	Manufacturer:				Catalyst Active Material:			
	Model Number:				Type:			
	Size of Each Layer or Module:		Length:		Width:		Height:	
			ft.	in.	ft.	in.	ft.	in.
	No. of Layers or Modules:		Total Volume:		cu.ft.	Total Weight:		lbs.
Space Velocity	Gas flow rate/Catalyst Volume:				hr ⁻¹			
Manufacturer's Guarantee	VOC	ppm	VOC	gm/bhp-hr	CO	ppm	CO	gm/bhp-hr
	% O ₂		% O ₂					
Catalyst Life	years (expected)							
Cost	Capital Cost:		Installation Cost:			Catalyst Replacement Cost:		

South Coast Air Quality Management District

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AMMONIA CATALYST	
Ammonia Catalyst	Manufacturer: _____ Catalyst Active Material: _____
	Model Number: _____ Type: _____
	Size of Each Layer or Module: Length: ft. in. Width: ft. in. Height: ft. in. No. of Layers or Modules: Total Volume: cu.ft. Total Weight: lbs.
Space Velocity	Gas flow rate/Catalyst Volume: hr ⁻¹
Manufacturer's Guarantee	NH3 ppm % O ₂
Catalyst Life	_____ years (expected)
Cost	Capital Cost: Installation Cost: Catalyst Replacement Cost: _____

SECTION B: OPERATION INFORMATION	
Operating Temperature	Minimum Inlet Temperature: _____ °F (from cold start) Maximum Temperature: _____ °F
	Warm-up Time: hr. min. (maximum)
Operating Schedule	Normal: hours/day days/week weeks/yr.
	Maximum: hours/day days/week weeks/yr.

SECTION C: APPLICANT CERTIFICATION STATEMENT			
I hereby certify that all information contained herein and information submitted with this application is true and correct.			
SIGNATURE OF PREPARER:	TITLE OF PREPARER:	PREPARER'S TELEPHONE NUMBER:	
		PREPARER'S E-MAIL ADDRESS:	
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:		CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:
E-MAIL ADDRESS:		FAX NUMBER:	

CONFIDENTIAL INFORMATION
Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps: (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy." (b) Label the original page "confidential." Circle all confidential items on the page. (c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.