South Coast Air Quality Management District

# Form 400–CEQA
# California Environmental Quality Act (CEQA) Applicability

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

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 project[1] has the potential to generate significant adverse environmental impacts that might require preparation of a CEQA document [CEQA Guidelines §15060(a)].[2] Refer to the attached instructions for guidance in completing this form.[3] 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 400-CEQA form is necessary for the entire project. If you need assistance completing this form, contact Lori Inga at (909) 396-3109.

## FACILITY INFORMATION

| **Business Name of Operator to Appear on the Permit:** | **Facility ID** (6-Digit): |
|---|---|
| **Project Description:** | |

## REVIEW FOR EXEMPTION FROM FURTHER CEQA ACTION

Check "Yes" or "No" as applicable

| | Yes | No | Is this application for: |
|---|---|---|---|
| A. | ○ | ○ | **A CEQA and/or NEPA document previously or currently prepared that specifically evaluates this project?** If yes, a permit cannot be issued until a Final CEQA document and Notice of Determination is submitted. |
| B. | ○ | ○ | **A request for a change of permittee only (without equipment modifications)?** |
| C. | ○ | ○ | **Equipment certification or equipment registration** (qualifies for Rule 222)**?** |
| D. | ○ | ○ | **A functionally identical permit unit replacement with no increase in rating or emissions?** |
| E. | ○ | ○ | **A change of daily VOC permit limit to a monthly VOC permit limit?** |
| F. | ○ | ○ | **Equipment damaged as a result of a disaster during state of emergency?** |
| G. | ○ | ○ | **A Title V** (i.e., Regulation XXX) **permit renewal (without equipment modifications)?** |
| H. | ○ | ○ | **A Title V administrative permit revision?** |
| I. | ○ | ○ | **The conversion of an existing permit into an initial Title V permit?** |

If **"Yes"** is checked for any question above, your application does not require additional evaluation for CEQA applicability. Skip to page 2, "SIGNATURES" and sign and date this form.

## REVIEW OF IMPACTS WHICH MAY TRIGGER CEQA

Complete Sections I-VI by checking "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 | Section I – General |
|---|---|---|---|
| 1. | ○ | ○ | **Has this project generated any known public controversy regarding potential adverse impacts that may be generated by the project?** Controversy may be construed as concerns raised by local groups at public meetings; adverse media attention such as negative articles in newspapers or other periodical publications, local news programs, environmental justice issues, etc. |
| 2. | ○ | ○ | **Is this project part of a larger project?** |
| | | | **Section II – Air Quality** |
| 3. | ○ | ○ | **Will there be any demolition, excavating, and/or grading construction activities that encompass an area exceeding 20,000 square feet?** |
| 4. | ○ | ○ | **Does this project include the open outdoor storage of dry bulk solid materials that could generate dust?** If Yes, include a plot plan with the application package. |

[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] To download the CEQA guidelines, visit http://ceres.ca.gov/env_law/state.html.
[3] To download this form and the instructions, visit http://www.aqmd.gov/ceqa or http://www.aqmd.gov/permit

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| | Yes | No | |
|---|---|---|---|
| 5. | ○ | ○ | **Would this project result in noticeable off-site odors from activities that may not be subject to SCAQMD permit requirements?** For example, compost materials or other types of greenwaste (i.e., lawn clippings, tree trimmings, etc.) have the potential to generate odor complaints subject to Rule 402 – Nuisance. |
| 6. | ○ | ○ | **Does this project cause an increase of emissions from marine vessels, trains and/or airplanes?** |
| 7. | ○ | ○ | **Will the proposed 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 on the attached Table 1?**[4] |
| | | | **Section III – Water Resources** |
| 8. | ○ | ○ | **Will the project increase demand for water at the facility by more than 5,000,000 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) projects that generate steam; 2) projects that use water as part of the air pollution control equipment; 3) projects that require water as part of the production process; 4) projects that require new or expansion of existing sewage treatment facilities; 5) projects where water demand exceeds the capacity of the local water purveyor to supply sufficient water for the project; and 6) projects that require new or expansion of existing water supply facilities. |
| 9. | ○ | ○ | **Will the project require construction of new water conveyance infrastructure?** Examples of such projects are when water demands exceed the capacity of the local water purveyor to supply sufficient water for the project, or require new or modified sewage treatment facilities such that the project requires new water lines, sewage lines, sewage hook-ups, etc. |
| | | | **Section IV – Transportation/Circulation** |
| 10. | | | **Will the project result in** (Check all that apply)**:** |
| | ○ | ○ | **a. the need for more than 350 new employees?** |
| | ○ | ○ | **b. an increase in heavy-duty transport truck traffic to and/or from the facility by more than 350 truck round-trips per day?** |
| | ○ | ○ | **c. increase customer traffic by more than 700 visits per day?** |
| | | | **Section V – Noise** |
| 11. | ○ | ○ | **Will the project include equipment that will generate noise GREATER THAN 90 decibels (dB) at the property line?** |
| | | | **Section VI – Public Services** |
| 12. | | | **Will the project create a permanent need for new or additional public services in any of the following areas** (Check all that apply)**:** |
| | ○ | ○ | **a. Solid waste disposal?** Check "No" if the projected potential amount of wastes generated by the project is less than five tons per day. |
| | ○ | ○ | **b. Hazardous waste disposal?** Check "No" if the projected potential amount of hazardous wastes generated by the project is less than 42 cubic yards per day (or equivalent in pounds). |

**REMINDER*: For each "Yes" checked in the sections above, attach all pertinent information including but not limited to estimated quantities, volumes, weights, etc.***

## 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.**

| | | |
|---|---|---|
| **SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM:** | **TITLE OF RESPONSIBLE OFFICIAL OF FIRM:** | |
| **TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:** | **RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER:** | **DATE Signed:** |
| **SIGNATURE OF PREPARER**, IF PREPARED BY PERSON OTHER THAN RESPONSIBLE OFFICIAL OF FIRM**:** | **TITLE OF PREPARER:** | |
| **TYPE OR PRINT NAME OF PREPARER:** | **PREPARER'S TELEPHONE NUMBER:** | **DATE Signed:** |

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

Validate/Print Reset

[4] Table 1 – Regulated Substances List and Threshold Quantities for Accidental Release Prevention can be found in the Instructions for Form 400-CEQA.