South Coast Air Quality Management District

FORM 400–E–9d
EXTERNAL COMBUSTION
BURN OFF FURNACES/BRAKE DEBONDERS/
WAX BURNOFF FURNACES

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 DESCRIPTION

Equipment	**Manufacturer:** **Model No:** **Make:**
Dimension	**Length:** ft. **Width:** ft. **Height:** ft.
Type	**Burn Off Furnances** **Brake Debonders** **Wax Burnoff Furnances**
Primary Chamber	**LPG** **Total BTU Rating For Burners In Primary Chamber:** (BTU/hr) **Natural Gas Fired** **Number Of Burners:** **Btu Rating Of Each Burner:** (BTU/hr) **Other** **Low Nox Type?** **Yes** **No** **Electric Heating:** **Total KW Rating:** **Combustion Air Blower:** **Quantity:** **HP:** **CFM:** For Each Unit **Excess Air Precent:** %
Secondary Chamber/After Burner Selection	**LPG** **Total BTU Rating For Burners In Primary Chamber:** (BTU/hr) **Natural Gas Fired** **Number Of Burners:** **Btu Rating Of Each Burner:** (BTU/hr) **Other** **Low Nox Type?** **Yes** **No** **Electric Heating:** **Total KW Rating:** **Combustion Air Blower:** **Quantity:** **HP:** **CFM:** For Each Unit **Excess Air Precent:** % **Diameter:** (ft) **Width:** _____ (ft) **Height:** (ft) **Length:** (ft)
Design Features	**Distance From Burner To Temperature Probe:** (ft) **Operating Temperature Of Secondary Chamber:** (°F) **Time To Reach Operating Temperature:** (minutes) **Is The Secondary Chamber Ignited Simultaneously with the Primary Chamber?** **Yes** **No** **If No, what is the controlling factor for igniting the secondary chamber?** **Temperature in Primary Chamber Reaching:** (°F) **Time Delay:** (minutes) **Other:**

SECTION B: PROCESS DESCRIPTION

Brief Description of Process	**Materials Processed:** **Percentage of Combustible Material Per Batch:** % **Please provide a brief description of the process and attach manufacturer's technical specifications and guarantees**
Operation	**Batch Continuous**
Production Data	**Number of Batches Per Day:** **Weight of Each Batch of Material Processed:** **Hours To Process Each Batch:** **Percent Weight of Combustible/ Volatile in Each Batch:**
Wax Burnoff	**Pounds of Wax / Pounds of Materials Processed:**
Brake Debonding	**Maximum Weight of Brake Shoes Processed Per Batch** **Maximum Weight of calipers processed per batch:** **Weight Percent of Oils on Brake Shoe:** **Weight Percent of oils on calipers:**
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 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: E-MAIL ADDRESS:		CONTACT PERSON'S TELEPHONE NUMBER: FAX NUMBER:	DATE SIGNED: