



FORM 400-E-2b
GASEOUS EMISSION CONTROL FORM
CARBON ADSORBER

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 DESCRIPTION			
Equipment	Manufacturer:	Model No:	Make:
Type	Fixed Regenerative Beds	Traveling bed Adsorbers/Rotary Concentrators	
	Disposable/Rechargeable Canisters	Fluidized Adsorbers	
	Number of beds:	Capacity of each bed:	pounds of adsorbent
Adsorbent Material	Granulated Activated Carbon	Synthetic Adsorbent Trade name:	
	Zeolite, Molecular Sieve	Other	
	Adsorbent Capacity:	(pound of vapor/pound of carbon)	
Dimensions	Adsorbent Vessel Diameter:	ft.	Depth of Carbon in Bed: ft.

SECTION B: WASTE GAS STREAM CHARACTERISTICS						
Brief Description of Process	Please supply an assembly drawing, dimensioned to scale, to show clearly the operation of the adsorber including all equipment vented. Describe procedure in disposing of spent adsorbant and equipment vented to this carbon adsorber.					
Waste Gas Stream	Flow rate scfm (70 degrees F & 14.7 psia)					
	Material	Is material a Hazardous Air Pollutant (HAP)? <input checked="" type="checkbox"/>	Minimum	Average	Maximum	Concentration ppmv
	Are reactive organics (e.g. ketone, aldehydes) present?	Yes No	Relative humidity: % Cycle time for adsorption: hour Lower explosive limit of mixture: ppmv or % volume			

Regeneration	Is the adsorbent material regenerated on-site?	Yes No	On-site Regeneration by:	Steam Air Inert gas Process gas Other
	Regeneration rate:	lb/min	Cycle time for regeneration:	hour
Describe carbon regeneration procedure and how emissions are controlled during regeneration. If reactive organics are present in the inlet stream, what is the procedure to prevent carbon bed fires (Attach description, if necessary).				
Instrumentation Data	Describe instrumentation data for measuring temperature, pressure drop, VOC monitoring, audible alarms, and other operating parameters (attach description, if necessary).			
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	DATE SIGNED:
E-MAIL ADDRESS:		TELEPHONE NUMBER:	
		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.