

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

Tank Information	Is this tank part of a t	ank farm? Yes	No		e number of tanks: identical, please complet	e one form for	each tank)
	Tank identification number or name: Portable Tan						No
Tank Capacity	Gallons OR		Barrels OR		Cubic Yards	OR	Tons
Features	Above Ground	Below Ground	Heated	Unheated	Cooled		
Dimensions	Height:	ft. Width:	f	t. Length:	ft.		
Material Stored	Type of material:					Density	(pounds/cubic feet):

SECTION B: PROCESS DESCRIPTION

Brief Description of Process	Please supply drawing that shows how the material is received, conveyed, transferred, and to reduce dust emissions.	nd stored and include any control measures		
Delivery Method	Delivery pressure: psi Delivery flow rate: standard cu	bic feet per minute		
	Delivered by: Tanker Truck Rail Car Other			
Controls	Make:	Model:		
	On-site Blower:	Each filter dimensions: _{HP*} Diameter: in.		
	Powered by electric motor Powered by Internal Combustion Engine: Filter vent (passive- uses airflow created by material transfer)	Length: ft		
	Baghouse with attached blower**	Total Filter Area: sq. fi		
	*If internal combustion engine is greater than 50 HP, a separate application is required.) **Separate Permit Application is Required	Number of filters:		
Delivery Schedule	Delivery Rate of Material (maximum): pounds/hr Time Required:	mins		
	Number of Deliveries/Day: Number of Days of Delivery/Week:	Weeks/Year:		

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 TH	CONTACT PERSON'S		DATE SIGNED:						
	TELEPHONE NUMBER:								
E-MAIL ADDRESS:	FAX NUMB	ER:							

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.

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