

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

Tel: (909) 396-3385

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

www.aqmd.gov

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					
	Manufacturer:				
Equipment	Model No.:			Serial No.:	
Internal Dimensions of Sterilizer Chamber	Width: ft.	in. Length:	ft.	in. Height:	ft. in.
Sterilizer Heater Information	Operating Temperature:	a. ∘F b.	Electric:	KW c. Steam BTU/hr d. Other (specify):	
Sterilizer Exhaust Blower Information	Capacity:	ACFM			
Internal Dimensions of Aeration Chamber	Width: ft.	in. Length:	ft.	in. Height: ft.	in.
Aeration Heater Information	Operating Temperature:	a. ∘F	Electric:	KW c. Steam	
		b.	Gas:	d. Other (specify): BTU/hr	
Aeration Exhaust Blower Information	Capacity:	ACFM			

SECTION B: OPERATION INFORMATION					
	a. Composition Ethylene Oxide (ETO)		% by weight		
Sterilant Gas Information:					
	b. Maximum Temperature	۰F			
	c. Pressure:	psi			

	Is Sterilizer vented to an external Air Pollution Control (APC) equipment?							
Sterilizer Vented Information	a.	No						
	b. Yes; Please Indicate Type of Control							
	Catalytic Afterburner							
	Condensation/Reclamation							
	Acid-water Scrubber							
			Other ¹	Other ¹				
	¹ A separate permit is required							
Process Information	Weigh	nt of ETO:	lbs/load	Average usage:	loads/day			
	Maxin	num usage:	loads/day					
Operating Schedule	Normal:		hours/day	days/week		weeks/yr		
	Maximun	n:	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:		
			TELEPHON	E NUMBER:		
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.

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