



**FORM 400-E-10
DEGREASER**

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 DESCRIPTION

Degreaser Machine	Manufacturer:	Model:		
Type	Open Top Vapor Degreaser	Conveyorized (in-line) Vapor Degreaser	Airless System	
	Batch-Loaded Cold Cleaner	Conveyorized (in-line) Cold Cleaner	Airtight System	
Please attach manufacturer specification of the system				
Capacity	Gallons			
Materials Cleaned	List the materials cleaned in the degreaser:			
Add-On Control	Vented to an External Carbon Adsorption System¹	Other:		
¹ A separate permit is needed for this control system				
Degreaser Equipped With: (Select All That Apply)	All Listed	Refrigerated Freeboard Chiller	Lip Exhaust	
	Automated Parts Handling System	A Circumferential Trough	Freeboard Ratio Of At Least 1.0	
	Circumferential Primary Condensing Coils	Water Trough	Superheated Vapor Zone	
Safety Switches	Vapor Level Control	Sump Heat Shut-off Process Control		
	Condenser Water Flow for Water-Cooled Degreaser	Float for low liquid level indicator		

SECTION B: PROCESS DESCRIPTION

Type of Solvent	National Emission Standard for Hazardous Air Pollutant (NESHAP) Solvent (Select All That Apply)			
	Perchloroethylene	Methylene Chloride	Trichloroethylene	1-1-1 Trichloroethane
	Carbon Tetrachloride	Chloroform		
	VOC containing solvent with a VOC content of 50 g/l Name:			
	VOC containing solvent with a VOC content of 25 g/l Name:			
Other Please attach a copy of the Material Safety Data Sheet (MSDS) for the solvent.				
Solvent Usage	Gallons of solvent consumed per month: (Solvent consumed = Solvent purchase + Initial Inventory -Final Inventory - Waste Credit)			
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 TELEPHONE NUMBER:	DATE SIGNED:
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:

- Make a copy of any page containing confidential information blanked out. Label this page "public copy."
- Label the original page "confidential." Circle all confidential items on the page.
- Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.