



South Coast Air Quality Management District

FORM 400-E-9c

EXTERNAL COMBUSTION

SOLDER REFLOW/WAVE/HOT AIR LEVELING MACHINE

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	Wave Reflow Hot Air Leveling*		
Dimension	Length:	ft. Width:	ft. Height: ft.
Reflow Method	Conduction	Infrared	Vapor Phase Condensation Hot Gas Convection Induction
	White Beam	Laser	Focused Infrared Vertical Reflow
Heat Input	Electric Heating Total KW Rating:		

* This unit may be required to be vented to a control system (ESP). A separate application may be needed for the control

SECTION B: PROCESS DESCRIPTION

Brief description of process and material processed	Solder paste	No Lead	Lead	% by weight		Please attach Material Safety Data Sheet (MSDS). Please attach manufacturers catalog and a brief description of process.	
	Combined with flux						
		Flux:	Rosin Based	Water Soluble	No-Clean		% by weight of VOC
	For Hot Air Leveling m/c						
	Average use of oil /month:		gal. Average use of solder/month:		gal. Average use of flux /month: gal.		
	Maximum use of oil/month:		gal. Maximum use of solder/month:		gal. Maximum use of flux solder/month: gal.		
Operation	Batch	Conveyor					
Process Gas	Nitrogen	Hot Air	Hydrogen				
Operating Temperature	Normal temperature:		°F	Maximum temperature:		°F	
Instrumentation data	Describe instrumentation data for measuring temperature and other operating parameters (attach description).						
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:
E-MAIL ADDRESS:		FAX NUMBER:
		DATE SIGNED:

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.