



North Coast Unified Air
Quality Management District
707 L Street
Eureka, CA 95501
(707) 443-3093

VOLATILE ORGANIC COMPOUND (VOC) CONTROL EQUIPMENT FORM 1304

(Use Form 1305 for Scrubbers)
Form 1300 must also accompany all submittals.

Section I - Facility/Application Information

1. Owner/Operator: _____

Section II.A - General Equipment Information (Complete all items in Section II.A and ...)

1. Volatile Organic Compound (VOC) Control Equipment Type (If control type is not listed, use Form 400-E-GI):
- | | |
|--|---|
| a. <input type="checkbox"/> Afterburner/Oxidizer (Complete Section II.B) | b. <input type="checkbox"/> Adsorber (Complete Section II.C) |
| <input type="checkbox"/> Catalytic | c. <input type="checkbox"/> Condenser (Complete Section II.D) |
| <input type="checkbox"/> Thermal | d. <input type="checkbox"/> Flare (Complete Section II.B) |
| <input type="checkbox"/> Hot Rock Bed | e. <input type="checkbox"/> Lumber kiln |
| <input type="checkbox"/> Other (specify): _____ | |
2. Equipment Manufacturer: _____ Model No.: _____ Serial No.: _____
3. Maximum Heat Input Rating: _____ MM Btu/hr or _____ KW
4. Dimensions (For an afterburner/flare, use combustion chamber dimensions):
Diameter: _____ feet _____ inches; Height: _____ feet _____ inches
Length: _____ feet _____ inches; Width: _____ feet _____ inches
5. Method of Heating (check all that apply):
- | | | |
|--|--|--|
| a. <input type="checkbox"/> Diesel Oil | c. <input type="checkbox"/> Natural Gas | e. <input type="checkbox"/> Propane |
| b. <input type="checkbox"/> Digester Gas | d. <input type="checkbox"/> Landfill Gas | f. <input type="checkbox"/> Other (specify): _____ |
- (If Digester Gas, Landfill Gas, and/or Other are checked, attach fuel analysis indicating higher heating value and sulfur content.)
6. Exhaust Blower Capacity (total): _____ cfm Blower Power (total): _____ HP

Section II.B - Afterburner/Flare Information (Complete only if equipment is an afterburner or flare)

7. Combustion chamber cross sectional Area: _____ square feet
8. Vapor stream flow rate: _____ scfm; Percent moisture of vapor stream: _____ %
9. Afterburner/Flare operating temperature: _____ °F; Retention time: _____ seconds

Section II.C - Adsorber Information (Complete only if equipment is an adsorber)

11. Adsorbent type: _____; Adsorbent Capacity: _____ lbs
12. Differential Pressure Drop across Adsorber: _____ inches of water or mmHg (circle applicable units)
13. Relative Humidity of Inlet Stream: _____ %
14. Specify which parts of the adsorber, if any, are shut off at any time during operation.
Give specific details and reasons.
15. If adsorber has more than one unit, describe how the units are connected (e.g. two parallel trains, each train having three units in series).
16. Describe the means of reactivating adsorber and procedure to be used in preventing vapor losses when cleaning or emptying adsorber.

Section II.D - Condenser Information (Complete only if equipment is a condenser)

17. Condenser Type: a. Packed, Packing Material: _____ c. Shell and Tube
b. Refrigerated d. Water Cooled
18. Heat transfer area: _____ square feet; Heat Removal Capacity: _____ BTU/hr
19. Coolant Temperature: Inlet: _____ °F; Outlet: _____ °F

Section III - Operation Information (Provide all items)

4. Maximum operating schedule: hours/day _____ days/week _____ weeks/year _____ hours/year _____
Average operating schedule: hours/day _____ days/week _____ weeks/year _____ hours/year _____

TURN OVER AND COMPLETE

AQMD USE ONLY	TRACKING # _____	SIC/SCC CODES _____/_____	PERMIT REVIEW	ENFORCEMENT REVIEW
\$	FEE SCHEDULE:	CHECK/MONEY ORDER	AMOUNT	
		#		

Section IV - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: _____ TITLE OF RESPONSIBLE OFFICIAL OF FIRM: _____

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED:

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I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.
SIGNATURE OF PREPARER: _____ TITLE OF PREPARER: _____

TYPE OR PRINT NAME OF PREPARER:

PREPARER'S TELEPHONE NUMBER

DATE SIGNED:

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Section V- Title V Information: *Fill out if AQMD has identified your facility as a Title V facility*

The requested application involves a(n): (check all that apply)

- | | |
|---|---|
| a. <input type="checkbox"/> Administrative Permit Amendment | e. <input type="checkbox"/> Permit Shield |
| b. <input type="checkbox"/> Minor Permit Modification | f. <input type="checkbox"/> Alternative Operating Scenarios |
| c. <input type="checkbox"/> Significant Permit Modification | g. <input type="checkbox"/> Voluntary Emission Cap |
| d. <input type="checkbox"/> Non-Title V Permit Processing
(Available until initial Title V permit is issued) | h. Other (specify): _____ |