



South Coast Air Quality Management District
 Form 400-E-2b
 Gaseous Emission Control Form
 Adsorber (Carbon, Others)



This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765-0944
 Tel: (909) 396-3385
 www.aqmd.gov

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): _____ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____

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 B - Equipment Description

Equipment	Manufacturer: _____	Model No.: _____
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Type	Fixed Regenerative Beds	Traveling Bed Adsorbers/Rotary Concentrators
	Disposable/Rechargeable Canisters	Fluidized Adsorbers
	Number of beds: _____	Capacity of each bed: _____ pounds of adsorbent
	Arrangement, if 2 or more beds: In Series In Parallel	

Adsorbent Material	Granulated Activated Carbon	Synthetic Adsorbent Trade name: _____
	Zeolite, Molecular Sieve	Others: _____
	Adsorbent Capacity: _____ (pound of vapor/pound of adsorbent)	
	Depth of Adsorbent in Bed: _____ ft. _____ in.	

Adsorbent Vessel Dimensions	Diameter: _____ ft _____ in.	Width: _____ ft _____ in.
	Height: _____ ft _____ in.	Length: _____ ft _____ in.
	Or	Height: _____ ft _____ in.

Section C - Gas Stream Characteristics

Brief Description Of Process	Please supply an assembly drawing, dimensioned to scale, to show clearly the operation of the adsorber including all equipment vented. Describe equipment vented to this adsorber and procedure in disposing of spent adsorbent.
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Gas Stream	Inlet Flow Rate: _____ SCFM Temperature: _____ °F Pressure: _____ psia
	Does gas stream contain Rule 1401 toxic air contaminants? No Yes If Yes, list below: _____
	Are Ketones or Aldehydes present? No Yes
	Relative humidity: _____ %
	Cycle time for adsorption: _____ hours
Lower explosive limit of mixture: _____ ppmv or _____ % volume	

Section C - Gas Stream Characteristics (cont.)

Regeneration	<p>Is the adsorbent material regenerated on-site? Yes No</p> <p>On-site Regeneration by:</p> <p style="padding-left: 40px;">Steam Air Inert gas Process gas Other _____</p> <p>Cycle time for regeneration: _____ hours</p> <p>Describe regeneration procedure and how emissions are controlled during regeneration. If Ketones or Aldehydes are present in the inlet stream, what is the procedure to prevent adsorbent bed fires (Attach description, if necessary).</p>
Instrumentation	Describe instrumentation for measuring temperature, pressure drop, VOC monitoring, audible alarms, and other operating parameters.
Operating Schedule	<p>Normal: _____ hours/day _____ days/week _____ weeks/yr</p> <p>Maximum: _____ hours/day _____ days/week _____ weeks/yr</p>

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: _____ Date: _____ Title: _____ Company Name: _____	Name: _____ Phone #: _____ Fax #: _____ Email: _____
Contact Info	Name: _____ Title: _____ Company Name: _____	Phone #: _____ Fax #: _____ Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.