



South Coast Air Quality Management District

# Form 400-E-9c External Combustion Solder Reflow/Wave/Hot Air Leveling Machine



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: _____	Serial No: _____
Type	Wave      Reflow      Hot Air Leveling *	*This unit may be required to be vented to a control system (ESP). A separate application may be needed for the control.	
Dimension	Length: _____ ft. _____ in.	Width: _____ ft. _____ in.	Height: _____ ft. _____ in.
Reflow Method	Conduction      Infrared      Vapor Phase Condensation White Beam      Laser      Focused Infrared	Hot Gas      Induction Vertical Reflow	
Heat Input	Electric Heating      Total KW Rating: _____		

## Section C - Process Description

**Brief Description of Process and Material Processed**  
 Please attach Material Safety Data Sheet (MSDS). Please attach manufacturers catalog and a brief description of process.

**Solder Paste:**  
 No Lead      Lead \_\_\_\_\_ % by weight  
 Combined with Flux:      Rosin Based      Water Soluble      No-Clean      % by weight of VOC \_\_\_\_\_

**For Hot Air Leveling M/C:**      Density of hot oil: \_\_\_\_\_

	Oil	Solder	Flux
Average Usage (gallon/month)			
Maximum Usage (gallon/month)			

**Operation**      Batch      Conveyor

**Process Gas**      Nitrogen      Hot Air      Hydrogen

**Operating Temperature**      Normal Temperature: \_\_\_\_\_ °F      Maximum Temperature: \_\_\_\_\_ °F

**Instrumentation**      Attach description of instrumentation for measuring temperature and other operating parameters.

**Operating Schedule**  
 Normal: \_\_\_\_\_ hours/day      \_\_\_\_\_ days/week      \_\_\_\_\_ weeks/yr  
 Maximum: \_\_\_\_\_ hours/day      \_\_\_\_\_ days/week      \_\_\_\_\_ weeks/yr

## 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: _____	Name: _____
	Title: _____	Company Name: _____	Phone #: _____ Fax #: _____
Contact Info	Name: _____	Phone #: _____	Fax #: _____
	Title: _____	Company Name: _____	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. \_\_\_\_\_