



South Coast Air Quality Management District

R1118.1 Notification of Intent



Submit this form within 60 days of surpassing the capacity threshold for two consecutive years, along with the appropriate filling fee per Rule 301 subdivision (x).

Mail To: South Coast AQMD Attn: Michael Krause 21865 Copley Dr. Diamond Bar, CA 91765

Section A - Operator Information

1. Facility Name (Business Name of Operator): 2. SCAQMD Facility ID 3. Owner's Business Name (If different from Business Name of Operator):

Section B - Equipment Location Address Section C - Business Mailing Address

4. Equipment Location Is: 5. Correspondence Information: Street Address, City, CA, Zip, Contact Name, Title, Phone #, Ext., E-Mail

Section D - Statement of Intent

6. For each flare at the above facility that surpassed the Rule 1118.1 capacity threshold, please indicate the intended compliance pathway.

Table with 4 columns: Flare, Flare Replacement, Flare Reduction, Tentative Flare Reduction Plan (e.g. fuel cell, transportation fuel, etc.)

If there are more than 5 units please attach an additional form.

Additional instructions: Within 6 months, or within 12 months for a Publicly Owned Facility, from the end of the second consecutive calendar year the annual percent capacity is greater than the applicable threshold in Rule 1118.1 Table 2:

- 1. Submit permit application for flare replacement or
2. Submit Notification of Flare Throughput Reduction.

Section E - Authorization/Signature

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

7. Signature of Responsible Official: 8. Title of Responsible Official: 9. Print Name: 10. Date:

Table with 4 columns: SCAQMD USE ONLY, DATE RECEIVED, CHECK/MONEY ORDER#, AMOUNT \$