



South Coast Air Quality Management District

**Form 222-NGP
Registration for Natural Gas Well Heads, Well Pumps, Transfer Pumps
& Repressurizing Equipment**

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944

Tel: (909) 396-3385
www.aqmd.gov

Complete one form per facility.

Section A - Operator Information

1. Facility Name (Business Name of Operator):	2. Valid AQMD Facility ID (Leave blank if a new business):
3. Owner's Business Name (If different from Business Name of Operator): <input type="checkbox"/> Check here if change of operator	_____

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

4. Equipment Location:	5. Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address
Street Address _____	Address _____
City _____, CA Zip _____	City _____, State _____ Zip _____
Contact Name _____ Title _____	Contact Name _____ Title _____
Phone # _____ Ext. _____ Fax # _____	Phone # _____ Ext. _____ Fax # _____
E-Mail: _____	E-Mail: _____

Section D - Equipment Information

6. Well heads and well pumps (natural gas only) per Rule 219(n)(1) (Amended May 5, 2017)
 Natural gas pipeline transfer pumps per Rule 219(n)(2) (Amended May 5, 2017)
 Gas or pneumatic repressurizing equipment per Rule 219(n)(3) (Amended May 5, 2017)

Equipment Summary:

Number of Well Heads*:	_____	Number of Natural Gas Repressurizing Equipment:	_____
Number of Well Pumps*:	_____	Number of Gas Pneumatic Devices:	_____
Number of Natural Gas Transfer Pump:	_____	Number of Gas Powered Pneumatic Pumps:	_____

* List well(s) IDs (API #) and their active/idle status in supplemental form (Form 222-NGP Supplemental) and include with submittal.

The registration fee is for 0-4 well heads. Additional fee for each additional group of 1-4 well heads.

Fees are updated on July 1 of each year.

For current fees, please see Rule 301 or go to <http://www.aqmd.gov/home/permits/equipment-registration/rule-222-filing-program>

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:

11. Check List: Authorized Signature/Date Fees Enclosed Supplemental Form Attached

AQMD USE ONLY	APPLICATION TRACKING #		EQUIPMENT CATEGORY CODE:		FEE	VALIDATION	
DATE	A	R	ENG.A	R	CHECK/MONEY ORDER #	AMOUNT	TRACKING #
			CLASS I III		\$	\$	
			Unit	Engineer			



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Facility Name: _____ Facility ID: _____

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Well Details

Well heads and well pumps (natural gas only) are defined per Rule 219(n)(1)
Natural gas pipeline transfer pumps is defined per Rule 219(n)(2)
Gas or pneumatic repressurizing equipment is defined per Rule 219(n)(3)

Provide well information in the table below including well's API #, DOGGR description, and status. Attach additional page(s) as needed.

#	Well ID (API #)	DOGGR Well Description	Well Status (Active/Idle or Other)	#	Well ID (API #)	DOGGR Well Description	Well Status (Active/Idle or Other)
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			

Date _____

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