



**South Coast Air Quality Management District**

**R1118.1 Notification of Increments of Progress**

Submit this form within 13 months from the end second consecutive year surpassing the capacity threshold, 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**

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

6. List the actions completed and yet to be completed to reduce flare throughput:

Actions Completed	Projected Throughput Reduction (MMscf/year)
Actions Yet to be Completed	Projected Time to Implement

**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:

SCAQMD USE ONLY	DATE RECEIVED	CHECK/MONEY ORDER #	AMOUNT \$
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