



South Coast Air Quality Management District
R1118.1 Notification of Flare Throughput Reduction

Submit this form within 6 months, or within 12 months for a Publicly Owned Facility, of surpassing the capacity threshold for two consecutive years, along with the appropriate filing 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:	
<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. _____ E-Mail _____		Phone # _____ Ext. _____ E-Mail _____	
Section D - Current Flare Throughput			
6. Flare capacity: _____ MMscf/year or _____ MMBtu/year			
7. Flare throughput the prior two consecutive years:		Total Annual Throughput the <u>second year</u> surpassing threshold:	
Total Annual Throughput the <u>first year</u> surpassing threshold:		_____ MMscf/year or _____ MMBtu/year	
_____ MMscf/year or _____ MMBtu/year		_____ MMscf/year or _____ MMBtu/year	
8. Percent Capacity the prior two consecutive years			
First Year _____ %		Second Year _____ %	
Section E - Flare Throughput Reduction			
9. List the alternative method(s) proposed to reduce flare throughput:			
Alternative Use of Flare Gas	Description	Projected Throughput (MMscf/year)	Time to Implement
Energy Generation			
Gas compression			
Transportation Fuel			
Pipeline Injection			
Other			
Section E - Authorization/Signature			
<i>I hereby certify that all information contained herein and information submitted with this application are true and correct.</i>			
10. Signature of Responsible Official:		11. Title of Responsible Official:	
12. Print Name:		13. Date:	
SCAQMD USE ONLY	DATE RECEIVED	CHECK/MONEY ORDER #	AMOUNT \$