



**South Coast Air Quality Management District**  
**Rule 1118.1 Notification of Percent Capacity Greater Than Threshold**

Submit this form within **30 days** from the end of the calendar year, 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**

<b>4. Equipment Location Is:</b>  _____ Street Address  _____, CA _____ City 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 – Surpassing Capacity Threshold**

6. Number of Flares	7. Source Category (see reverse side)	8. Annual Capacity Threshold
_____	_____	_____

9. List the flare identification, the annual percent capacity for each flare, and mark whether the determination was based on throughput or heat input. If more line items are needed, please attach an additional form.

Flare ID	Flare Capacity	Unit of Measure		Prior Year		Current Year	
		Throughput (MMscf)	Heat Input (MMBtu)	Throughput	% Capacity	Throughput	% Capacity

**Section E - Authorization/Signature**  
*I hereby certify that all information contained herein, and information submitted with this application, are true and correct.*

10. Signature of Responsible Official:	11. Title of Responsible Official:
12. Print Name:	13. Date:

SCAQMD USE ONLY	DATE RECEIVED	CHECK/MONEY ORDER #	AMOUNT \$
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## Notification of Flare Surpassing Capacity Threshold Instructions

### FOR SECTION D – SURPASSING CAPACITY THRESHOLD

In part 7 of this form, please select one of the following options from the “Source Category” list below. In part 8 of this form, please list the corresponding “Capacity Threshold” for the selected source category.

#### Annual Capacity Threshold

Flare Gas	Threshold
Any gas combusted in an open flare	5%
Digester gas	70%
Landfill gas	20%
Produced gas	5%