

South Coast Air Quality Management District Attn: Michael Krause 21865 Copley Drive Diamond Bar, CA 91765 (909) 396 - 2000

FACILITY REGISTRATION/UPDATE FORM RULE 1460

☐ New Registration ☐	Update	Re	porting Ca	lenda	r Year _			
SECTION I – FACILITY OPERATOR INFORM	IATION							
Facility Name		Fa	cility Status	ew	Existin	g 🔲 Inacti	ve	AQMD Facility ID ¹
State Water Resources Control Board Permit/ID/Classification		Local Enforcement Agency Permit/ID/Class			ification California Integrated Waste Management Bo Permit/ID/Classification			
Location Address		City			Zip Code		County	
Mailing Address		City			State		Zip Code	
Site Manager Name	Title			Teleph	one		F	E-mail
SECTION II – FACILITY OWNER INFORMAT	TION							
Facility Owner Name(s)								
Mailing Address		City			State		Zip	Code
Telephone			E-Ma	il				

¹ Write "N/A" if the facility does not currently have an assigned South Coast AQMD Facility ID

SECTION III - FACI	LITY OPERATION INFORMATI	ON			
Total Number of Er	mployees (Full and Part-time	e)	Facility Acreage		
$\square \leq 5 \qquad \square \ 6$	1 − 15	\Box 26 – 35 \Box > 35			
Hours of Operation	ı		1		
Facility Throughpu	t in tons per year for the rep	orting calendar year			
= <1,000	☐ ≥1,000 to <25,000	□ ≥25,000 to <50,000	□ ≥50,000 to <75,000	□ ≥75,000 to <100,000 □	≥100,000
List of Sensitive Rec Write "None" if non		28 feet) of facility boundary	y. Include type (e.g. reside	ence, school, hospital, etc.), ad	dress, and name.
Cramon IV. Drag	DANGE OF BODY WESTER FLOW		THE CAN ADDITION A DECISION	A CANTERDED	
	RIPTION OF PERMITTED EQU at requires or has an active S			cutting equipment, if applica	ble
Equipment Descrip	tion			Permit Number	
Equipment Descrip	tion			Permit Number	
Equipment Descrip	tion			Permit Number	
Equipment Descrip	4:0			Permit Number	_
Equipment Descrip	uon			rerinit Number	
Please submit this fo	rm along with the appropria	ite filling fee per Rule 306(c	<u>e)</u> .		
I hereby certify that	all information submitted w	ith this registration is true	and correct to the best of	my knowledge.	
Authorized Signate	ure	Name	Title		Date



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	SECTION IV DESCRIPTION OF PERMITTED EQUIPMENT (CONTINUED)					
Any Equipment that requires a South Coast AQMD Permit to Operate, include torch cutting equipment, if applicable						
Equipment Description	Permit Number					
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Equipment Description	Permit Number					
Equipment Description	Permit Number					
Equipment Description	Permit Number					
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