



b. List your **extraction equipment** that does **not** use solvents, such as mechanical screens and presses or non-volatile chemical extraction such as carbon dioxide (CO<sub>2</sub>), glycerin, vegetable oil, etc. These will not likely require a permit.

Manufacturer	Model	Type of non-volatile process	Maximum monthly throughput

### Section 4: Odor control devices

a. Please provide the following information for **each** different type, make, model, style, etc. of odor control devices you will be operating.  
*(Use additional sheets if necessary. Each building will require a separate permit.)*

ODOR CONTROL SYSTEM 1			
Type of device: <input type="checkbox"/> Fixed regenerative bed <input type="checkbox"/> Fixed carbon bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized adsorber <input type="checkbox"/> Rechargeable carbon canister <input type="checkbox"/> Replaceable carbon canister <input type="checkbox"/> Misting system <input type="checkbox"/> Other: _____			
Quantity:	Manufacturer:	Model:	
Name of sorbent:	Sorbent weight per unit, in lbs.:		
Vessel height, in inches:	Vessel diameter OR vessel width x length, in inches:		
Sorbent depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:		
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:		
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:	
Does <b>any</b> exhaust stack from <b>any</b> of the above units vent to the exterior of the building?      No      Yes			

ODOR CONTROL SYSTEM 2			
Type of device: <input type="checkbox"/> Fixed regenerative bed <input type="checkbox"/> Fixed carbon bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized adsorber <input type="checkbox"/> Rechargeable carbon canister <input type="checkbox"/> Replaceable carbon canister <input type="checkbox"/> Misting system <input type="checkbox"/> Other: _____			
Quantity:	Manufacturer:	Model:	
Name of sorbent:	Sorbent weight per unit, in lbs.:		
Vessel height, in inches:	Vessel diameter OR vessel width x length, in inches:		
Sorbent depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:		
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:		
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:	
Does <b>any</b> exhaust stack from <b>any</b> of the above units vent to the exterior of the building?      No      Yes			

ODOR CONTROL SYSTEM 3			
Type of device: <input type="checkbox"/> Fixed regenerative bed <input type="checkbox"/> Fixed carbon bed <input type="checkbox"/> Concentrator <input type="checkbox"/> Fluidized adsorber <input type="checkbox"/> Rechargeable carbon canister <input type="checkbox"/> Replaceable carbon canister <input type="checkbox"/> Misting system <input type="checkbox"/> Other: _____			
Quantity:	Manufacturer:	Model:	
Name of sorbent:	Sorbent weight per unit, in lbs.:		
Vessel height, in inches:	Vessel diameter OR vessel width x length, in inches:		
Sorbent depth, in inches:	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:		
Mister spray rate, in gal/hour:	VOC content of misting solution (as sprayed), in lbs./gallon:		
Exhaust fan rating, in hp:	Exhaust fan capacity, in CFM:	Exhaust stack diameter, in inches:	
Does <b>any</b> exhaust stack from <b>any</b> of the above units vent to the exterior of the building? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### Section 5: Miscellaneous sources of air contaminants

Are there any other sources of possible emissions to the atmosphere such as an internal combustion engine with a maximum rated output of 50 bhp or greater to provide either primary or emergency backup electrical power to your facility or additional solvents used to clean equipment at your facility that are not listed above?     No     Yes

If yes, please describe the equipment and processes below:


## Section 6: Operation information

Facility annual operation by quarters (percent): <input type="checkbox"/> Uniform OR _____ % Jan-Mar _____ % Apr-Jun _____ % Jul-Sep _____ % Oct-Dec	Expected extraction and post-extraction processing operating hours: _____ Hrs/day _____ Days/wk _____ Wk/yr _____ Total annual hours
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## Section 7: Receptor information

Distance (feet) and direction to the property line of closest residence:	Distance: _____	Direction: _____
Distance (feet) and direction to the property line of closest Visibility:	Distance: _____	Direction: _____
Distance (feet) and direction to the property line of closest Noise:	Distance: _____	Direction: _____
Name of closest school (K-12) _____		
<i>If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&amp;S §42301.6)</i>		

## Section 8: Certification

I hereby certify that all information contained herein is true and correct.			
_____	_____	_____	_____
Name of responsible official	Official title	Signature of responsible official	Date signed
Phone: _____	Email: _____		

**\*Please note:** District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

If any odor control devices exhaust to the exterior of any building, additional Air Pollution Control Device (APCD) permit fees may be incurred.

If needed, internal combustion engine application forms can be found on our website at:  
<http://mdaqmd.ca.gov/home/showdocument?id=4670>

### Application submission instructions:

- 1) Submit completed application to [Engineering@mdaqmd.ca.gov](mailto:Engineering@mdaqmd.ca.gov)
- 2) Pay the corresponding application fee of \$302 per permit for new or modified permit (or \$172 for change of owner) via check or credit card.

#### Payment by check:

Make check payable to the Mojave Desert AQMD  
 Mail the check with a copy of this completed application to:  
**Mojave Desert AQMD**  
 14306 Park Avenue  
 Victorville, CA 92392

#### Payment by credit card:

Pay online at <http://www.mdaqmd.ca.gov>  
 Click "Pay Fees"

Please note: *a surcharge applies for all credit card payments.*

- 3) If payment is made online via credit card, please email the receipt to [Engineering@mdaqmd.ca.gov](mailto:Engineering@mdaqmd.ca.gov)  
 Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at [engineering@mdaqmd.ca.gov](mailto:engineering@mdaqmd.ca.gov)