

**El Dorado County**  
**Air Quality Management District**  
 Flare Supplemental Information Questionnaire

**Business Name and Address:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Flare Location or Area:	Emission Control Device(s):	
Make:	Maximum fuel flow rate (cfm):	
Model:	Meter for Fuel Usage?	
Serial Number:	Non-resetting Hour Meter?	
Installation Date:	<b>(If available, please attach a copy of manufacturer's specifications including emissions test results)</b>	
Heat Input Rating (Btu/hour):		
	<b>PRIMARY FUEL</b>	<b>BACKUP FUEL</b>
Type of fuel:		
Annual fuel usage, in therms, cubic feet or gallons:		
Maximum hours* operated per day:		
Maximum hours* operated per first calendar quarter:		
Maximum hours* operated per second calendar quarter:		
Maximum hours* operated per third calendar quarter:		
Maximum hours* operated per fourth calendar quarter:		
Maximum hours* operated per calendar year:		

\* Hours include routine operations plus testing and maintenance operation.