



## Form 400-A

### Application Form for Permit or Plan Approval

List only one piece of equipment or process per form.

<b>Mail To:</b> eWaste Disposal, Inc (EWD) 1048 Irvine Ave, Suite 1069 Newport Beach, CA 92660				<b>Contact:</b> Thomas M. Abercrombie Ph: 949-466-8857 ewastedisposal@gmail.com			
<b>Section A - Operator Information</b>							
<b>1. Facility Name</b> (Business Name of Operator to Appear on the Permit):				<b>2. Valid EWD Facility ID</b>  (Available On Permit Or Invoice Issued By EWD):			
<b>3. Owner's Business Name</b> (If different from Business Name of Operator):				_____ _____			
<b>Section B - Equipment Location Address</b>			<b>Section C - Permit Mailing Address</b>				
4. Equipment Location Is: <input type="checkbox"/> Fixed Location <input type="checkbox"/> Various Location (For equipment operated at various locations, provide address of initial site.)			5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address				
Address:			Address:				
City:		St:	City:		ST:		
		, CA			, CA		
Contact Name:		Title:		Contact Name:			
Phone #:	Ext.:	Fax #:	Phone #:	Ext.:	Fax #:		
	X			X			
Email:			Email:				
<b>Section D - Application Type</b>							
6. The Facility Is: <input type="checkbox"/> Not In RECLAIM or Title V <input type="checkbox"/> In RECLAIM <input type="checkbox"/> In Title V <input type="checkbox"/> In RECLAIM & Title V Programs							
<b>7. Reason for Submitting Application</b> (Select only ONE):							
<b>7a. New Equipment or Process Application:</b> <input type="checkbox"/> New Construction (Permit to Construct) <input type="checkbox"/> Equipment On-Site But Not Constructed or Operational <input type="checkbox"/> Equipment Operating Without A Permit * <input type="checkbox"/> Compliance Plan <input type="checkbox"/> Registration/Certification <input type="checkbox"/> Streamlined Standard Permit			<b>7c. Equipment or Process with an Existing/Previous Application or Permit:</b> <input type="checkbox"/> Administrative Change <input type="checkbox"/> Alteration/Modification <input type="checkbox"/> Alteration/Modification without Prior Approval * <input type="checkbox"/> Change of Condition <input type="checkbox"/> Change of Condition without Prior Approval * <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Location without Prior Approval * <input type="checkbox"/> Equipment Operating with an Expired/Inactive Permit *				
<b>7b. Facility Permits:</b> <input type="checkbox"/> Title V Application or Amendment (Refer to Title V Matrix) <input type="checkbox"/> RECLAIM Facility Permit Amendment			<b>Existing or Previous</b> If you checked any of the items in 7c., you MUST provide an existing Permit or Application Number:  _____ _____				
<b>8a. Estimated Start Date of Construction</b> (mm/dd/yyyy):		<b>8b. Estimated End Date of Construction</b> (mm/dd/yyyy):		<b>8c. Estimated Start Date of Operation</b> (mm/dd/yyyy):			
<b>9. Description of Equipment or Reason for Compliance Plan</b> (list applicable rule):		<b>10. For identical equipment, how many additional applications are being submitted with this application?</b>					
<b>11. Are you a Small Business as per EWD's Rule 102 definition?</b> (10 employees or less and total gross receipts are \$500,000 or less OR a not-for-profit training center) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>12. Has a Notice of Violation (NOV) or a Notice to Comply (NC) been issued for this equipment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide NOV/NC#:					



Section E - Facility Business Information									
13. What type of business is being conducted at this equipment location?					14. What is your business primary NAICS Code? (North American Industrial Classification System)				
15. Are there other facilities in the SCEWD jurisdiction operated by the same operator? <input type="checkbox"/> Yes <input type="checkbox"/> No					16. Are there any schools (K-12) within 1000 feet of the facility property line? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Section F - Authorization/Signature									
I hereby certify that all information contained herein and information submitted with this application are true and correct.									
17. Signature of Responsible Official:			18. Title of Responsible Official:			19. I wish to review the permit prior to issuance. (This may cause a delay in the application process.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Print Name:			21. Date:			22. Do you claim confidentiality of data? (If Yes, see instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Check List:		<input type="checkbox"/> Authorized Signature/Date		<input type="checkbox"/> Form 400-CEQ		<input type="checkbox"/> Supplemental Form(s) (ie., Form 400-E-xx)		<input type="checkbox"/> Fees Enclosed	
EWD USE ONLY		APPLICATION TRACKING #		CHECK #	AMOUNT RECEIVED \$	PAYMENT TRACKING #		PAYMENT TRACKING #	
DATE:	APP REJ	DATE:	APP REJ	CLASS I III	BASIC CONTROL EQUIPMENT CATEGORY CODE	TEAM	ENGINEER	REASON/ACTION TAKEN	