



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

AIR QUALITY APPLICATION FORM # 207.03

Section I TYPE OF APPLICATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Authority to Construct | <input type="checkbox"/> Transfer of Location | <input type="checkbox"/> Registration of Equipment |
| <input type="checkbox"/> Permit for Existing Equipment | <input type="checkbox"/> Transfer of Ownership | <input type="checkbox"/> Modification of Permit-
Previous Application # |
| <input type="checkbox"/> Permit Update | | |

Section II APPLICATION INSTRUCTIONS (Also review List & Criteria)

- A. This application must be filled out completely with all statements answered. Please type or print in black or blue ink. For permitting assistance please call the District office at 463-4354.
- B. Applications must be accompanied by one copy of each plan, specification, and drawing required. The District may request additional information.
- C. This application must be signed by the owner/operator or a responsible member of the organization that is to operate the equipment for which the application is made.
- D. Incomplete applications will delay the review process.
- E. Mail the application to: Mendocino County AQMD, 306 E Gobbi Street Ukiah, CA, 95482
- F. Construction and/or operation prior to obtaining a permit from the District is a violation of District Regulations and subject to penalties as defined in Regulation 1, Rule 1-300(i)

Section III APPLICANT INFORMATION

Name of Business or Organization (DBA)

Permit Will be Issued to:

Legal Owner (if different from DBA)

Type of Ownership: Corporation Partnership Sole Proprietor Government Agency Other

Nature of Business

Mailing Address, City, State, Zip:

Address Where Equipment is Located:

Equipment or Process Name: **Process Requiring Particulate Collector Abatement Device**

Section IV PROCESS DESCRIPTION

Describe Process (Include Process Flow Diagram, form attached) (List equipment on Page 2):

Describe Associated Processes (Separate Applications may be required i.e. Spray Booth, IC Engine, etc.):

Estimated Annual Material Processed (Bd. Ft./Yr., Tons/Yr., etc.)

Operation Schedule: Hrs/Day: Days/Week: Weeks/Year:

Estimated Construction Starting Date: Completion Date:

Section V AUTHORIZED FACILITY REPRESENTATIVE INFORMATION

		(District Use Only) <i>District Receipt Stamp:</i>
Signature of Owner/Operator	Date	Application #: Facility ID #:
Name (Please Print)		
Title		
Telephone Number		



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Duplicate this page as necessary for additional process equipment. List all equipment that produces air emissions.

Section VI EQUIPMENT INFORMATION

Equipment Description:

Make:	Model:
Serial Number:	Horsepower: <input type="checkbox"/> Portable <input type="checkbox"/> Stationary
Power Source: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other :	

Equipment Description:

Make:	Model:
Serial Number:	Horsepower: <input type="checkbox"/> Portable <input type="checkbox"/> Stationary
Power Source: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	

Equipment Description:

Make:	Model:
Serial Number:	Horsepower: <input type="checkbox"/> Portable <input type="checkbox"/> Stationary
Power Source: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other :	

Section VII AIR POLLUTION CONTROL (ABATEMENT) DEVICE INFORMATION

Type of Control Device: Cyclone (Include Attachment) Baghouse Target Box Other: :

Cyclone: Mfg: Model:

Maximum Designed Capacity: (Lbs/Hr or Tons/Yr)

Cyclone Air Flow Rate: Pipeline Diameter: Blower Hp:

Baghouse Mfg: Model: Air Flow Rate:

of Bags: Bag Length: Bag Filter Area: Cleaning Method:

Material Transferred: Chips Sawdust Sander Dust Shavings Hog Fuel Other:

Collection Device (bin, hopper, tank, etc)

Species of Wood: Redwood Fir Pine Other :

Section VIII CHEMICAL APPLICATION AND STORAGE INFORMATION

Product Identification: (Include MSDS)

Method of Application: Application Rate:

Applicator: Make: Model:

Serial Number: Storage Tank Size:

Power Source: Electric Diesel Natural Gas Propane Other :

Section X PERIODIC MAINTENANCE PROCEDURES

Describe periodic maintenance procedures to be used to ensure that emissions will be minimized:



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Duplicate this page as necessary for each diagram.

Section X

FACILITY AND PROCESS FLOW DIAGRAM

Include adjacent buildings and streets on facility drawings.

Include all associated processes on process flow diagrams.

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