



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

AIR QUALITY APPLICATION FORM # 207.08

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: **Hot Mix Asphalt Batch Plant**

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 (Tons/Yr.)

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

Estimated Construction Starting Date: _____ Completion Date: _____

Section V

AUTHORIZED FACILITY REPRESENTATIVE INFORMATION

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



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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 _____			
Burn Rate:		Batch Size:	Number of Nozzles
Washer:	GPM:		PSI Pressure:
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: <input type="checkbox"/> Cyclone (Include Attachment) <input type="checkbox"/> Baghouse <input type="checkbox"/> Target Box <input type="checkbox"/> 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:
Section VIII CHEMICAL APPLICATION AND STORAGE INFORMATION			
Product Identification:			(Include MSDS)
Method of Application:		Application Rate:	
Applicator: Make:	Model:		
Serial Number:		Storage Tank Size: <input type="checkbox"/> Other _____	
Power Source: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane _____			
Section IX 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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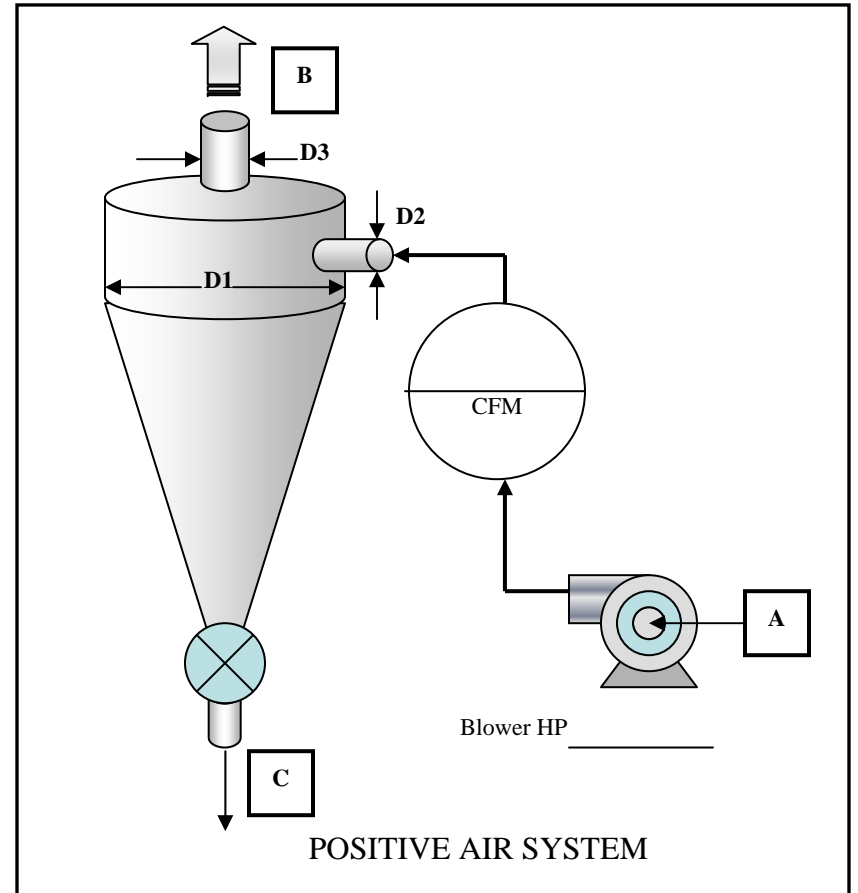
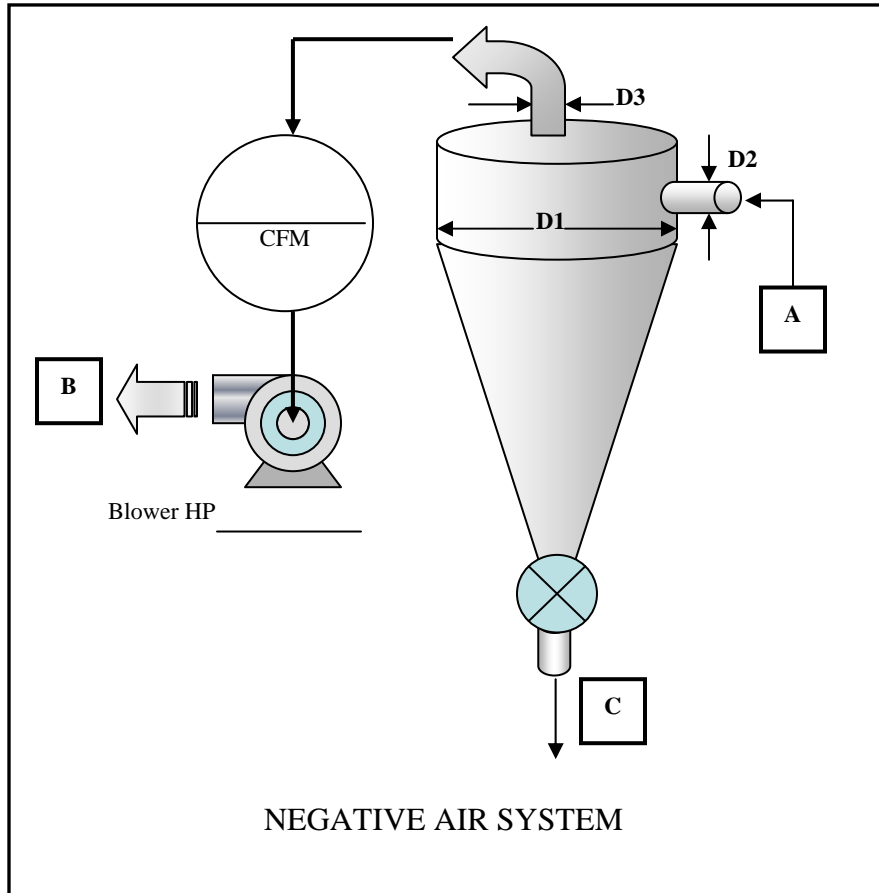
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CYCLONE SYSTEM DIAGRAM



INPUT SOURCE

A	_____
B	_____
C	_____

DISCHARGE AIR

COLLECTION DEVICE

DIAMETER

D1	_____
D2	_____
D3	_____

MATERIAL

___ Chips	___ Sawdust
___ Shavings	___ Sander dust
___ Hog Fuel	___ Other _____

LBS/DAY _____

TONS/DAY _____

UNITS/DAY _____