



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET
UKIAH, CA 95482
(707) 463-4354

AIR QUALITY APPLICATION FORM # 207.09

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- |
| <input type="checkbox"/> Permit Update | | Previous Application # _____ |

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: **Incinerator/Crematory**

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., etc.)

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: _____ Portable Stationary

Power Source: Electric Diesel Natural Gas Propane Other _____

Equipment Description:

Make: _____ Model: _____

Serial Number: _____ Horsepower: _____ Portable Stationary

Power Source: Electric Diesel Natural Gas Propane Other _____

Equipment Description:

Make: _____ Model: _____

Serial Number: _____ Horsepower: _____ Portable Stationary

Power Source: Electric Diesel Natural Gas Propane Other _____

Equipment Description:

Make: _____ Model: _____

Serial Number: _____ Horsepower: _____ Portable Stationary

Power Source: Electric Diesel Natural Gas Propane Other _____

Section VII AIR POLLUTION CONTROL (ABATEMENT) DEVICE INFORMATION

Type of Afterburner Control Device: Direct Flame Catalyst

Mfg: _____ Model: _____

Rated Btu/Hr: _____ Operating Temperature: _____ G/SCF (Grains/Standard Cubic Feet)

Sq. Ft. of Combustion Area: _____ Combustion Contaminant Discharge Rating

Exhaust Velocity (Ft./Min.): _____ Retention Time (Seconds): _____

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 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.

N↑



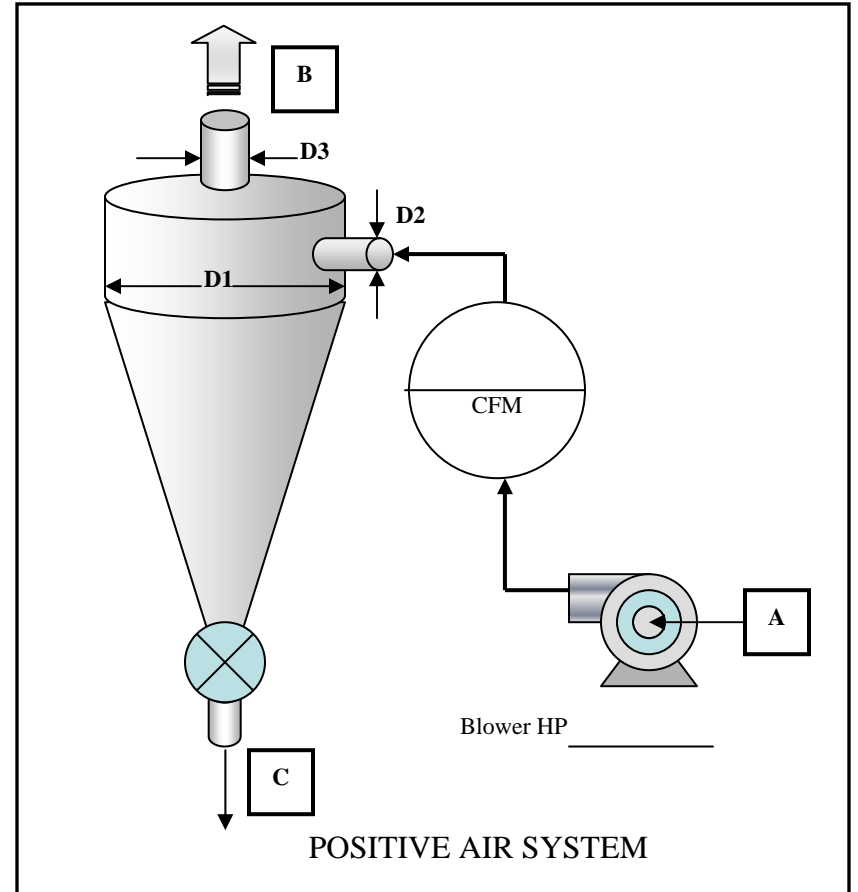
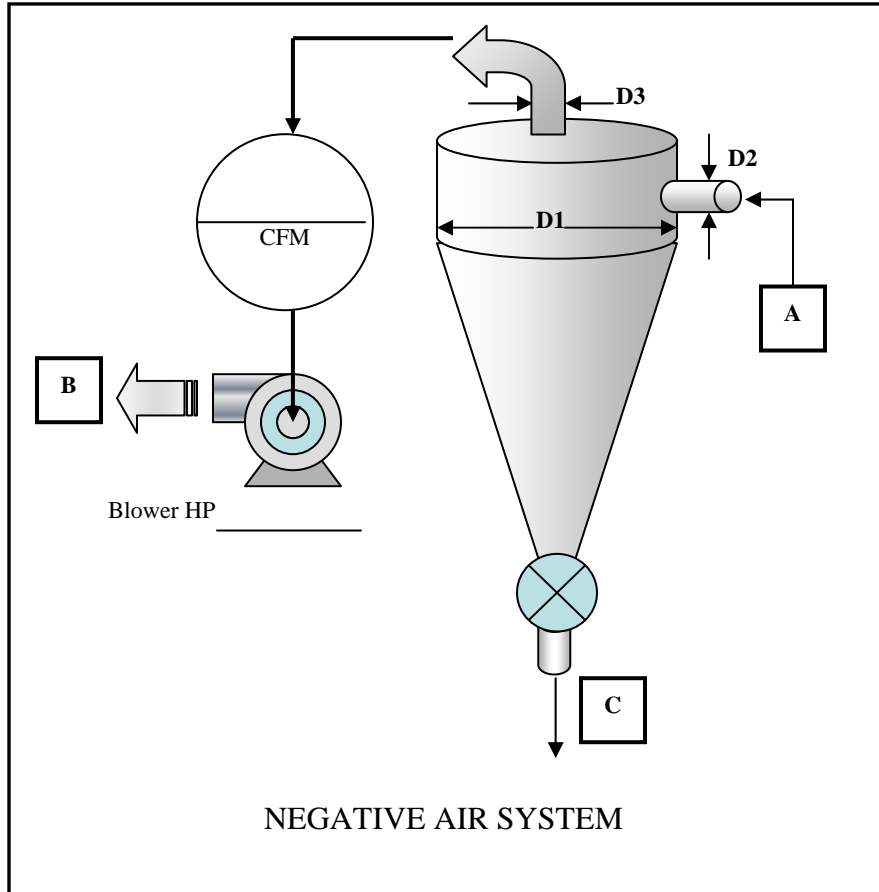
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CYCLONE SYSTEM DIAGRAM



INPUT SOURCE	A	_____
DISCHARGE AIR	B	_____
COLLECTION DEVICE	C	_____

DIAMETER	
D1	_____
D2	_____
D3	_____

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

LBS/DAY _____

TONS/DAY _____

UNITS/DAY _____