



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

AIR QUALITY APPLICATION FORM # 207.13

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: **Abrasive Blasting**

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., Hours/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:	<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 _____

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 ABRASIVE INFORMATION

Types of Abrasive Used: _____			
CARB Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abrasive Method Used: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Both			
Is the Abrasive Blasting Unit Portable?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section VIII AIR POLLUTION CONTROL (ABATEMENT) DEVICE INFORMATION

Type of Control Device: (Include Diagram) <input type="checkbox"/> _____ <input type="checkbox"/> _____			
Mfg.	Make:	Model:	
Maximum Designed Capacity: (Lbs/Hr or Tons/Yr)			
Air Flow Rate:	Pipeline Diameter:	Blower Hp:	

Section IX CHEMICAL APPLICATION AND STORAGE INFORMATION

Product Identification:			(Include MSDS)
Method of Application:		Application Rate:	
Applicator:	Make:	Model:	
Serial Number:	Storage Tank Size:		
Power Source:	<input type="checkbox"/> Electric	<input type="checkbox"/> Diesel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____

Section XI 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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