



AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

AIR QUALITY APPLICATION FORM # 207.15

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: **Aggregate - Extraction, Crushing and Screening - Sand and Gravel Processing**

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

| | | |
|-----------------------------------|------------|--|
| | | (District Use Only) <i>District Receipt Stamp:</i> |
| Signature of Owner/Operator _____ | Date _____ | |
| 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 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 IX PERIODIC MAINTENANCE PROCEDURES

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

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|--|
| |
| |



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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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