



# AIR QUALITY MANAGEMENT DISTRICT

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

## AIR QUALITY APPLICATION FORM # 207.20

### 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:    **Spray Booth and Coating Equipment**

### 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. Abrasive Blasting, IC Engine, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Annual Material Used in Gallons/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:		<b>Spray Booth</b>		Outside Dimensions:			
Make:				Model:			
Serial Number:				Spray Booth Type		<input type="checkbox"/> Auto	<input type="checkbox"/> Floor
Conveyor	Width:	Height:	Length:				
Equipment Description:		<b>Exhaust Fan</b>		# of Fans		Fan CFM	Stack Height
Make:				Model:			
Serial Number:				Horsepower:		# of Filters	Filter Size
Equipment Description:		<b>Air Compressor</b>					
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:		<b>Application Equipment</b>					
Make:				Model:			
<input type="checkbox"/> Air Atomized (Normal Pressure)		<input type="checkbox"/> Air Atomized (HVLP)					
<input type="checkbox"/> Electrostatic (Type)		<input type="checkbox"/> Airless		<input type="checkbox"/> Other _____			
Equipment Description:		<b>Drying Equipment</b>					
Make:				Model:			
Serial Number:				Horsepower:		Btu/Hr:	
Equipment Description:		<b>Water Wash</b>					
Water Wash				Pump Hp		Pump Capacity (GPM)	
Section VII		FACILITY LOCATION					
Facility Location:		<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial		<input type="checkbox"/> Residential/Commercial	
<input type="checkbox"/> Light Industrial		<input type="checkbox"/> Heavy Industrial		Distance of Exhaust to Property Line			
Section VIII		CHEMICAL APPLICATION AND STORAGE INFORMATION					
Product Identification: (Solvents) (Include MSDS)		Total Annual Usage:					
Section VIII		COATINGS					
		Total Amount of the Most Applied Coating		Total Amount of the 2 <sup>nd</sup> Most Applied Coating		Total Amount of All Remaining Coatings	
Total Coating applied, last 12 months (Gal./ Qt./ Pt.)							
Percent Solids, by volume							
Percent Organic Solvent, by volume							
Density of Organic Solvent (lbs./gal)							
Composition of organic Solvent:							
(a) Largest Component % of Organic Solvents							
(b) 2 <sup>nd</sup> Largest Component % of Organic Solvents							
Section IX		PERIODIC MAINTENANCE PROCEDURES					
Describe periodic maintenance procedures to be used to ensure that emissions will be minimized:							



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## AIR QUALITY APPLICATION FORM # 207.20, Page 3

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↑



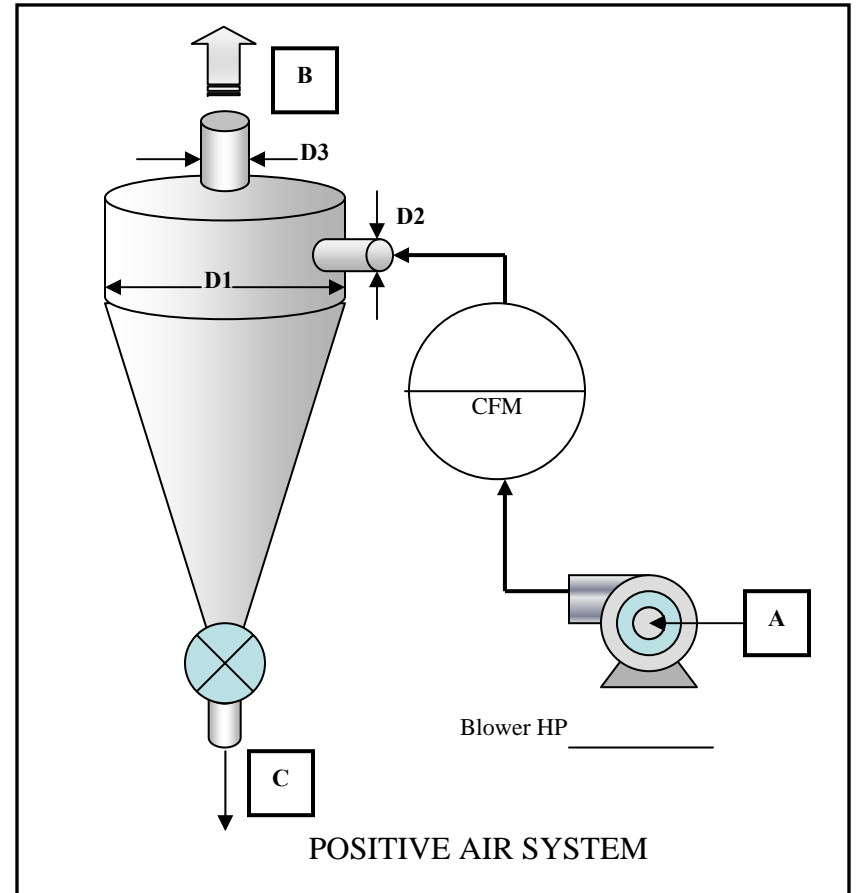
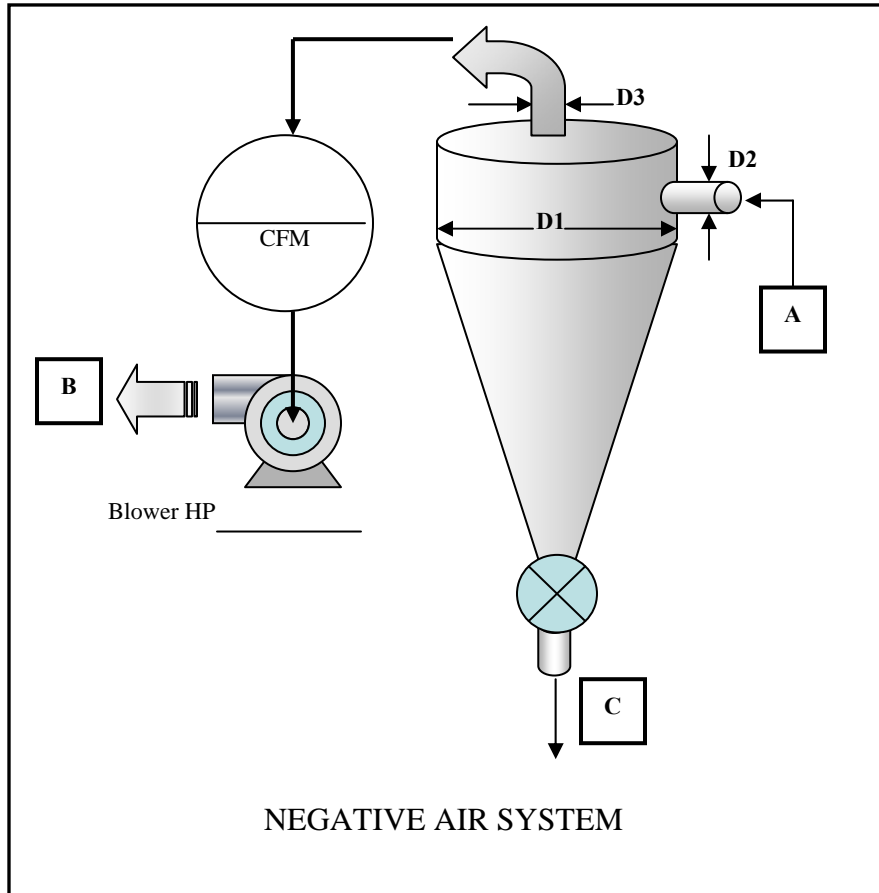
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## CYCLONE SYSTEM DIAGRAM



INPUT SOURCE

A	_____
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 \_\_\_\_\_