



AIR QUALITY MANAGEMENT DISTRICT

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

AIR QUALITY APPLICATION FORM # 207.24

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: **Wood Product Manufacturing Process**

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 (Bd. Ft./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		Application #:
Telephone Number		Facility ID #:



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Duplicate this page as necessary for additional process equipment. List all equipment (saws, sanders, routers, loaders, etc. that produce 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: <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:
Material Transferred:	<input type="checkbox"/> Chips	<input checked="" type="checkbox"/> Sawdust	<input checked="" type="checkbox"/> Sander dust <input type="checkbox"/> Shavings <input type="checkbox"/> Hog Fuel <input type="checkbox"/> Other: _____
Collection Device (bin, hopper, tank, etc)			
Species of Wood:	<input type="checkbox"/> Redwood	<input type="checkbox"/> Fir	<input type="checkbox"/> Pine <input type="checkbox"/> 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:	<input type="checkbox"/> Electric	<input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> 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.

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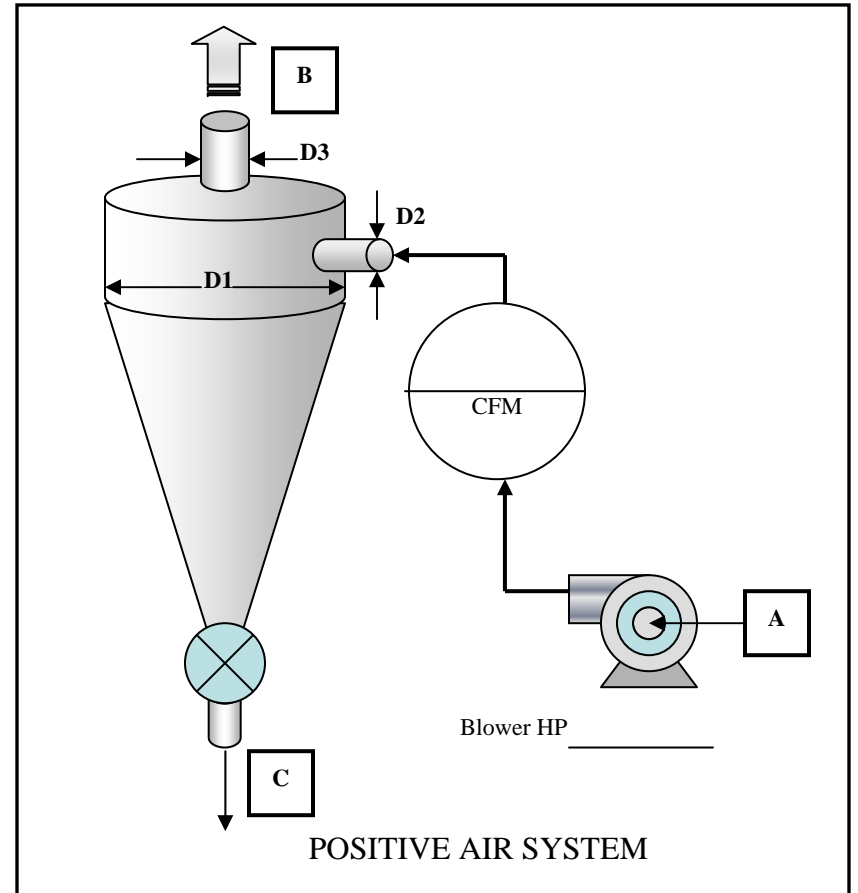
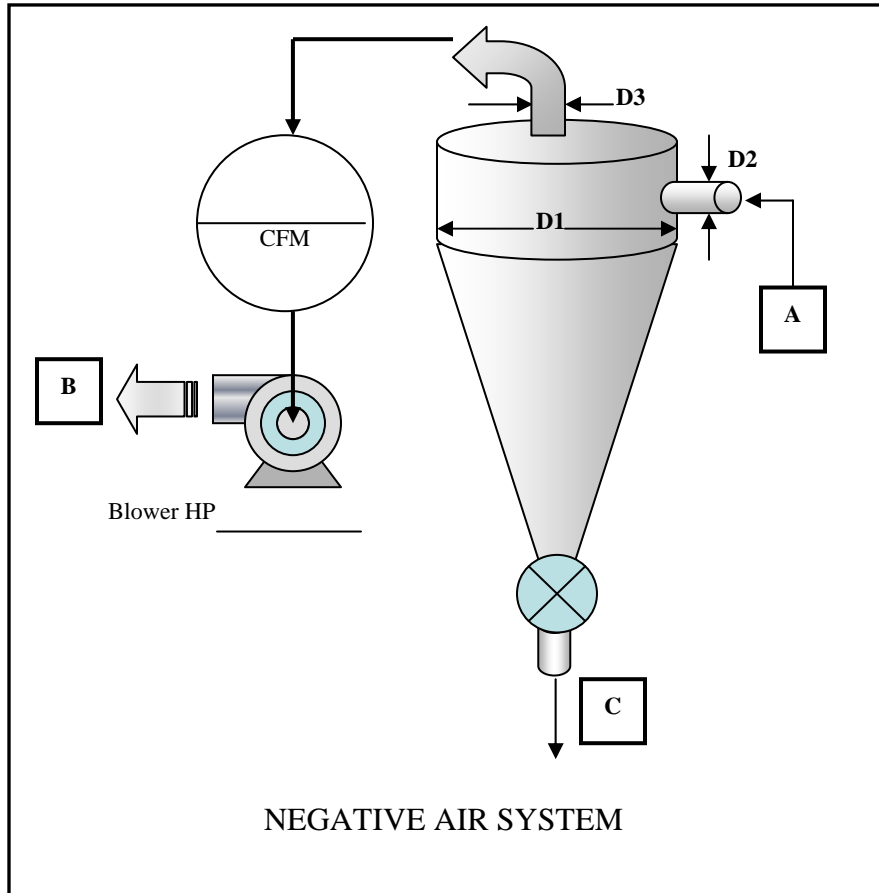
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CYCLONE SYSTEM DIAGRAM



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 _____