



# AIR QUALITY MANAGEMENT DISTRICT

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

## AIR QUALITY APPLICATION FORM # 209.29

### 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 -<br>Previous 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 are incomplete unless accompanied by one copy of each plan, specification, and drawing required. The District may request additional information.
- C. This application must be signed by a responsible member of the organization that is to operate the equipment for which the application is made. Incomplete applications will delay the review process.
- D. Mail the signed application to: Mendocino County AQMD, 306 E Gobbi Street Ukiah, CA, 95482
- E. 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 II APPLICANT INFORMATION

Name of Business or Organization  
Permit Will be Issued to:

Mailing Address:

Address Where Equipment is Located:

Equipment or Process Name: **Naturally Occurring Asbestos (NOA) ATCM Exemption**

### Section III 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. IC Engine, Open-Outdoor Burning, etc.):

Estimated Total New Road or Acres Disturbed Per Calendar Year

Will This Project be Located in an Identified Naturally Occurring Asbestos (NOA) Area?  Yes  No

Operation Schedule: Hrs/Day: Days/Week: Weeks/Year:

Construction Estimated Starting Date: Completion Date:

### Section IV AUTHORIZED REPRESENTATIVE INFORMATION

Signature of Responsible Person _____ Date _____		(District Use Only) <i>District Receipt Stamp:</i>
Name (Please Print)		
Title		
Phone Number		
		Application #:
		Facility ID #:



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## AIR QUALITY APPLICATION FORM # 207.29, Page 2

Duplicate this page as necessary for additional process equipment. List all equipment that produces air emissions.

Section V		EQUIPMENT INFORMATION	
Equipment Description:			
Make:		Model:	
Serial Number:		Horsepower:	
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:	
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:	
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:	
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:	
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:	
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:	
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:	
Power Source: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____			
Section VI		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 _____			



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## AIR QUALITY APPLICATION FORM # 207.29, Page 3

Duplicate this page as necessary for each diagram.

### Section IX

### 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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