



# AIR QUALITY MANAGEMENT DISTRICT

306 EAST GOBBI STREET

UKIAH, CA 95482

(707) 463-4354

## AIR QUALITY APPLICATION FORM # 207.30

### 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-<br>Previous Application # _____ |
| <input type="checkbox"/> Permit Update                 |  |  |

### 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: **Soil Vapor Remediation Equipment or 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., Tons/Yr., Hours/Yr., or Gallons/Yr., etc.)

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

Estimated Construction Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

### Section V AUTHORIZED FACILITY REPRESENTATIVE INFORMATION

(District Use Only) *District Receipt Stamp:*

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 that produces air emissions.

### Section V 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 checked="" 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 VI AIR POLLUTION CONTROL (ABATEMENT) DEVICE INFORMATION

Type of Afterburner Control Device:	<input type="checkbox"/> Direct Flame	<input type="checkbox"/> Catalyst
Make:	Model:	
Btu/Hr:	Operating Temperature:	
Exhaust Velocity (Ft./Min.):		
Retention Time (Seconds):		

### Section VII 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 _____

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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