



Mendocino County
Air Quality Management District

306 East Gobbi Street
Ukiah, California 95482
(707) 463-4354 Fax: 463-5707
mcaqmd@mendocinocounty.org
www.mendoair.org

AIR QUALITY APPLICATION FORM # 4-1 Page 1
Generic Application
(For Projects Not Identified in Other Applications)

Facility Name :		Facility #	
Application #		Previous Permit #	
Section I REASON FOR APPLICATION			
<input type="checkbox"/> Existing Equipment	<input type="checkbox"/> New Process at Existing Facility	<input type="checkbox"/> Registration of Equipment	
<input type="checkbox"/> New Facility	<input type="checkbox"/> Modification of Existing Process/Equipment	<input type="checkbox"/> Expedited Permit Request (Additional Fees Apply)	
<input type="checkbox"/> Transfer of Location	<input type="checkbox"/> Transfer of Ownership	Date of Transfer	
Description of Project:			
Estimated Construction Starting Date:		Completion Date:	
Section II EQUIPMENT OR PROCESS DESCRIPTION			
Equipment or Process Name:			
Describe Process (Include Process Flow Diagram):			
Describe Associated Processes (Separate Applications may be required i.e. Coating Application, Drying, IC Engine, etc.):			
Maximum hourly daily and monthly, production rates and raw material usage rates.			
Hourly		Daily	
		Monthly	
Material Usage Rate			
Estimated Annual Material Processed (Bd/Ft, Tons/Yr, Cu.Yds/Yr, Gallons, Hrs/Yr., etc.).			
Operation Schedule:		Hrs/Day	
		Days/Week	
		Weeks/Year	
Section III 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 Emissions Source to Property Line (In Feet)			
Section IV AUTHORIZED FACILITY REPRESENTATIVE & CONTACT INFORMATION			
		District Receipt Stamp:	
Signature of Business Owner or Authorized Representative ↑		Date ↑	
Name (Please Print) ↑		Title ↑	
Contact Person Regarding Application ↑			
Contact Person's Telephone # ↑		Email ↑	



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Facility # :		Application #	
Section V EQUIPMENT INFORMATION			
Equipment Description:		Process Equipment	
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:		Process Equipment	
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:		Process Equipment	
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:		Process Equipment	
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 DRYING EQUIPMENT INFORMATION			
Equipment Description:		Drying Equipment	
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 :
Material to be Dried:		Drying Temperature:	
Number of Exhaust Stacks:		Size of Exhaust Stacks:	
CFM flow through each port:		Drier Production Rate Feet per day/per hour:	
Air Flow Rate:		Pipeline Diameter:	Blower Hp:
Exhaust Velocity (Ft./Min.):		Retention Time (Seconds):	



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Facility # :		Application #	
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 :
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 VIII EMISSION DATA			
<ul style="list-style-type: none">• Provide estimates of pollutant concentrations and mass emission rates from Mfg. Data sheet, if available.• Describe any combustion modifications or control devices used to reduce NOx emissions and state the estimated reduction.• Use appropriate units, e.g. grams/brake horsepower, lbs/gal etc.			
Section IX 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"/> Water Spray	
Cyclone Make:		Model:	
Maximum Designed Capacity: (Lbs/Hr or Tons/Yr)			
Cyclone Air Flow Rate:		Pipeline Diameter:	Blower Hp:
Baghouse Make:		Model:	
Baghouse Air Flow Rate:		Cleaning Method:	
# of Bags:		Bag Length:	Bag Filter Area:
Type of Control Device:	<input type="checkbox"/> Cyclone (Include Attachment)	<input type="checkbox"/> Baghouse	<input type="checkbox"/> Target Box
		<input type="checkbox"/> Water Spray	
Cyclone Make:		Model:	
Maximum Designed Capacity: (Lbs/Hr or Tons/Yr)			
Cyclone Air Flow Rate:		Pipeline Diameter:	Blower Hp:
Baghouse Make:		Model:	
Baghouse Air Flow Rate:		Cleaning Method:	
# of Bags:		Bag Length:	Bag Filter Area:
Section X METHOD OF CONTROL OF FUGITIVE EMISSION			
Description:			



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Facility # :

Application #

Section XI

FACILITY AND PROCESS FLOW DIAGRAM

Indicate adjacent buildings and streets on facility drawings. Include all associated processes or process flow diagrams.

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