



**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 # 6-1 Page 1
Abrasive Blasting**

| | | | |
|--|---|---|---|
| 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: | | ABRASIVE BLASTING | |
| 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 |
| | | | |
| Estimated Annual Material Processed (Bd/Ft, Tons/Yr, Cu.Yds/Yr, Gallons, Hrs/Yr., etc.). | | | Material Usage Rate |
| | | | |
| 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 ↑ | | | |
| | | | |
| Primary Contact Telephone # ↑ | | Email ↑ | |



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**AIR QUALITY APPLICATION FORM # 6-1 Page 2
Abrasive Blasting**

| | | | |
|--|-----------------------------------|--|---|
| Facility # : | | Application # | |
| Section V | | EQUIPMENT INFORMATION | |
| Equipment or Process name: | | List all equipment that produces air emissions | |
| ABRASIVE BLASTING | | | |
| Make: | Model: | | |
| Serial Number: | Horsepower: | Btu/Hr: | |
| Power Source: | <input type="checkbox"/> Electric | <input type="checkbox"/> Diesel | <input type="checkbox"/> Natural Gas |
| | <input type="checkbox"/> Propane | <input type="checkbox"/> Other : | |
| Production Rate: | Lbs per day/hour: | <input type="checkbox"/> Portable | <input type="checkbox"/> Stationary |
| Equipment or Process name: | | Abrasive Blasting | |
| Make: | Model: | | |
| Serial Number: | Horsepower: | Btu/Hr: | |
| Power Source: | <input type="checkbox"/> Electric | <input type="checkbox"/> Diesel | <input type="checkbox"/> Natural Gas |
| | <input type="checkbox"/> Propane | <input type="checkbox"/> Other : | |
| Production Rate: | Lbs per day/hour: | <input type="checkbox"/> Portable | <input type="checkbox"/> Stationary |
| Equipment Description: | | Compressor | |
| Make: | Model: | | |
| Serial Number: | Horsepower: | Btu/Hr: | |
| Power Source: | <input type="checkbox"/> Electric | <input type="checkbox"/> Diesel | <input type="checkbox"/> Natural Gas |
| | <input type="checkbox"/> Propane | <input type="checkbox"/> Other : | |
| Production Rate: | Lbs per day/hour: | <input type="checkbox"/> Portable | <input type="checkbox"/> Stationary |
| Equipment Description: | | Compressor | |
| Make: | Model: | | |
| Serial Number: | Horsepower: | Btu/Hr: | |
| Power Source: | <input type="checkbox"/> Electric | <input type="checkbox"/> Diesel | <input type="checkbox"/> Natural Gas |
| | <input type="checkbox"/> Propane | <input type="checkbox"/> Other : | |
| Production Rate: | Lbs per day/hour: | <input type="checkbox"/> Portable | <input type="checkbox"/> Stationary |
| Section VI | | OTHER EQUIPMENT INFORMATION | |
| Equipment Description: | | | |
| Make: | Model: | | |
| Serial Number: | Horsepower: | Btu/Hr: | |
| 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 | | ABRASIVE INFORMATION | |
| Type of Abrasive Used | | | |
| CARB approved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Abrasive Method Used: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Both |
| Is the Abrasive Blasting Unit Portable? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Type of Abrasive Used | | | |
| CARB approved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Abrasive Method Used: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Both |
| Is the Abrasive Blasting Unit Portable? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |



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Abrasive Blasting**

| | | | | | |
|---|---|--------------------------------------|--------------------------------------|----------------------------------|--------------------------------|
| Facility # : | | Application # | | | |
| Section VIII CHEMICAL APPLICATION and STORAGE INFORMATION | | | | | |
| Product Identification: (Include MSDS) | | | | | |
| Method of Application: | | Application Rate: | | | |
| Applicator Mfg.: | | 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 Mfg.: | | 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 AIR POLLUTION CONTROL (abatement) DEVICE INFORMATION | | | | | |
| Type of Control Device: (include diagram) | | | | | |
| <input type="checkbox"/> Metal Container | <input type="checkbox"/> Wood Structure | <input type="checkbox"/> Water Spray | <input type="checkbox"/> Other | | |
| Mfg: | | Make: | | Model: | |
| Maximum Designed Capacity: (Cfm) | | | | | |
| Air Flow Rate: | | Pipeline Diameter: | | Blower Hp: | |
| Type of Control Device: (include diagram) | | | | | |
| <input type="checkbox"/> Metal Container | <input type="checkbox"/> Wood Structure | <input type="checkbox"/> Water Spray | <input type="checkbox"/> Other | | |
| Mfg: | | Make: | | Model: | |
| Maximum Designed Capacity: (Cfm) | | | | | |
| Air Flow Rate: | | Pipeline Diameter: | | Blower Hp: | |
| Section X METHOD of CONTROL of FUGITIVE EMISSIONS | | | | | |
| <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. | | | | | |
| 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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