



**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 # 7-2 Page 1
Asphalt Plant**

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: ASPHALT PLANT				
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 ↑				
Primary Contact Telephone # ↑				Email ↑



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Facility # :		Application #	
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 type="checkbox"/> Propane	<input type="checkbox"/> Other :
Burn Rate:		Batch Size:	# of Nozzles
Washer:		GPM:	PSI Pressure
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 :
Burn Rate:		Batch Size:	# of Nozzles
Washer:		GPM:	PSI Pressure
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 :
Burn Rate:		Batch Size:	# of Nozzles
Washer:		GPM:	PSI Pressure
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 :
Burn Rate:		Batch Size:	# of Nozzles
Washer:		GPM:	PSI Pressure
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 :



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Facility # :		Application #	
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"/> Water Spray
Cyclone Make:	Model:		
Max designed capacity: lbs/hr OR tons/yr		lbs/hr	tons/yr
Air flow rate:	Pipeline diameter:	Blower hp:	
Baghouse Mfg:	Model:		
# of bags:	bag length:	bag filter area:	Air flow rate:
Material transferred:	<input type="checkbox"/> Recycled Asphalt/Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Other:
Collection Device (bin, hopper, tank, etc.)	Cleaning Method:		
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:		
Max Designed Capacity: lbs/hr OR tons/yr		lbs/hr	tons/yr
Cyclone Air Flow Rate:	Pipeline Diameter:	Blower Hp:	
Baghouse Mfg:	Model:		
# of bags:	bag length:	bag filter area:	Air flow rate:
Material Transferred:	<input type="checkbox"/> Recycled Asphalt/Concrete	<input type="checkbox"/> Gravel	<input type="checkbox"/> Other:
Collection Device (bin, hopper, tank, etc.)	Cleaning Method:		
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 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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