



San Joaquin Valley Unified Air Pollution Control District Supplemental Application Form

UNCONFINED ABRASIVE BLASTING PORTABLE EQUIPMENT REGISTRATION SUPPLEMENTAL APPLICATION

This form must be submitted in conjunction with the PORTABLE EQUIPMENT REGISTRATION APPLICATION form.

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| 1. | REGISTRATION TO BE ISSUED TO: _____ |
| 2. | WILL THE EQUIPMENT BE REGISTERED AS NON-OPERATIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, a non-operational registration will be issued. Emission units registered as non-operational at the time of initial registration shall not be operated until the District has evaluated the equipment and has issued a revised registration authorizing equipment operation. The registered owner or operator shall submit a written request, including the standard registration fees, to activate non-operational equipment. The District shall have up to 30 days to act on such requests. |
| 3. | MANUFACTURER: _____ Model Number & Type _____ Serial Number _____ |
| 4. | EQUIPMENT DESCRIPTION: a) Provide a detailed process summary to include equipment descriptions and ratings. b) Provide a typical equipment layout indicating equipment type and location. |
| 5. | INDICATE ABRASIVE(S) USED: <input type="checkbox"/> Glass <input type="checkbox"/> Grit <input type="checkbox"/> Sand (Brand Name & Grade): _____ <input type="checkbox"/> Shot <input type="checkbox"/> Other (Indicate Type): _____ |
| 6. | PROCESS INFORMATION: a) Percent of time that the wet blasting method is used: _____ b) Other abrasive blasting methods used: _____ c) Maximum abrasive throughput: Pounds/Hour: _____ Pounds/Day: _____ Pounds/Year: _____ d) Abrasive material emission factor: _____ e) The maximum anticipated operational time of the equipment: Hours/Day: _____ Days/Year: _____ |
| 7. | PARTICULATE EMISSION CONTROL: a) Are any particulate control measures to be used? <input type="checkbox"/> YES <input type="checkbox"/> NO b) Control equipment description: (includes control equipment on layout) _____ c) Control efficiency of the equipment: _____ d) Attach the manufacturer's specifications or engineering data to demonstrate the particulate control efficiency. |
| 8. | IS THE OPERATION POWERED BY AN INTERNAL COMBUSTION ENGINE WITH A MAXIMUM RATING GREATER THAN 50 HORSEPOWER: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, # of engines: _____ (If yes, complete supplemental IC engine application form(s).) |