



San Joaquin Valley Unified Air Pollution Control District

Supplemental Application Form



MINERAL PROCESSING PORTABLE EQUIPMENT REGISTRATION SUPPLEMENTAL APPLICATION

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

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 LISTING, SITE PLAN, & MATERIAL FLOW CHART: a) Provide an equipment listing to include the manufacturer and model number of all major components. b) Provide a typical Site Plan for a maximum throughput scenario. (Include all process, control, and transfer equipment.) c) Provide a Material Flow chart for a maximum throughput scenario. (Include all process, control, and transfer equipment, their types, and their maximum ratings. Also include transfer points, stock piles and air pollution control methods.)
5. MATERIAL INFORMATION: a) Percentage of recycled material processed (average): Concrete: _____ Asphalt: _____ Other (Type): _____ b) Percentage of other material processed (average): Fines: _____ Rock: _____ Other (Type): _____ c) Maximum finished material throughput: Tons/Hour: _____ Tons/Day: _____
6. NUMBER OF TRANSFER PONTS: a) Dry: _____ Control: <input type="checkbox"/> Wet Suppression <input type="checkbox"/> Cyclone; Size: _____ <input type="checkbox"/> Baghouse; Type: _____ b) Other: _____ Control: <input type="checkbox"/> Wet suppression <input type="checkbox"/> Cyclone; Size: _____ <input type="checkbox"/> Baghouse; Tyoe: _____
7. NUMBER OF CRUSHERS: (Provide the information requested below for each crusher included in operation.) a) Primary: Type of Particulate Control: _____ Material throughput, Tons/Hour: _____ Tons/Day: _____ b) Secondary: Type of Particulate Control: _____ Material throughput, Tons/Hour: _____ Tons/Day: _____ c) Tertiary: Type of Particulate Control: _____ Material throughput, Tons/Hour: _____ Tons/Day: _____
8. OPERATING SCHEDULE: a) Primary: Maximum anticipated operating schedule: Hours/Day: _____ Days/Year: _____ b) Maximum and minimum anticipated time at a single site: Maximum: _____ Minimum: _____
9. 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.)