



**San Joaquin Valley Unified Air Pollution Control District  
Supplemental Application Form**



**Abrasive Blasting**

*This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form*

PERMIT TO BE ISSUED TO:
LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

**PROCESS DESCRIPTION**

<b>Abrasive Used</b>	Manufacturer:
	Material Name:
	Material Type: <input type="checkbox"/> Sand <input type="checkbox"/> Grit <input type="checkbox"/> Shot <input type="checkbox"/> Other:
	Density (lb/ft <sup>3</sup> ):
	Flow Rate (lb/hr):
Amount of Material used: _____ lb/day _____ lb/yr	
<b>Blasting Type</b>	<input type="checkbox"/> Confined <input type="checkbox"/> Unconfined
	If unconfined: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydroblasting
<b>Blasted Item</b>	Description:
	Dimensions (ft) Length: _____ Width: _____ Height: _____

**EQUIPMENT DESCRIPTION**

<b>Blasting Unit</b>	Manufacturer:	
	Model:	
	Capacity (lb):	
<b>Nozzles</b>	Number of Nozzles: _____ Maximum Inner Diameter : _____ in	
<b>Compressor</b>	Manufacturer:	
	Model:	
	<input type="checkbox"/> Electric <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas	Rating: _____ hp <small>Note: If engine is rated at greater than 50 hp an IC Engine Supplemental Application form is required.</small>
Air Flow Rate (cfm): _____ @ _____ psi		

### EMISSIONS CONTROL EQUIPMENT

<b>Control Device</b>	<input type="checkbox"/> Baghouse <input type="checkbox"/> Dust Collector <input type="checkbox"/> Booth		
	The control device is: <input type="checkbox"/> integral <input type="checkbox"/> not integral		
	Abrasive blasting takes place: <input type="checkbox"/> inside of a building <input type="checkbox"/> outside of a building		
	Emission control equipment is located: <input type="checkbox"/> inside of a building <input type="checkbox"/> outside of a building		
<b>Bag House or Dust Collector (if applicable)</b>	Manufacturer: _____		
	Model: _____		Serial Number: _____
	Blower Power Rating: _____ (hp)		Air Flow Rate: _____ (dscfm)
	Number of Bags/Filters: _____		Total Cloth Area: _____ (ft <sup>2</sup> )
<b>Booth (if applicable)</b>	Manufacturer: _____		
	Model: _____		Serial Number: _____
	Booth Filtration Method: <input type="checkbox"/> Dry Filter <input type="checkbox"/> Water-Wash <input type="checkbox"/> Oil-Wash		
	Number of Filters: _____	Size of Each Filter: _____ in L   _____ in W   _____ in H	
	Exhaust Fan Specifications: Diameter _____ in   Motor Rating _____ hp		

### HEALTH RISK ASSESSMENT DATA

<b>Operating Hours</b>	Maximum Operating Schedule: _____ hours per day, and _____ hours per year		
<b>Receptor Data</b>	Distance to nearest Residence	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc.
	Direction to nearest Residence	_____	Direction from the stack to the receptor, i.e. Northeast or South.
	Distance to nearest Business	_____ feet	Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc.
	Direction to nearest Business	_____	Direction from the stack to the receptor, i.e. North or Southwest.
<b>Stack Parameters</b>	Release Height	_____ feet above the ground	
	Stack Diameter	_____ inches, at point of release	
	Rain Cap	<input type="checkbox"/> Flapper-type <input type="checkbox"/> Fixed-type <input type="checkbox"/> None	
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal	
<b>Exhaust Data</b>	Flowrate: _____ acfm	Temperature: _____ °F	
<b>Facility Location</b>	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		

### FOR DISTRICT USE ONLY

Date:	FID:	Project:	Public Notice: Y   N
Comments:			