



Mail Application To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765

THIS FORM MUST BE ACCOMPANIED BY A COMPLETED APPLICATION FOR A PERMIT TO CONSTRUCT/OPERATE -FORM 400A, FORM CEQA, PLOT PLAN AND STACK FORM

Business and Location Information
Permit to be issued to (Business name of operator to appear on permit):
Street Location where equipment will be operated (Equipment moved between location in AQMD's jurisdiction, please list the initial site ONLY):
Telephone Number: Web Address:
For Portable/Open Abrasive Blasting Equipment Complete Section A For All Other Abrasive Blasting Operation Complete Section B

Section A: For Portable/Open Abrasive Blasting Equipment

EQUIPMENT DESCRIPTION
Blasting Unit Manufacturer: Model: Capacity of pot *(lb):
Nozzles Number of nozzles: Maximum inner diameter (inches):
Compressor Driven by Internal combustion engine Make: Model: HP:
Plant Air Air flow rate (cfm) @ psi Fuel Type: Gasoline Diesel gals/hr gals/hr
Is this engine registered with the State of California as a Statewide Portable Engine? No Yes

*If bulk storage equipment is present, a separate permit may be needed for the storage equipment.

PROCESS DESCRIPTION
Blasting Type Dry blasting Wet % of time Hydro-blasting % of time
Abrasive Used Material type: Sand Grit Shot Plastic Media Other
CARB Certified Abrasives (see list or check CARB's website for latest certification) No Yes
Manufacturer: Material Name:
Density (lb/ft3): Material flow rate pounds/hour:
Items To Be Blasted Description:
Dimensions Length (ft): Width (ft): Height (ft): Is the blasted item at its permanent or usual location? No Yes
Is blasted item a stucco surface? No Yes
Operating Schedule Days/week Weeks/year Average hours/day Maximum hours per day

CONFIDENTIAL INFORMATION

Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps:

- (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy."
(b) Label the original page "confidential." Circle all confidential items on the page.
(c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.

Section B - Other Abrasive Blasting Operations

PART I EQUIPMENT DESCRIPTION (Select ONLY one type of equipment)

Abrasive Blasting Room										
Blasting Room	Manufacturer:				Model:					
	Room size:		Width (ft):		Height (ft):		Number of air port:		Dimensions of air ports:	
	Length (ft):								Length (ft): Width (ft):	
Capacity of pot *(lb):			Equipped with man door?			Exhaust Blower Flow Rate:				
			No			Yes				
Nozzles	Number of nozzles:				Maximum inner diameter (inches):					
Compressor	Plant air		Air flow rate (cfm)		@		psi		Fuel Type: Gasolin Diesel gals/hr gals/hr	

Abrasive Blasting Machine									
Blasting Machine	Manufacturer:				Model:				
	Dimensions:		Width (ft):		Height (ft):		Wheel Impeller horsepower:	Capacity of pot *(lb):	Exhaust Blower Flow Rate
Length (ft):									

Abrasive Blasting Cabinet								
Blasting Cabinet	Manufacturer:				Model:			
	Dimensions:		Width (ft):		Height (ft):		Control:	Number of Baffled Air Ports:
Length (ft):								
Nozzles	Number of nozzles:			Maximum inner diameter (inches):				
Compressor	Plant air		Air flow rate (cfm)		@		psi	

PART II PROCESS DESCRIPTION

Blasting Type	Dry blasting	Wet	% of time	Hydro-blasting	% of time	
Abrasive Used	Material type:		Sand Plastic Media		Density (lb/ft ³):	Material flow rate, if known (lbs/hour):
			Grit Other			
Material Name:		Shot				
Items To Be Blasted	Description:					
Operating Schedule	Days/week:	Weeks/year:	Average hours/day:	Maximum hours per day:		
Control	Is the room vented to an external air pollution control device? If yes, a separate application (Form 400A and E-1) needs to be files for the control equipment				Yes	No

Applicant Certification Statement I hereby certify that all information contained herein and information submitted with this application is true and correct

SIGNATURE OF PREPARER:		TITLE OF PREPARER:	
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:		CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:

**South Coast Air Quality Management District
Engineering Division**

Name of Applicant			A/N:
Mailing Address			Date
Equipment Location			By
Operating Schedule	hrs/day	days/wk	wks/yr

Section A: Portable/Open Abrasive Blasting Equipment

Equipment Description					
Abrasive-Blasting System Consisting Of:					
1. Abrasive-Blasting Pot:		Model		lbs. Capacity	
2. Compressor With A Maximum Delivery Rate Of		CFM at		PSIG	
3. Plant Air At		PSIG			
4.	Abrasive-Blasting Nozzle(s) With A Maximum Inside Diameter Of				
Given					
Abrasives Used:	Sand	Grit	s =	lbs/hr	g =
	Hydroblasting	Wet Abrasive Blasting	w =	% of time	
Compressor					
Gasoline used	Diesel used	G =	gals/hr	D =	gals/hr
For Portable Emissions			lbs/hr	lbs/day	
1. $RHC = 0.134 (G) + 0.168$ = .494 (D)					
2. $NO_x = 0.0958 (G) + 0.494 (D)$					
3. $Sox = 0.0053 (G) + 0.031 (D)$					
4. $CO = 3.96 (G) + 0.0942 (D)$					
5. $PM = [0.041(s) + 0.01 (g)] 1-(w/200)$ + 0.0061 (G) + 0.0301 (D)					
Evaluation					
Regulation XIII: Exempt by State preemption: Health and Safety Code 41904.					
Rule 402: This equipment is not expected to cause public nuisance					
Rule 1140:					
1. Visible emissions are not expected to exceed 40% opacity for more than 3 minutes in any one-hour period					
2. This operation complies with one of the following:					
a. Wet abrasive blasting is used					
b. Dry, unconfined blasting is used and one of the following it met:					
i. Steel or iron shot/grit is used					
ii. ARB certified abrasives are used and blasted items meet the requirements of 1140 (b)(6)(B) or 1140 (b)(6)(C)					
Recommended Disposition		Approve for Permit		Approve for Permit Subject to condition listed below	

SEE PAGE 2 FOR PERMIT CONDITIONS

**South Coast Air Quality Management District
Engineering Division**

Permit Condition

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
3. THIS EQUIPMENT SHALL COMPLY WITH RULE 1140.
4. Upon the fifth day after placement of this equipment into operation at a new site, the District shall be notified via phone at 1-800-CUT SMOG of the exact nature of the project as follows:
 1. the permit number of the portable equipment
 2. the name and phone number of a contact person
 3. the location where the portable equipment will be operated
 4. the estimated time the portable equipment will be located at the site
 5. description of the project
 6. If less than ¼ mile, the distance to the nearest sensitive receptor, defined as: Long-Term Health Care Facilities, Rehabilitation Centers, Convalescent Centers, Retirement Homes, Residences, Schools, Playgrounds, Child Care Centers, and Athletic Facilities
5. THIS PORTABLE EQUIPMENT SHALL NOT RESIDE AT THE SAME LOCATION FOR MORE THAN 12 CONSECUTIVE MONTHS. ANY EQUIPMENT THAT REPLACES THE EQUIPMENT AT A SITE AND IS INTENDED TO PERFORM THE SAME FUNCTION AS THE EQUIPMENT BEING REPLACED SHALL BE INCLUDED IN CALCULATING THE TIME PERIOD. THE EQUIPMENT SHALL NOT REMAIN OR RESIDE AT A LOCATION FOR A PERIOD OF LESS THAN 12 CONSECUTIVE MONTHS WHERE SUCH A PERIOD REPRESENTS THE FULL LENGTH OF NORMAL ANNUAL SOURCE OPERATIONS SUCH AS A SEASONAL SOURCE; OR THE EQUIPMENT IS REMOVED FROM ONE LOCATION FOR A PERIOD AND THEN IT OR ITS EQUIVALENT IS RETURNED TO THE SAME LOCATION THEREBY CIRCUMVENTING THE PORTABLE EQUIPMENT RESIDENCE TIME REQUIREMENTS; OR THE EQUIPMENT IS MOVED AT A SITE WITH NO APPARENT OPERATIONAL REASON OTHER THAN TO ESTABLISH A NEW OPERATIONAL PERIOD. THE PERIOD DURING WHICH THE EQUIPMENT IS MAINTAINED AT A DESIGNATED STORAGE FACILITY SHALL BE EXCLUDED FROM THE RESIDENCY TIME DETERMINATION.
6. THE OPERATOR SHALL KEEP RECORDS TO PROVE COMPLIANCE WITH CONDITION NO. 6. THE RECORDS SHALL BE KEPT FOR THE MOST RECENT TWO YEAR PERIOD AND BE MADE AVAILABLE TO AQMD PERSONNEL UPON REQUEST.

