**MENDOCINO COUNTY AIR QUALITY MANAGEMENT DISTRICT**
1100A HASTINGS ROAD, UKIAH, CA 95482
PHONE: (707) 463-4354 mcaqmd@mendocinocounty.gov www.mendoair.org

# Air Quality Application Form
# 5-4 Particulate Collector

| | | | |
|---|---|---|---|
| Facility Name: | | Facility # | |
| Application # | | Previous Permit # | |

**Section I REASON FOR APPLICATION**

| | | |
|---|---|---|
| ☐ Existing Equipment | ☐ New Process at Existing Facility | ☐ Registration of Equipment |
| ☐ New Facility | ☐ Modification of Existing Process/Equipment | ☐ Expedited Permit Request (Additional Fees Apply) |
| ☐ Transfer of Location | ☐ 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: PARTICULATE COLLECTOR ABATEMENT DEVICE**

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, CYs/Yr, Gallons, Hrs./Yr., etc.). | | | | | | | |
| Operation Schedule: | Hrs./Day | | Days/Week | | Weeks/Year | | |

**Section III FACILITY LOCATION**

| | | | | |
|---|---|---|---|---|
| ☐ Residential | ☐ Commercial | ☐ Residential/Commercial | ☐ Light Industrial | ☐ Heavy Industrial |

Distance of Emissions Source to Property Line (In Feet)

**Section IV AUTHORIZED FACILITY REPRESENTATIVE & CONTACT INFORMATION**

Signature of Business Owner or Authorized Representative ↑ Date ↑

Name (Please Print) ↑ Title ↑

Contact Person Regarding Application ↑

Primary Contact Telephone # ↑ Email ↑

***District Use Only:***

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# AIR QUALITY APPLICATION FORM
## 5-4 Particulate Collector

| | | | |
|---|---|---|---|
| Facility # | | Application # | |

**Section V EQUIPMENT INFORMATION**

| | | | | | | |
|---|---|---|---|---|---|---|
| Equipment Description: | **Process Equipment** | | | | | |
| Make: | | Model: | | | | |
| Serial Number: | | Horsepower: | | ☐ Portable | ☐ Stationary | |
| Power Source: | ☐ Electric | ☐ Diesel | ☐ Natural Gas | ☐Propane | ☐ Other: | |
| Equipment Description: | **Process Equipment** | | | | | |
| Make: | | Model: | | | | |
| Serial Number: | | Horsepower: | | ☐ Portable | ☐ Stationary | |
| Power Source: | ☐ Electric | ☐ Diesel | ☐ Natural Gas | ☐ Propane | ☐ Other: | |
| Equipment Description: | **Process Equipment** | | | | | |
| Make: | | Model: | | | | |
| Serial Number: | | Horsepower: | | ☐ Portable | ☐ Stationary | |
| Power Source: | ☐ Electric | ☐ Diesel | ☐ Natural Gas | ☐ Propane | ☐ Other: | |
| Equipment Description: | **Process Equipment** | | | | | |
| Make: | | Model: | | | | |
| Serial Number: | | Horsepower: | | ☐ Portable | ☐ Stationary | |
| Power Source: | ☐ Electric | ☐ Diesel | ☐ Natural Gas | ☐ Propane | ☐ Other: | |

**Section VI DRYING EQUIPMENT INFORMATION**

| | | | | | | |
|---|---|---|---|---|---|---|
| Equipment Description: | **Drying Equipment** | | | | | |
| Make: | | Model: | | | | |
| Serial Number: | | Btu/Hr.: | | ☐ Portable | ☐ Stationary | |
| Power Source: | ☐ Electric | ☐ Diesel | ☐ Natural Gas | ☐ Propane | ☐ Other: | |
| Material to be Dried: | | Drying Temperature: | | | | |
| Number of Exhaust Stacks: | | Size of Exhaust Stacks: | | | | |
| CFM flow through each port: | | Dryer Production Rate Feet per day/per hour: | | | | |
| Air Flow Rate: | | Pipeline Diameter: | | Blower Hp: | | |
| Exhaust Velocity (Ft./Min.): | | Retention Time (Seconds): | | | | |

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## 5-4 Particulate Collector

| | |
|---|---|
| Facility # | Application # |

**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: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other: | |
| Product Identification: (Include MSDS) | |
| Method of Application: | Application Rate: |
| Applicator Make: | Model: |
| Serial Number: | Storage Tank Size: |
| Power Source: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other : | |

**Section VIII EMMISSION DATA**

- 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 IX AIR POLLUTION CONTROL (Abatement) DEVICE INFORMATION**

| | | | |
|---|---|---|---|
| Type of Control ☐ Cyclone (Include attachment) ☐ Baghouse ☐ Target Box ☐ Water Spray | | | |
| Cyclone Make: | | Model: | |
| Maximum Designed Capacity: (Lbs./Hr. or Tons/Yr) | | | |
| Cyclone Air Flow Rate: | | Pipeline Diameter: | Blower Hp: |
| Baghouse Make: | | Model: | |
| Baghouse Air Flow Rate: | | Cleaning Method: | |
| # of Bags: | Bag Length: | Bag Filter Area: | |
| Type of Control ☐ Cyclone (Include attachment) ☐ Baghouse ☐ Target Box ☐ Water Spray | | | |
| Cyclone Make: | | Model: | |
| Maximum Designed Capacity: (Lbs./Hr. or Tons/Yr) | | | |
| Cyclone Air Flow Rate: | | Pipeline Diameter: | Blower Hp: |
| Baghouse Make: | | Model: | |
| Baghouse Air Flow Rate: | | Cleaning Method: | |
| # of Bags: | Bag Length: | Bag Filter Area: | |

**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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