**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 # 7-2
## Hot Mix Asphalt

**Facility Name**: **Facility #**

**Application #** **Previous Permit #**

**Section XIV 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 Owner ship Date of Transfer

Description of Project:

Estimated Construction Starting Date: Completion Date:

**Section XV EQUIPMENT OR PROCESS DESCRIPTION**

Equipment or Process Name: **Asphalt Plant**

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. CY/Yr, Gallons, Hrs./Yr., etc.)

| Operation Schedule: | Hrs./Day | Days/Week | Weeks/Year |
|---|---|---|---|

**Section XVI FACILITY LOCATION**

☐ Residential ☒ Commercial ☐ Residential/Commercial ☐ Light Industrial ☐ Heavy Industrial

Distance of Emissions Source to Property Line (In Feet)

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

| | **(District Use Only)** |
|---|---|
| Signature of Business Owner or Authorized Representative Date | |
| Name (Please Print) Title | |
| Primary Contact Regarding Application | |
| Primary Contact Telephone # or Email | |

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

**Section XVIII EQUIPMENT INFORMATION**

Equipment Description:

Make: | Model:

Serial Number: | Horsepower: ☐ Portable ☐ Stationary

Power source: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other

Burn Rate: Batch Size: Number of Nozzles:

Washer: | GPM: | PSI Pressure:

Equipment Description:

Make: | Model:

Serial Number: | Maximum Design Btus/Hr.:

Fuel Used: ☐ Hogged ☐ Diesel ☐ Natural ☐ Propane

☐ ( l Grade of Oil ☐ Other

Maximum Dry Cubic Feet/Hr. Gallons/Hr.

**Section XIX EQUIPMENT INFORMATION Continued**

Duplicate this page as necessary for additional process equipment. List all equipment that produces air emissions.

Equipment Description:

Make: | Model:

Serial Number: | Horsepower: ☐ Portable ☐ Stationary

Power Source: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other

Equipment Description:

Make: | Model:

Serial Number: | Horsepower: ☐ Portable ☐ Stationary

Power Source: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other

Equipment Description:

Make: | Model:

Serial Number: | Horsepower: ☐ Portable ☐ Stationary

Power Source: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other

Equipment Description:

Make: | Model:

Serial Number: | Horsepower: ☐ Portable ☐ Stationary

Power Source: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other

Equipment Description:

Make: | Model:

Serial Number: | Horsepower: ☐ Portable ☐ Stationary

Power Source: ☐ Electric ☐ Diesel ☐ Natural Gas ☐ Propane ☐ Other

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**Facility #** **Application #**

## Section XX AIR POLLUTION CONTROL (ABATEMENT) DEVICE INFORMATION

Duplicate this page as necessary for additional process equipment. List all equipment that produces air emissions.

Type of Control Device ☐ Cyclone (Include Attachment) ☐ Baghouse ☐ Target Box ☐ Other:

Cyclone: Mfg: Model:

Maximum Designed Capacity: (Lbs./Hr. or Tons/Yr)

Cyclone Air Flow Rate: | Pipeline Diameter: | Blower Hp:

Baghouse Mfg: Model: Air Flow Rate:

# of Bags: | Bag Length: | Bag Filter Area: | Cleaning Method:

## Section XXI CHEMICAL APPLICATION AND STORAGE TANK 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

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

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 XXII EMISSIONS 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 XXIII METHOD OF CONTROL OF FUGITIVE EMISSIONS

**Description:**

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**Facility #** **Application #**

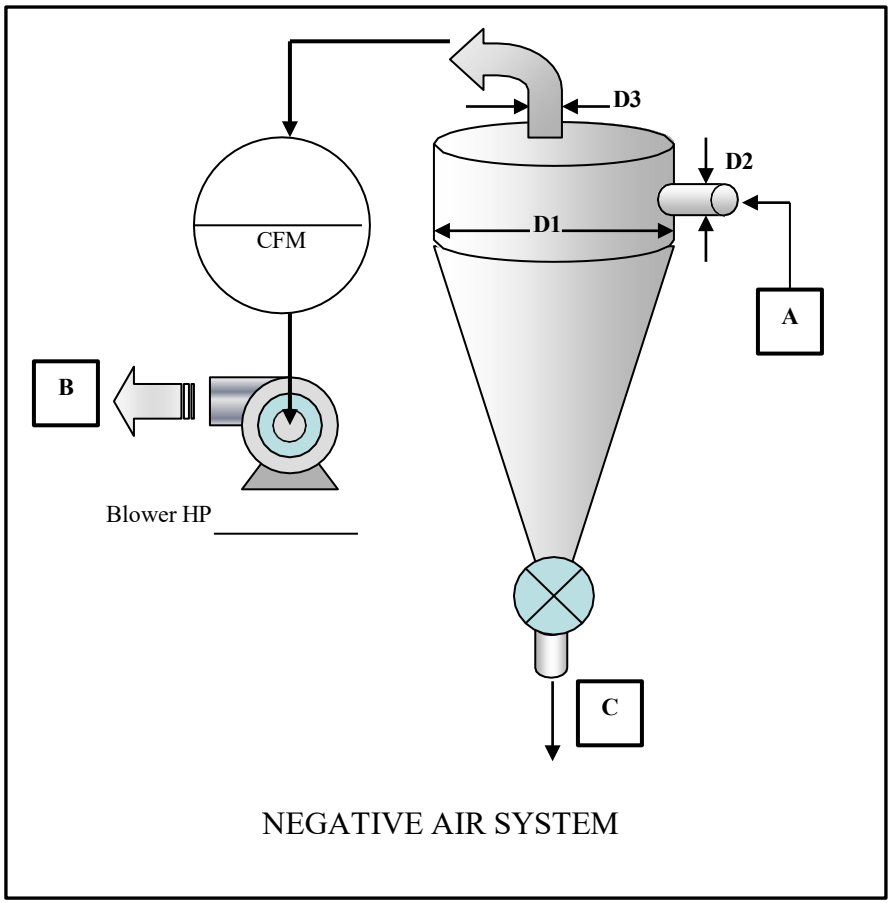
**Section XXIV FACILITY AND PROCESS FLOW DIAGRAM**
Duplicate this page as necessary for each diagram

Indicate adjacent buildings (residences, hospitals, schools, etc.) and streets on facility drawings or insert aerial map of location.
Specify distance (in feet) from source to property boundaries.
Include all associated processes or process flow diagrams, if applicable

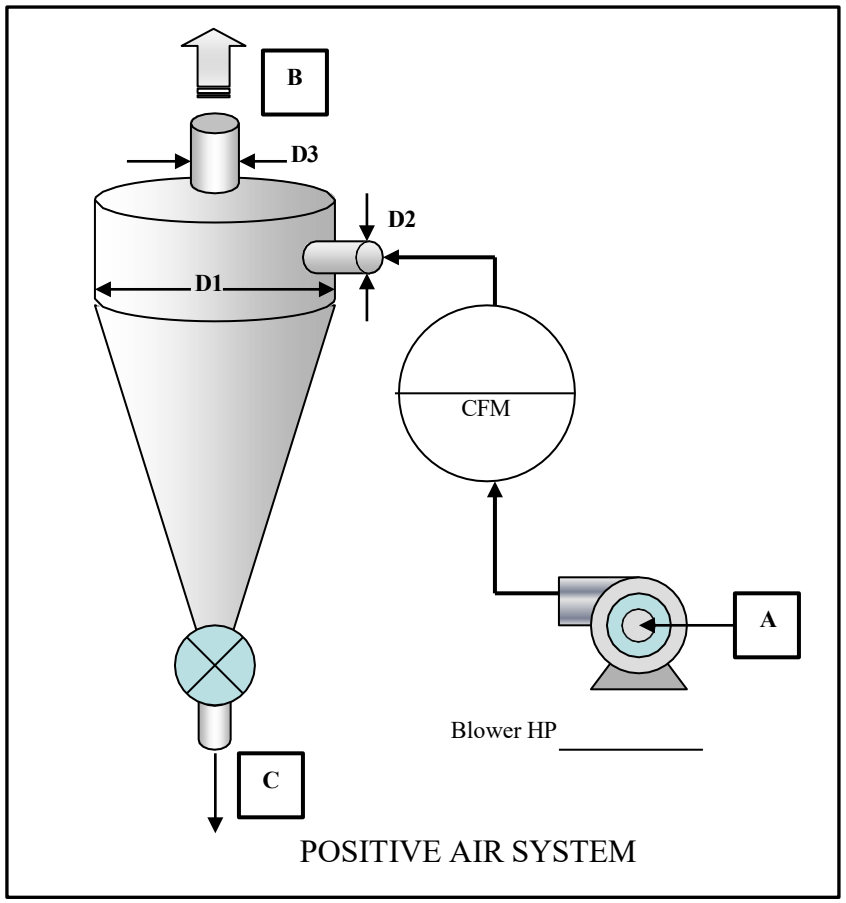
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# CYCLONE SYSTEM DIAGRAM




NEGATIVE AIR SYSTEM




POSITIVE AIR SYSTEM

| | | |
|---|---|---|
| INPUT SOURCE | A | |
| DISCHARGE AIR | B | |
| COLLECTION DEVICE | C | |

DIAMETER

| | |
|---|---|
| D1 | |
| D2 | |
| D3 | |

**MATERIAL**

___Chips ___Sawdust
___Shavings ___Sander dust
___Hog Fuel ___Other_____

LBS/DAY _____
TONS/DAY _____
UNITS/DAY _____