

# MONTEREY BAY UNIFIED AIR POLLUTION CONTROL DISTRICT

24580 SILVER CLOUD COURT • MONTEREY • CA 93940

PHONE (831) 647-9411 • FAX (831) 647-8501

## ABRASIVE BLASTING SUPPLEMENTAL INFORMATION FORM

- A. This form must be submitted with APCD Form #1, Application for Authority to Construct and Permit to Operate.  
 B. Each application must include applicable equipment specifications with plans and equipment location drawing. Additional information may be required.  
 C. Further information or clarification may be obtained by writing or calling the Engineering Division at the Air Pollution Control District.

NOTE: Your application for an Authority to Construct and a Permit to Operate must be approved prior to the commencement of any work. Any modification shall not be performed without first obtaining District approval.

1. Permit to be Issued to: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Blasting Location: _____	3a. Nearest Neighbor or Business: Distance _____ ft. Direction _____
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4. Articles Blasted: \_\_\_\_\_

5. Enclosure Data:  
 5a. Manufacturer: \_\_\_\_\_ Model No: \_\_\_\_\_ Serial No: \_\_\_\_\_  
 5b. Dimensions: Width \_\_\_\_\_ Ft Height \_\_\_\_\_ Ft Depth \_\_\_\_\_ Ft  
 5c. Number of Exhaust Fans: \_\_\_\_\_  
 5d. Fan Manufacturer: \_\_\_\_\_ Model No: \_\_\_\_\_ Fan Motor: \_\_\_\_\_ HP  
 5e. Volume Flow Rate \_\_\_\_\_ cfm @ \_\_\_\_\_ Inches of Water  
 5f. Filters: Filter Size \_\_\_\_\_ in. Long x \_\_\_\_\_ in. Wide Filter Type:  Andreae  Fiber Pad Other \_\_\_\_\_  
 5g. Stack Information: Height Above Ground \_\_\_\_\_ ft. Inner Diameter \_\_\_\_\_ in.  
 5h. Weather Cap Type:  None  Canopy  Automatic Damper Other \_\_\_\_\_

6. Sand Pot: Capacity \_\_\_\_\_ lbs  
 Manufacturer: \_\_\_\_\_ Model No: \_\_\_\_\_

7. Compressor Data: **(APCD Form 402 must be completed for internal combustion engine driven compressors)**  
 7a. Manufacturer: \_\_\_\_\_ Model No: \_\_\_\_\_  
 7b. Design Capacity: \_\_\_\_\_ CFM @ \_\_\_\_\_ psig  
 7c. Driven By:  Electric Motor  Diesel Engine  Gasoline Engine

8. Abrasive Data:	Maximum Daily Usage	Recycled	(If Yes)
Manufacturer	Product Name (lbs/day)		# of Times
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Date Received	9. Signature of Responsible Official, Partner, or Sole Proprietor of Organization: _____		
	10. Type or Print Name and Official Title of Person Signing This Application:		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Name</td> <td style="width: 33%; border: none;">Title</td> <td style="width: 33%; border: none;">Date</td> </tr> </table>	Name	Title
Name	Title	Date	