

**MINERAL PROCESSING
PORTABLE EQUIPMENT REGISTRATION SUPPLEMENTAL APPLICATION**

This form must be submitted in conjunction with the PORTABLE EQUIPMENT REGISTRATION APPLICATION form.

1. REGISTRATION TO BE ISSUED TO:

2. WILL THE EQUIPMENT BE REGISTERED AS NON-OPERATIONAL?]YES]NO

If Yes, a non-operational registration will be issued. Emission units registered as non-operational at the time of initial registration shall not be operated until the District has evaluated the equipment and has issued a revised registration authorizing equipment operation. The registered owner or operator shall submit a written request, including the standard registration fees, to activate non-operational equipment. The District shall have up to 30 days to act on such requests.

3. MANUFACTURER: _____
 Model Number & Type: _____ Serial Number: _____

4. EQUIPMENT LISTING, SITE PLAN, & MATERIAL FLOW CHART:

- a) Provide an equipment listing to include the manufacturer and model number of all major components.
- b) Provide a typical Site Plan for a maximum throughput scenario. (Include all process, control, and transfer equipment.)
- c) Provide a Material Flow chart for a maximum throughput scenario. (Include all process, control, and transfer equipment, their types, and their maximum ratings. Also include transfer points, stock piles and air pollution control methods.)

5. MATERIAL INFORMATION:

- a) Percentage of recycled material processed (average): Concrete: _____ Asphalt: _____ Other (Type): _____
- b) Percentage of other material processed (average): Fines: _____ Rock: _____ Other (Type): _____
- c) Maximum finished material throughput: Tons/Hour: _____ Tons/Day: _____

6. NUMBER OF TRANSFER PONTS:

- a) Dry: _____ Control:]Wet Suppression]Cyclone; Size: _____]Baghouse; Type: _____
- b) Other: _____ Control:]Wet suppression]Cyclone; Size: _____]Baghouse; Tyoe: _____

7. NUMBER OF CRUSHERS: (Provide the information requested below for each crusher included in operation.)

- a) Primary: Type of Particulate Control: _____ Material throughput, Tons/Hour: _____ Tons/Day: _____
- b) Secondary: Type of Particulate Control: _____ Material throughput, Tons/Hour: _____ Tons/Day: _____
- c) Tertiary: Type of Particulate Control: _____ Material throughput, Tons/Hour: _____ Tons/Day: _____

8. OPERATING SCHEDULE:

- a) Primary: Maximum anticipated operating schedule: Hours/Day: _____ Days/Year: _____
- b) Maximum and minimum anticipated time at a single site: Maximum: _____ Minimum: _____

9. IS THE OPERATION POWERED BY AN INTERNAL COMBUSTION ENGINE WITH A MAXIMUM RATING GREATER THAN 50 HORSEPOWER:

]YES]NO If yes, # of engines: _____ (If yes, complete supplemental IC engine application form.)