San Joaquin Valley Unified Air Pollution Control District
Supplemental Application Form

**UNCONFINED ABRASIVE BLASTING**
PORTABLE EQUIPMENT REGISTRATION SUPPLEMENTAL APPLICATION

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

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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 DESCRIPTION:**

   a) Provide a detailed process summary to include equipment descriptions and ratings.

   b) Provide a typical equipment layout indicating equipment type and location.

5. **INDICATE ABRASIVE(S) USED:**

   - [ ] Glass
   - [ ] Grit
   - [ ] Sand (Brand Name & Grade): ___________________________

   - [ ] Shot
   - [ ] Other (Indicate Type): ___________________________

6. **PROCESS INFORMATION:**

   a) Percent of time that the wet blasting method is used: ___________________________

   b) Other abrasive blasting methods used: ___________________________

   c) Maximum abrasive throughput: Pounds/Hour: _______ Pounds/Day: _______ Pounds/Year: _______

   d) Abrasive material emission factor: ___________________________

   e) The maximum anticipated operational time of the equipment: Hours/Day: _______ Days/Year: _______

7. **PARTICULATE EMISSION CONTROL:**

   a) Are any particulate control measures to be used?  
      - [ ] YES  
      - [ ] NO

   b) Control equipment description:

      (includes control equipment on layout)

   c) Control efficiency of the equipment: ___________________________

   d) Attach the manufacturer’s specifications or engineering data to demonstrate the particulate control efficiency.

8. **IS THE OPERATION POWERED BY AN INTERNAL COMBUSTION ENGINE WITH A MAXIMUM RATING GREATER THAN 50 HORSEPOWER?**

   - [ ] YES
   - [ ] NO

   If yes, # of engineers: ________ (If yes, complete supplemental IC engine application form(s)).

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