# San Joaquin Valley Air Pollution Control District Supplemental Application Form 

## Plasma Arc/Laser Cutting Operations

Please complete one form for each identifiably different plasma arc cutting operation.
This form must be accompanied by a completed Authority to Construct/Permit to Operate Application form

## PERMIT TO BE ISSUED TO:

LOCATION WHERE THE EQUIPMENT WILL BE OPERATED:

EQUIPMENT DESCRIPTION

| Manufacturer: | Model: |  |  |
| :--- | :--- | :--- | :--- |
| Power Rating (kVA): |  | Shield Gas Used: <br> (i.e., air, Argon, Nitrogen, etc.): |  |
| Ventilation <br> System | $\square$ Yes, Exhaust fan only HP: | CFM: | $\square$ No |
|  | $\square$ Yes, Baghouse/Dust Collector (please also complete Supplemental Baghouse/Dust Collector application form) |  |  |

HEALTH RISK ASSESSMENT DATA

| Operating Hours | Maximum Operating Schedule: __ hours per day, and ___ hours per year |  |  |
| :---: | :---: | :---: | :---: |
| Receptor Data | Distance to nearest Residence | $\ldots$ _feet | Distance is measured from the proposed stack location to the nearest boundary of the nearest apartment, house, dormitory, etc. |
|  | Direction to nearest Residence |  | Direction from the stack to the receptor, i.e. Northeast or South. |
|  | Distance to nearest Business | _feet | Distance is measured from the proposed stack location to the nearest boundary of the nearest office building, factory, store, etc. |
|  | Direction to nearest Business |  | Direction from the stack to the receptor, i.e. North or Southwest. |
| Stack <br> Parameters | Release Height | feet above the ground |  |
|  | Stack Diameter | inches, at point of release |  |
|  | Rain Cap | $\square$ Flapper-type $\square$ Fixed-type $\square$ None |  |
|  | Direction of Flow | $\square$ Vertically Upward $\square$ Horizontal |  |
| Exhaust Data | Flowrate: | acfm | Temperature: $\quad{ }^{\circ} \mathrm{F}$ |
| Facility Location | $\square$ Urban (area of dense population) $\square$ Rural (area of sparse population) |  |  |

## PROCESS INFORMATION

Processed Materials: Please list all materials to be cut (i.e. carbon steel, stainless steel, aluminum, etc.). Please provide a Material Safety Data Sheet for each material to be cut.

| Material Type | Material <br> Thickness <br> (in) | Max Kerf <br> Width <br> (in) | Max Cut <br> Speed <br> (in/min) | Max Amount <br> of Cutting <br> per Day <br> (in/day) | Max Sheet <br> Weight <br> (lb/sheet) | Potential Sheet <br> Process Rate <br> (sheets/hr) |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
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