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: Shield Gas Used: Power Rating (kVA): (i.e., air, Argon, Nitrogen, etc.): Yes, Exhaust fan only HP: CFM: No Ventilation **System** 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 Distance to nearest Distance is measured from the proposed stack location to the feet nearest boundary of the nearest apartment, house, dormitory, etc. Residence Direction to nearest Direction from the stack to the receptor, i.e. Northeast or South. Residence **Receptor Data** Distance to nearest Distance is measured from the proposed stack location to the feet nearest boundary of the nearest office building, factory, store, etc. Business Direction to nearest Direction from the stack to the receptor, i.e. North or Southwest. Business Release Height feet above the ground Stack Diameter inches, at point of release Stack **Parameters** ☐ Flapper-type ☐ Fixed-type ☐ None Rain Cap ☐ Vertically Upward ☐ Horizontal Direction of Flow **Exhaust Data** acfm Temperature: Flowrate: **Facility Location** Urban (area of dense population) 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.

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Material Type	Material Thickness (in)	Max Kerf Width (in)	Max Cut Speed (in/min)	of Cutting per Day (in/day)	Max Sheet Weight (lb/sheet)	Potential Sheet Process Rate (sheets/hr)