



San Joaquin Valley Air Pollution Control District Supplemental Application Form



Nut Processing

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:

PROCESS DESCRIPTION

Processing Data	Type of Nut Being Processed: <input type="checkbox"/> Almond <input type="checkbox"/> Walnut <input type="checkbox"/> Pistachio <input type="checkbox"/> Other _____ Operation Type: <input type="checkbox"/> Receiving and Precleaning <input type="checkbox"/> Hulling <input type="checkbox"/> Shelling/Cracking <input type="checkbox"/> Hulling and Shelling <input type="checkbox"/> Sorting/Sizing <input type="checkbox"/> Other _____ (Note: Please fill out one form for each separate operation.) Sum total rated horsepower of all electric motors for this operation: _____ hp (Note: Provide a detailed list of all electric motors, including the hp rating, and the equipment served.) Maximum nut throughput: _____ ton/hr _____ ton/day _____ ton/yr Unit of measurement: <input type="checkbox"/> Field Weight Ton <input type="checkbox"/> Dried In-Shell Ton <input type="checkbox"/> Meat Ton <input type="checkbox"/> Other _____ Proposed Emission Factor: _____ gr/dscf _____ lb PM ₁₀ /ton Source of Emission Factor: _____ Unit of Measurement: <input type="checkbox"/> Field Weight Ton <input type="checkbox"/> Dried In-Shell Ton <input type="checkbox"/> Meat Ton <input type="checkbox"/> Other _____ Seasonal Source: <input type="checkbox"/> Yes, from _____ to _____ <input type="checkbox"/> No
Control Device	<input type="checkbox"/> Baghouse (Note: A Processes Served By a Baghouse/Dust Collector Supplemental Application form is required.) <input type="checkbox"/> Cyclone (Note: A Processes Served By a Cyclone/Inertial Separator Supplemental Application form is required.) <input type="checkbox"/> Baffle Cyclone (Note: Please complete the Health Risk Assessment Data section of this form.) <input type="checkbox"/> None <input type="checkbox"/> Other _____ (Provide details)
Dryers	If a dryer/dehydrator is used as a continuous part of this operation (i.e. walnut dehydrator, pistachio column dryer), an Agricultural Products Dehydrators Supplemental Application form is required.
Fumigation	If fumigation is performed at this facility, please submit a Commodity Fumigation Supplemental Application form.

HEALTH RISK ASSESSMENT DATA

Operating Hours	Maximum Operating Schedule: _____ hours per day, and _____ hours per year, _____ days per year		
Receptor Data	Distance to nearest Residence	_____ 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 Parameters	Release Height	_____ feet above the ground	
	Stack Diameter	_____ inches, at point of release	
	Rain Cap	<input type="checkbox"/> Flapper-Type <input type="checkbox"/> Fixed-Type <input type="checkbox"/> None <input type="checkbox"/> Other _____	
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal <input type="checkbox"/> Other _____	
Exhaust Data	Flowrate: _____ acfm	Temperature: _____ °F	
Facility Location	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		