

**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: (i.e., air, Argon, Nitrogen, etc.):	
Ventilation System	<input type="checkbox"/> Yes, Exhaust fan only HP: _____ CFM: _____		<input type="checkbox"/> No
	<input type="checkbox"/> 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	_____ 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	
	Direction of Flow	<input type="checkbox"/> Vertically Upward <input type="checkbox"/> Horizontal	
Exhaust Data	Flowrate: _____ acfm	Temperature: _____ °F	
Facility Location	<input type="checkbox"/> Urban (area of dense population) <input type="checkbox"/> Rural (area of sparse population)		

