



Form 400-E-4a Portable/Open Abrasive Blasting Equipment

Mail To:
SCAQMD
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Tel: (909) 396-3385
www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit):	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):	

Fixed Location	Various Locations

Section B - Equipment Description

Blasting Unit	Manufacturer: _____	Model No.: _____	Capacity of Pot* (lb): _____
Nozzles	Number of Nozzles: _____ Maximum Inner Diameter: _____ inches		
Compressor	Driven by Internal Combustion Engine		Plant Air
	Manufacturer: _____	Model No.: _____	H.P.: _____
	Air Flow Rate: _____ cfm @ _____ psi		
	Fuel Type: Gasoline _____ gals/hr	Diesel _____ gals/hr	
Is this engine registered with the State of California as a Statewide Portable Engine?			No Yes

*If bulk storage equipment is present, a separate permit may be needed for the storage equipment.

Section C - Process Description

Blasting Type	Dry Blasting	Wet _____ % of time	Hydro-Blasting _____ % of time
Abrasive Used	Material Type: Sand Grit Shot Plastic Media Other _____	CARB Certified Abrasives? (see list or check CARB's website for latest certification) No Yes	
	Manufacturer: _____	Material Name: _____	
	Density: _____ lb/ft ³	Material Flow Rate: _____ lbs/hour	
Items To Be Blasted	Description: _____		
	Dimensions: Length: _____ ft	Width: _____ ft	Height: _____ ft
	Is the blasted item at its permanent or usual location?	No Yes	
Operating Schedule	Normal: _____ hours/day	_____ days/week	_____ weeks/yr
	Maximum: _____ hours/day	_____ days/week	_____ weeks/yr

Section D - Authorization/Signature

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: _____	Date: _____	Name: _____
	Title: _____	Company Name: _____	Phone #: _____ Fax #: _____
Contact Info	Name: _____	Phone #: _____	Fax #: _____
	Title: _____	Company Name: _____	Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.

South Coast Air Quality Management District
 Worksheet For Form 400-E-4a
 Portable/Open Abrasive Blasting Equipment

		AQMD USE ONLY
Name of Applicant:		A/N:
Facility ID:		Date:
Equipment Location:		By:
Operating Schedule: _____ hrs/day _____ days/wk _____ wks/yr		Checked:

Section A: Portable/Open Abrasive Blasting Equipment

Equipment Description				
Abrasive-Blasting System Consisting Of:				
1. Abrasive-Blasting Pot: _____ Model _____ lbs. Capacity				
2. Compressor With A Maximum Delivery Rate Of: _____ CFM @ _____ PSIG				
3. Plant Air At: _____ PSIG				
4. _____ Abrasive-Blasting Nozzle(s) With A Maximum Inside Diameter Of: _____				
Given				
Abrasive Used:	Sand	Grit	s = _____ lbs/hr	
	Hydroblasting	Wet Abrasive Blasting	w = _____ % of time	
g = _____ lbs/hr				
Compressor				
Gasoline used	Diesel used	G = _____ gals/hr	D = _____ gals/hr	
For Portable Emissions				
1. $RHC = 0.134 (G) + 0.168 = .494 (D)$ 2. $NO_x = 0.0958 (G) + 0.494 (D)$ 3. $SO_x = 0.0053 (G) + 0.031 (D)$ 4. $CO = 3.96 (G) + 0.0942 (D)$ 5. $PM = [0.041 (s) + 0.01 (g)] 1 - (w / 200) + 0.0061 (G) + 0.0301 (D)$	lbs/hr	lbs/day		
Rule 402: This equipment is not expected to cause public nuisance. Rule 1140: 1. Visible emissions are not expected to exceed 40% opacity for more than 3 minutes in any one-hour period. 2. This operation complies with one of the following: a. Wet abrasive blasting is used. b. Dry, unconfined blasting is used and one of the following is met: i. Steel or iron shot/grit is used. ii. ARB certified abrasives are used and blasted items meet the requirements of 1140(b)(6)(B) or 1140(b)(6)(C). Regulation XIII: Exempt by State preemption: Health and Safety Code 41904 (1304(a)(3)).				

SEE PAGE 3 FOR SAMPLE PERMIT CONDITIONS

**Worksheet For Form 400-E-4a
Portable/Open Abrasive Blasting Equipment**

Sample Permit Conditions

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN ACCORDANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED UNLESS OTHERWISE NOTED BELOW.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITION AT ALL TIMES.
3. THIS EQUIPMENT SHALL COMPLY WITH RULE 1140.
4. ONLY CALIFORNIA AIR RESOURCES BOARD (CARB) CERTIFIED ABRASIVES SHALL BE USED IN THIS EQUIPMENT.
5. Upon the fifth day after placement of this equipment into operation at a new site, the District shall be notified via phone at 1-800-CUT SMOG of the exact nature of the project as follows:
 1. the permit number of the portable equipment
 2. the name and phone number of a contact person
 3. the location where the portable equipment will be operated
 4. the estimated time the portable equipment will be located at the site
 5. description of the project
 6. If less than ¼ mile, the distance to the nearest sensitive receptor, defined as: Long-Term Health Care Facilities, Rehabilitation Centers, Convalescent Centers, Retirement Homes, Residences, Schools, Playgrounds, Child Care Centers, and Athletic Facilities
6. THIS PORTABLE EQUIPMENT SHALL NOT RESIDE AT THE SAME LOCATION FOR MORE THAN 12 CONSECUTIVE MONTHS. ANY EQUIPMENT THAT REPLACES THE EQUIPMENT AT A SITE AND IS INTENDED TO PERFORM THE SAME FUNCTION AS THE EQUIPMENT BEING REPLACED SHALL BE INCLUDED IN CALCULATING THE TIME PERIOD. THE EQUIPMENT SHALL NOT REMAIN OR RESIDE AT A LOCATION FOR A PERIOD OF LESS THAN 12 CONSECUTIVE MONTHS WHERE SUCH A PERIOD REPRESENTS THE FULL LENGTH OF NORMAL ANNUAL SOURCE OPERATIONS SUCH AS A SEASONAL SOURCE; OR THE EQUIPMENT IS REMOVED FROM ONE LOCATION FOR A PERIOD AND THEN IT OR ITS EQUIVALENT IS RETURNED TO THE SAME LOCATION THEREBY CIRCUMVENTING THE PORTABLE EQUIPMENT RESIDENCE TIME REQUIREMENTS; OR THE EQUIPMENT IS MOVED AT A SITE WITH NO APPARENT OPERATIONAL REASON OTHER THAN TO ESTABLISH A NEW OPERATIONAL PERIOD. THE PERIOD DURING WHICH THE EQUIPMENT IS MAINTAINED AT A DESIGNATED STORAGE FACILITY SHALL BE EXCLUDED FROM THE RESIDENCY TIME DETERMINATION.
7. THE OPERATOR SHALL KEEP RECORDS TO PROVE COMPLIANCE WITH CONDITION NO. 6. THE RECORDS SHALL BE KEPT FOR THE MOST RECENT TWO YEAR PERIOD AND BE MADE AVAILABLE TO AQMD PERSONNEL UPON REQUEST.