

**BLASTING OPERATION SUPPLEMENTAL FORM**

**Section I - Facility/Owner Information**

1. **Business Name:** \_\_\_\_\_ **Facility ID:** \_\_\_\_\_
2. Contact Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Do you claim confidentiality of data?      + No      + Yes (attach explanation)

**Section II - Blasting Operation**

1. Brief description of blasting operation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Operation Type: a. Confined (enclosed)      b. Unconfined (Open)
3. Operating Schedule: \_\_\_\_\_ Hrs/Day \_\_\_\_\_ Days/Week \_\_\_\_\_ Weeks/Year  
Maximum hours of operation per calendar year: \_\_\_\_\_ Hrs/year
4. Type of Blasting: \_\_\_dry \_\_\_wet abrasive \_\_\_hydroblasting \_\_\_vacuum blasting \_\_\_other:\_\_\_\_\_
5. Type of Medium used:  
a. Glass Beads    b. Aluminum Oxide    c. Steel Shot    d. Steel Grit    e. Garnet    f. Crushed Glass  
g. Cut Plastic    h. Crushed Nutshell    i. other \_\_\_\_\_
6. Maximum amount of Medium used: \_\_\_\_\_ lbs/hr \_\_\_\_\_ lbs/day \_\_\_\_\_ lbs/year
7. Equipment: (Please include Manufacturer's specification for all equipment)
- I. Abrasive Blasting Machine:  
Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Weight Capacity \_\_\_\_\_
- II. Abrasive Blasting Nozzle:  
Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Maximum internal diameter \_\_\_\_\_ inches
- III. Propelling Device:  
a. Electrically Driven Air Compressor      b. internal combustion engine driven air compressor  
c. other (please specify): \_\_\_\_\_  
Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_

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**Section II - Blasting Operation**

Maximum horsepower rating \_\_\_\_\_

Maximum Delivery Rate: \_\_\_\_\_ cfm or psig (circle one)

IV. Abrasive Blasting Cabinet: (For Confined Abrasive Blasting Only)

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_

Associated Emission Control Equipment: (if any)

a. baghouse      b. dust collector      c. filters      d. abrasive re-claimer

e. other (please specify): \_\_\_\_\_

**Section III – Receptor Information**

1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): \_\_\_\_\_

2. Facility Distance to the Nearest Receptor: \_\_\_\_\_ feet

3. Name of Nearest School (K-12): \_\_\_\_\_

4. Facility Distance to the Nearest School: \_\_\_\_\_ feet

**Section IV - Applicant Certification Statement**

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE

OFFICIAL OF FIRM: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_