



Serving Sutter and Yuba Counties

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Christopher D. Brown, AICP
Air Pollution Control Officer

PORTABLE ABRASIVE BLASTING PERMIT

PERMIT NUMBER - ABRASIVE BLASTING # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ License # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Blasting Operation (Must contact District for each location change): \_\_\_\_\_

Type of Blasting: \_\_\_\_\_

Portable Equipment Registration Program (PERP) Registrations operating on-site: \_\_\_\_\_

PERMIT CONDITIONS

- 1. This permit expires: \_\_\_\_\_
2. This permit or a legible copy shall be available for inspection at the blasting site during blasting operations.
3. The applicant shall not cause a public nuisance during blasting operations. No visible emissions may go over property lines.
4. All blasting operations shall be in accordance with Subchapter 6, Chapter 1, Division 3 of Title 17, of the California Code of Regulations and the General Permit Conditions for Portable Abrasive Blasting.
5. All blasting operations shall be conducted with California Air Resources Board Certified Abrasives for Permissible Outdoor Blasting.
6. Only PERP registered engines and equipment units, or District-issued multiple-location permitted equipment may be used at the site location.
7. This permit may be revoked or suspended for violation of permit conditions or for public safety.

PERMIT FEE: \$186.62 plus one ton of particulate emissions at \$12.50 per ton = \$199.12 total
Failure to comply with the Feather River AQMD Rules and Regulations is a misdemeanor. In addition, the issuance of this permit does not relieve the permittee of responsibility to use reasonable and ordinary care to prevent damage to the property of others or injury to persons as prescribed by law.

RESPONSIBLE OFFICIAL SIGNATURE: \_\_\_\_\_
I certify under penalty of law, based on information and belief formed after reasonable inquiry, that the information contained in this permit is true, accurate, complete and that I am the responsible official.

NAME (PRINTED): \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR FRAQMD USE ONLY ++++++

RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ AMOUNT \_\_\_\_\_