### FUMIGATION SUPPLEMENTAL FORM

#### Section I - General Equipment Information  
(Complete all items)

**1.1. Fumigant Information**

<table>
<thead>
<tr>
<th>Fumigant #1:</th>
<th>Brand Name:</th>
<th>EPA Reg. No.:</th>
<th>Manufacturer:</th>
<th>CA Reg. No.:</th>
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**1.2. Application Information**

- Product Fumigated: ________________________________
- Maximum Number of Fumigations per Day: ________________
- Maximum Number of Fumigations per Year: ________________
- Amount of Fumigant used per Fumigation: __________________ lbs
- Duration of Fumigation: ________________ hrs
- Fumigation Temperature: ________________ °F

**1.3. Fumigation Chamber Information (inside dimensions):**


**1.4. Exhaust Fan Information:**

- Number of Fans: ________________
- Manufacturer: __________________
- Model No.: __________________
- Fan(s) Motor Horsepower: ________________
- Total Flow Rate: ________________ CFM

**1.5. Stack/Venting Information**

- Time for Chamber Volume Exchange: ________________ min.
- Duration of Venting: ________________ min.
- Exhaust Stack Height from Ground: ________________ feet
- Diameter of Stack Outlet: ________________ feet
- Direction of Outlet:  
  - [ ] Horizontal  or  [ ] Vertical
- End of Stack:  
  - [ ] Open  or  [ ] Capped

**1.6. Control Device**

- Is the Fumigation Chamber connected to an Emission Control Device(s)?  
  - [ ] Yes  or  [ ] No

  If Yes, attach description of type of control equipment, Manufacturer's Name, Model Number, Control Efficiency, and any other supplementary information.
**Section II - Operation Information**

2.1. Describe one complete fumigation cycle: from loading the product into the enclosure to removing the product after fumigation. Also describe all measures taken to minimize emissions of the fumigant during and after the fumigation cycle (use additional sheets if necessary):

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

**Section III – Receptor Information**

3.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____________________________

3.2. Facility Distance to the Nearest Receptor: ___________ 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: __________________________ DATE: _____ / ____ / ______

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

NAME: __________________________ TITLE: __________________________