

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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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

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: _____