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?  
   + 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.___________________


## 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 reclaimer
- 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: ______________________________________

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