AGRICULTURAL COMMODITY PROCESSING SUPPLEMENTAL FORM

Section I - Facility/Owner Information

1. Business Name: ______________________________________ Facility ID: ______________________
2. Contact Name: ______________________________________________________________________________
   Phone No.: ______________________ Fax No.: ______________________ E-mail: _____________________
   Address: ___________________________________________________________________________________

Section II - Process/Equipment Information (Complete all items)

1. Please indicate the type of products being processed at the facility:
   a. Walnuts                                b. Almonds                           c. Prunes                                       d. Rice
   e. Beans                                    f. Seeds                                 g. Other (specify): ____________________

2. Please specify the following:
   Maximum Daily Processing Rate: ________________  (Circle one: lbs, tons, cwt)
   Maximum Annual Processing Rate: ________________  (Circle one: lbs, tons, cwt)
   Typical Operation Schedule: ________ Hours/Day; ________ Days/Week; ________ Weeks/Year.

3. Please either describe or attach a flow diagram of the process. Please note the main process equipment used in the operation. (Example: receiving pit/hopper, screens, scalper, aspirator, drying tower, air legs, storage silo, etc.)
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. If emission control equipment is being used (cyclones, baghouses, dust collectors, water spray, etc), please describe in detail the equipment being controlled.
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

5. If the facility burns fuel (natural gas, propane, diesel, etc.) for any process, please specify the following:
   Fuel Type: ___________________________________           Fuel Type: ___________________________________
   Make/Model burner: ___________________________           Make/Model burner: ___________________________
   Number of burners: ____________________________           Number of burners: ____________________________
   Maximum Burner Capacity (Btu/hr): ______________           Maximum Burner Capacity (Btu/hr): ______________
   Maximum Usage (Hours/year): ___________________          Maximum Usage (Hours/year): ___________________
### 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

If the facility is within 1,000 feet of a school site, and if the application will result in an increase in hazardous emissions, a public notice will be required at the expense of the applicant. (CH&S 42301.6)

### 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: __________________________________________

APPLICATION /Agricultural Commodity Processing.doc, 07/01/2009