A A separate application with supplemental form 2A and 2B must be submitted if this equipment is also used in blast rooms or booths.
- Attach a Material Safety Data Sheet (MSDS) for each abrasive used.
- Please type or print the information requested below.

Company Name: 

Equipment Address: 

A. EQUIPMENT DESCRIPTION

Abrasive Material Pressure Tank: Mfr.: ___________________________ Rated Capacity: ______ lbs
Model: ___________________________ S/N: ____________ National Board No.: ___________________________

Compressor Manufacturer: ___________________________ Capacity: ______ cubic ft./min.

Engine Manufacturer: ___________________________ Engine Model: ____________ Horse Power: ______

Compressor Engine: 
- Diesel
- Gasoline
- Electric

B. PROCESS DESCRIPTION

Abrasive Flow Rate: ______ lbs/hr (if known) Nozzle size: ______ inches

Maximum pressure at nozzle: ______ psig Number of nozzles: ______

Surface usually blasted: 
- rust
- paint
- stucco
- concrete
- plaster
- new steel
- other (specify) 

If dust from the surface being blasted contains toxic materials such as lead, chromium, cadmium, beryllium, nickel, or asbestos, then list, in the Table below, the materials and the surface being blasted. Submit copies of material safety data sheets (MSDS), if available, for each substance containing a toxic material.

<table>
<thead>
<tr>
<th>Surface Blasted</th>
<th>Chromium</th>
<th>Beryllium</th>
<th>Nickel</th>
<th>Cadmium</th>
<th>Lead</th>
<th>Asbestos</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paint</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Plastic</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Insulation</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Other (specify)</td>
<td></td>
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<tr>
<td>Other (specify)</td>
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</tr>
</tbody>
</table>
Percent of time wet blasting procedures are used: ________%
Percent of time blasting is done: In an open area: ________%   In a shrouded area ________%

C. ADDITIONAL INFORMATION:


D. RULE 1200 TOXICS EVALUATION:
A Health Risk Assessment (HRA) is required only if materials containing chromium, nickel, lead, or copper are used or processed.

FACILITY SITE MAP Please provide a copy of a Thomas Bros. Map showing the geographic location of your facility. This helps by making it possible for the District to use a Geographic Information System to identify community residents and workers who may be impacted by emissions from your facility.

PLOT PLAN Please also provide a facility plot plan or diagram (need not be to scale as long as distances of key features from reference points are shown) showing the location of emission point(s) at the facility, property lines, and the location and dimensions of buildings (estimated height, width, and length) that are closer than 100 ft. from the emission point. This diagram helps by making it possible for the District to efficiently set-up the inputs for a health risk evaluation. Inaccurate information may adversely affect the outcome of the evaluation.

EMISSION POINT DATA Determine if your emission source(s) are ducted sources or if they are unducted/fugitive sources and provide the necessary data below. (Examples of commonly encountered emission points: Ducted or Stack Emissions - an exhaust pipe or stack, a roof ventilation duct; Unducted Emissions - anything not emitted through a duct, pipe, or stack, for instance, an open window or an outdoor area or volume.)

1. Ducted or Stack Emissions (For 1 or more emission points). Estimate values if you are unsure.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Point #1</th>
<th>Point #2</th>
<th>Point #3</th>
<th>Point #4</th>
<th>Point #5</th>
<th>Point #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height of Exhaust above ground (ft)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stack Diameter (or length/width) (ft)</td>
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<tr>
<td>Exhaust Gas Temperature* (°F)</td>
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<tr>
<td>Exhaust Gas Flow (actual cfm or fps)</td>
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<tr>
<td>Is Exhaust Vertical (Yes or No)</td>
<td></td>
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<td></td>
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<tr>
<td>Raincap? (None, Flapper Valve, Raincap)</td>
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<td></td>
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<tr>
<td>Distance to Property Line (+/- 10 ft)</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

* Use “70 °F” or “Ambient” if unknown

2. Unducted Emissions (For 1 or more emission points). Estimate if you are unsure.

Describe how unducted gases, vapors, and/or particles get into the outside air. Provide a brief description of the process or operation for each unducted emission point. If unducted emissions come out of building openings such as doors or windows, estimate the size of the opening (example – 3 ft x 4 ft window).
If unducted emissions originate outside your buildings, estimate the size of the emission zone (example – paint spraying 2’ x 2’ x 2’ bread boxes).

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RECEPTOR DATA  A receptor is a residence or business whose occupants could be exposed to toxic emissions from your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the nearest residence and to the nearest business.

Distance to nearest residence _______ ft
Distance to nearest business _______ ft

Name of Preparer: ____________________________ Title: ____________________________

Phone No.: (____)__________________________ Date: ____________________________

NOTE TO APPLICANT:
Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.