ABRASIVE BLASTING POT/MACHINE
(Loaded Pneumatically or from Storage Hoppers)

Note: A separate application with supplemental form 2A and 2B must be submitted if this equipment is also used in blast rooms or booths.

Company Name: ____________________________

Equipment Address: ____________________________

A. EQUIPMENT DESCRIPTION
Abrasive Material Pressure Tank:  Mfr.: ____________________________  Rated Capacity: ________ tons
Model: ____________________________  S/N: ____________________________  National Board No.: ____________________________
Compressor Manufacturer: ____________________________  Capacity: ________ cubic ft./min.
Engine Manufacturer: ____________________________  Engine Model: ____________________________  Horse Power; ________
Compressor Engine:  □ Diesel  □ Gasoline  □ Electric

B. DUST COLLECTOR
Manufacturer: ____________________________  Model: ____________________________  S/N: ____________________________
Filter Element Manufacturer: ____________________________
Filter Model or Part No.: ____________________________  Number of Filters: ________
Dust Collector Differential Pressure Gauge Reading When Operating: ________ inches water
Weight of Dust Collected Per Load of Abrasive Received: ________ Pounds.

C. PROCESS DESCRIPTION
Indicate All Methods of Loading the Blast Machine
□ Pneumatic Loading  □ From Small 50-100 Pound Bags  □ From a Storage Hopper
□ From Bulk Bags (approx. 2,000 lbs each)  □ Other (Specify) ____________________________
When Pneumatic Loading Procedures are used to load abrasive, what measures are used to filter or otherwise capture the dust that may be emitted during pneumatic transfer?
□ Baghouse  □ Cartridge Filter System  □ Scrubber  □ Other (specify) ____________________________
When loading from a storage hopper, dust is prohibited
□ By a sealed transfer duct system
□ By transferring through a flex duct into the blast machine and connecting a dust vacuum to the blast machine opening.
□ Other (describe) ____________________________
Surface usually blasted:  □ rust  □ paint  □ stucco  □ concrete  □ plaster
□ new steel  □ Other (specify) ____________________________
Percent of time wet blasting procedures are used: ________ %
Percent of time wet blasting is done: In an open area _______%  In a shrouded area _______%  In an enclosure w/dust filter _______%  

The above percentage figures should total 100%.

D. TOXICS DATA

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 percent by weight of each toxic material in the surfaces to be blasted. Submit copies of Material Safety Data Sheets (MSDS), if available, for each surface 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>
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<tr>
<td>Metal</td>
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<tr>
<td>Plastic</td>
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<tr>
<td>Insulation</td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

Submit an "MSDS" sheet for each different abrasive being used.

E. ABRASIVE DATA

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

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

Type:  
- Copper Slag  - Silica  - Sand  - Aluminum Oxide
- Steel Grit  - Plastic  - Other (Specify):

<table>
<thead>
<tr>
<th>Abrasive Usage</th>
<th>Lbs/Hr</th>
<th>Lbs/Day</th>
<th>Lbs/Yr</th>
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</thead>
<tbody>
<tr>
<td>Average</td>
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<tr>
<td>Max</td>
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</tbody>
</table>

F. ADDITIONAL INFORMATION:

G. 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>
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<td>Stack Diameter (or length/width) (ft)</td>
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<td>Exhaust Gas Temperature* (*°F)</td>
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<td>Exhaust Gas Flow (actual cfm or fps)</td>
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<td>Is Exhaust Vertical (Yes or No)</td>
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<tr>
<td>Raincap? (None, Flapper Valve, Raincap)</td>
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<tr>
<td>Distance to Property Line (+/- 10 ft)</td>
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</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.