



SAN LUIS OBISPO COUNTY AIR POLLUTION CONTROL DISTRICT

3433 Roberto Court • San Luis Obispo, CA 93401 • (805) 781-5912 • FAX: (805) 781-1002

GENERAL PROCESSES

INSTRUCTIONS: Fill in the required information as completely as possible. Additional forms may be needed. See the application form instructions for a list of additional forms. Failure to provide complete information may result in delays in processing your application or in your application being designated as "incomplete." **Complete a separate form for each process.**

Organization name: _____

- TYPE OF APPLICATION: (Select one.)
- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> chemical mfg | <input type="checkbox"/> gasoline bulk plant | <input type="checkbox"/> paint mfg | <input type="checkbox"/> soap/detergent mfg |
| <input type="checkbox"/> electronic products | <input type="checkbox"/> medical diagnostics | <input type="checkbox"/> plating | <input type="checkbox"/> wastewater treatment |
| <input type="checkbox"/> ETO sterilizing | <input type="checkbox"/> metal coating | <input type="checkbox"/> printing | <input type="checkbox"/> winery |
| <input type="checkbox"/> feed and grain | <input type="checkbox"/> metal parts mfg | <input type="checkbox"/> other: | |

EQUIPMENT DESCRIPTION: _____

(Please be clear and concise. Be sure to include a complete process flow diagram with your application.)

- TYPE OF FUEL:
- | | | | | | | |
|---|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> electric | <input type="checkbox"/> gasoline | <input type="checkbox"/> diesel | <input type="checkbox"/> process gas | <input type="checkbox"/> natural gas | <input type="checkbox"/> fuel gas |
| <input type="checkbox"/> other: _____ (Complete a Fuel Combustion Process form for all combustion processes.) | | | | | | |

TYPE OF MATERIAL PROCESSED: _____

(Be sure to include a material safety data sheet (MSDS) for each material used in the process.)

MAX. PROCESS OR USE RATE: _____ PROCESS UNITS: cfm mgal/hr gal/hr cu yd/hr tons/hr lb/hr other: _____ / _____

HOURS OF OPERATION: _____ hr/day _____ day/yr EMISSIONS: VOCs ETO particulates gases other: _____

AIR POLLUTION CONTROL DEVICE:

<u>device</u>	<u>cntrl effc.</u>	<u>device</u>	<u>cntrl effc.</u>	<u>device</u>	<u>cntrl effc.</u>	<u>device</u>	<u>cntrl effc.</u>
<input type="checkbox"/> none	_____ %	<input type="checkbox"/> baghouse	_____ %	<input type="checkbox"/> catalytic	_____ %	<input type="checkbox"/> water spray	_____ %
<input type="checkbox"/> dry filt.	_____ %	<input type="checkbox"/> carbon filt.	_____ %	<input type="checkbox"/> scrubber	_____ %	<input type="checkbox"/> other:	_____ %

(Include the manufacturer's technical data sheet describing details of the control device and verifying the control efficiency.)

SUGGESTED EMISSION FACTOR: Values: _____ Reference: _____

(Include a copy of the reference and title page.)

COMMENTS: (Provide any additional information that would be useful to the District in estimating emissions from your process or equipment. Failure to provide complete information may result in delays in the permitting process or in the assignment of your application as "incomplete".) _____

(APCD use only)

APPLICATION	
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