## Butte County Air Quality Management District Application for Portable Equipment Certificate of Registration

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## **FORM 3-C** - Portable Abrasive Blasting

(Auto-fill format. Use "Tab" or up/down arrows to enter information)

1. Company Name:	
2. Equipment Manufacturer:	3. Model:
4. Nozzle Diameter: inches or gauge	5. Serial Number:
Operating Pressure: psi	6. Company Unit ID (optional):
7. Abrasives Used	
☐ Aluminum Oxide ☐ Black Beauty ☐ Garnet	☐ Glass Bead ☐ Sand
☐ Mineral Slag ☐ Plastic Shot ☐ Silicon Carbide	☐ Steel Shot Sand Type:
Steel Grit	☐ Walnut Shell ☐ Other
	Other Type:
8. Unconfined Operation Confined Operation	
For Unconfined Operation, Process Information: Wet Blasting Used:  upon o	
Percent of Time Wet Blasting Method Is Used: %	
Other Abrasive Blasting Methods Used:	
For Confined Operation: Control Equipment Information	
Type of Filters:   Fabric Cartridge	
Control Efficiency: %	
Attach Manufacturer's Specifications or Engineering Data Which Demonstrates a Minimum Particulate Matter Control of 99% For Dust Collection Equipment.	
Are Fabric Dust Collectors Equipped With Operational Pressure Differential Gauges?	
☐ N/A (No Fabric Collectors)	
9. Printed Name of Responsible Party:	Title:
10. Signature of Responsible Party:	Date:

## (Form 3-C)

- 1. *Company Name* Legal name of entity, business, organization, agency or private individual that operates equipment.
- 2. *Manufacturer* for example: Simons, Rexnard, or your company name if built in house.
- 3. *Model* may be a series of numbers or letters or combinations of numbers and letters, for example, 3612.
- 4. *Nozzle Diameter and Pressure* Enter the nozzle diameter in inches or nozzle gauge and the operating pressure at the nozzle in pounds per square inch (psi).
- 5. *Serial Number* A unique, unit specific number, usually on the equipment nameplate. The serial number is necessary to ensure that each piece of registered equipment can be uniquely identified and matched to its respective registration certificate number.
- 6. *Company Unit ID number (optional)* For reference. Enter your company's unit or equipment number.
- 7. *Abrasives Used* a list of the types of abrasives used, if "sand" or "other" is indicated the type must be listed. Note: all abrasives must be California Air Resources Board certified.
- 8. Control Equipment Information Particulate control equipment must be listed and described.

  Control Efficiencies List control efficiencies as a percentage of particulate controlled.

  Operational Pressure Differential Gauge Fabric dust collectors must be equipped with an operational pressure differential gauge to measure the pressure drop across the filters. If you do not have a pressure gauge, explain how filters are monitored. If fabric collectors are not used indicate N/A. Vent filters do not require pressure gauges.
- 9. *Printed Name of Responsible Official* Responsible Official is the individual employed or otherwise retained by a company, public agency, or municipality, or his contracted designee, that has the authority to certify that the portable equipment complies with all applicable requirements of the District's Rules and Regulations. This person must be a direct employee to the company, not a third party. Examples of third party members are consultants, distributors, sales representatives, lawyers, etc.
- 10. Signature of Responsible Official with Date Signature of responsible official described above. (Application will not be accepted unless signed and dated.)