BULK ABRASIVE STORAGE SYSTEM

• Attach a Material Safety Data Sheet (MSDS) for each abrasive to be stored.
• Provide a photograph or brochure of the equipment.
• Please type or print the information requested below.

A. EQUIPMENT DESCRIPTION

1. Hopper Manufacturer: Model: _____________________________ S/N: _____________________________
2. Capacity: ________ tons Dimensions: L ______ ft by W ______ ft by H ______ ft.
3. Dust Control System: □ Baghouse □ Filter Sock □ Other (specify) ____________
5. Air Flow Rate: ________ cubic ft/min. Filter Surface Area: ________ sq. ft.

B. PROCESS DESCRIPTION

6. Hopper Loading Method: □ pneumatic □ by gravity □ from bags
7. From truck or tank by gravity □ Other Method: _____________________________
8. Is there a dust collector connected to the transfer point between the hopper and the blast machine below? □ Yes □ No
9. Is this transfer to the abrasive blast machine through a sealed transfer system? □ Yes □ No
10. Provide a brochure showing the efficiency of the filter system.

C. OPERATING SCHEDULE

11. Number of hours for each abrasive delivery: ________ (hours).

D. MATERIAL USAGE

12. Enter the (Average and maximum) weight per month of each type of abrasive material in the table below:

<table>
<thead>
<tr>
<th>Abrasive Mfr.</th>
<th>Grit Name &amp; Grit Size</th>
<th>Avg. Usage Tons/Mo</th>
<th>Max. Usage Tons/Mo</th>
<th>No. of Deliveries Per Mo</th>
<th>Abrasive Wt. Per Delivery</th>
</tr>
</thead>
<tbody>
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</table>

E. 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 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>
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</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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<td>Raincap? (None, Flapper Valve, Raincap)</td>
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<td>Distance to Property Line (+/- 10 ft)</td>
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</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).

Name of Preparer: ___________________________ Title: ___________________________

Phone No.: (____) __________________________  Date: ____________________________

NOTICE 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.