

Butte County
AIR QUALITY MANAGEMENT DISTRICT
629 ENTLER AVENUE, SUITE 15, CHICO, CALIFORNIA 95928
TELEPHONE: (530) 332-9400 FAX: (530) 332-9417

Supplemental Information Form:
Thermal Spraying Operations

Please type or print to complete the following information. For "Auto-fill" format, use the "Tab" key to move between fields.

Company Name:	_____
Equipment Address:	_____

Equipment Description					
Material is applied in:	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Room	<input type="checkbox"/> Other		
Dimensions of Enclosure:	_____ ft. Long x _____ ft. Wide x _____ ft. High				
Material Applied by:	<input type="checkbox"/> Plasma	<input type="checkbox"/> Wire/gas	<input type="checkbox"/> HVOF	<input type="checkbox"/> Arc w/2 wire	
Spray Gun Mfr:	_____	Model	_____	S/N	_____
Spray Gun Mfr:	_____	Model	_____	S/N	_____
Air Pollution Control Equipment:					
Spray Booth Mfr:	_____	Model	_____	S/N	_____
Controls:	<input type="checkbox"/> w/ Water Curtain	<input type="checkbox"/> Filter System	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____	
Dust Filter System Mfr	_____	Model	_____	S/N	_____
Filter Bag or Cartridge System Mfr	_____	Model	_____	S/N	_____
Booth Air Flow:	_____ cubic ft./ min.	Filter efficiency	_____ %		
Filter Media Cleaning:	<input type="checkbox"/> Automatic Reverse Pulse	<input type="checkbox"/> Manual	<input type="checkbox"/> Replace		
<i>(Submit manufacturer's brochure or technical spec sheet on spray guns and filter media)</i>					
<i>(Attach a drawing of the booth/room showing ventilation ducts, fans, spray guns, and control equipment.)</i>					

Process Description:		
Material application is:	<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic/Robotic
Description of parts coated:	_____	
Production Rate:	_____ parts per day	

Operating Schedule:			
	Hours/Day	Days/Week	Weeks/Year
Average	_____	_____	_____
Maximum	_____	_____	_____

Supplemental Information-Thermal Spraying

Material Consumption:										
Material application rate:			_____ avg. lb/hr				_____ maximum lb/hr			
Type of material being sprayed			<input type="checkbox"/> Wire		<input type="checkbox"/> Powder		<input type="checkbox"/> Other: _____			
Quantity of Materials Sprayed:										
Product Name	Lb/hr	Lb/day	Lb/Yr	%Cr	%Ni	%Cr	%Co	% Pb	%Hg	% Other

(Attach material safety data sheets for all deposition materials)

Enter the weight of dust collected as indicated (if applicable):			
	Lbs/hour	Lbs/day	Lbs/year
Average	_____	_____	_____
Maximum	_____	_____	_____

Receptor Information	
From the booth stack, identify the distance and direction to the nearest off-property receptor:	
Distance: _____ feet	Direction (i.e. North, Southeast): _____
Receptor type: <input type="checkbox"/> Residence <input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Other: _____	

Name of Preparer:	_____	Title:	_____
Phone No.	(____) _____ - _____	Date:	_____

Note to Applicant:

Thank you for providing the above information. The District may require further information, plans, or specifications prior to issuing a permit. Incomplete submittals may delay permit issuance.