

Butte County
AIR QUALITY MANAGEMENT DISTRICT

629 ENTLER AVENUE, SUITE 15 CHICO, CALIFORNIA 95928
 TELEPHONE (530) 332-9400 FAX (530) 332-9417

THERMAL SPRAYING OPERATIONS

PRODUCTION DATA YEAR _____

Please complete the following questions as applicable. Refer to the recordkeeping conditions of your permit for further guidance.

Company/Facility Name _____

Address/Location _____

Permit to Operate No: _____

Average Inward Face Velocity:

Booth Name	Average Inward Face Velocity (feet per minute)	Date of Measurement	Booth Negative Pressure Verification (Yes/No)	Date of Measurement

Material Consumption:

Type of material being sprayed				<input type="checkbox"/> Wire	<input type="checkbox"/> Powder	<input type="checkbox"/> Other: _____			
Quantity of Materials Sprayed:				Material Constituents:					
Product Name	Initial Inventory	Final Inventory	Usage Lb/Yr	%Cr	%Ni	%Co	%Pb	%Hg	%Other
Total Usage:									

The undersigned hereby acknowledges and agrees that an electronic copy of this signed document shall be enforceable in the same manner as the signed original document.

Name (Printed) _____ Title _____

Signature _____ Date _____

Production data provided on this form is considered trade secret information as defined under Section 6254.7(d) of the Government Code and is therefore exempt from disclosure under the provisions of the California Public Records Act.