



Form 400-E-4b Abrasive Blasting Equipment (Other Than Portable/Open)

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944
Tel: (909) 396-3385
www.aqmd.gov

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit):	Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):	

Fixed Location	Various Locations

Section B - Equipment Description (Select ONLY one type of equipment)

Abrasive Blasting Room

Blasting Room	Manufacturer: _____ Model No.: _____
	Room Size: Length: _____ ft Width: _____ ft Height: _____ ft
	Number of Air Port: _____ Dimensions of Air Ports: Length: _____ ft Width: _____ ft
	Capacity of Pot*: _____ lb Equipped with man door? No Yes Exhaust Blower Flow Rate: _____
Nozzles	Number of Nozzles: _____ Maximum Inner Diameter: _____ (inches)
Compressor	Plant Air Air Flow Rate: _____ cfm @ _____ psi

Abrasive Blasting Machine

Blasting Machine	Manufacturer: _____ Model No.: _____
	Dimensions: Length: _____ ft Width: _____ ft Height: _____ ft
	Wheel impeller Horsepower: _____
	Capacity of Pot*: _____ lb Exhaust Blower Flow Rate: _____ Material Flow Rate: _____

Abrasive Blasting Cabinet

Blasting Cabinet	Manufacturer: _____ Model No.: _____
	Dimensions: Length: _____ ft Width: _____ ft Height: _____ ft
	Control: _____ Number of Baffled Air Ports: _____ Exhaust Blower Flow Rate: _____
Nozzles	Number of Nozzles: _____ Maximum Inner Diameter: _____ inches
Compressor	Plant Air Air Flow Rate: _____ cfm @ _____ psi

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Section C - Process Description	
Blasting Type	Dry Blasting Wet _____ % of time Hydro-Blasting _____ % of time
Abrasive Used	Material Type: Sand Grit Shot Plastic Media Other _____ Material Name: _____ Density: _____ lb/ft ³ Material Flow Rate (if known): _____ lbs/hour
Items To Be Blasted	Description: _____
Operating Schedule	Normal: _____ hours/day _____ days/week _____ weeks/yr Maximum: _____ hours/day _____ days/week _____ weeks/yr
Control	Is the room vented to an external air pollution control device? Yes No If Yes, a separate application (Form 400A and E-1) needs to be filed for the control equipment.
Section D - Authorization/Signature	
I hereby certify that all information contained herein and information submitted with this application is true and correct.	
Preparer Info	Signature: _____ Date: _____ Name: _____ Title: _____ Company Name: _____ Phone #: _____ Fax #: _____ Email: _____
	Name: _____ Title: _____ Company Name: _____ Phone #: _____ Fax #: _____ Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.

