



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF AIR QUALITY

**APPLICATION FOR AUTHORIZATION TO USE
 GENERAL PLAN APPROVAL & GENERAL OPERATING PERMIT**

**General Permit BAQ-GPA/GP-19
 Dry Abrasive Blasting Operations**

**SECTION A
 APPLICATION USAGE INFORMATION**

This application is for:

- | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New authorization | <input type="checkbox"/> Renewal of an existing authorization for a Dry Abrasive Blasting Operation |
| <input type="checkbox"/> A General Plan Approval Only | <input type="checkbox"/> A General Operating Permit Only |
| <input type="checkbox"/> General Plan Approval & General Operating Permit (Both) | |

**SECTION B.
 OWNER INFORMATION**

Owner

Address Line 1

Address Line 2

City State Zip+4	Phone
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**SECTION C.
 OPERATOR INFORMATION (if different than Owner)**

Operator

Address Line 1

Address Line 2

City State Zip+4	Phone
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**SECTION D.
 CONTACT INFORMATION**

Contact Name

Contact Title

Address Line 1

Address Line 2

City State Zip+4	Phone
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**SECTION E.
 FACILITY INFORMATION**

Plant Name

Address Line 1

Address Line 2

Municipality	County
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PROCESS INFORMATION (Use extra sheet as needed)

1. Will the blasting operation occur in:

<input type="checkbox"/> an enclosed machine?	<input type="checkbox"/> a permanently-located building?
<input type="checkbox"/> a permanently-located enclosure?	

(check one)

2. What specific blasting media will be used?

3. a. What specific parts or products will be blasted?
- b. Will the parts or products to be blasted be newly-manufactured parts or previously-manufactured parts or products that are being rebuilt or refurbished?
- c. What is the blasting intended to remove from the parts or products (paint, rust, scale, dirt, etc.)?
- d. If the parts or products are made of metal, what type of metal? What alloys (if known)?

FABRIC/CARTRIDGE COLLECTOR INFORMATION (Use extra sheet as needed)

Check one:
 Fabric collector (baghouse) Cartridge collector

Manufacturer	Model No.
Number of compartments	Number of bags or cartridges
Type of filter media (Specify type of fabric, etc.)	
Bag or cartridge dimensions	
length _____	diameter/width _____
Effective filter area per bag or cartridge	Effective air-to-filter-area ratio
Volume of gases handled	
_____	ACFM @ _____ °F _____
Type of bag or cartridge cleaning (check one)	
<input type="checkbox"/> mechanical shaker <input type="checkbox"/> reverse air flow <input type="checkbox"/> reverse pulse air jet <input type="checkbox"/> other _____	
Bag or cartridge cleaning initiated by (check one)	
<input type="checkbox"/> timer <input type="checkbox"/> pressure drop <input type="checkbox"/> other _____	
Will equipment be installed to monitor the pressure drop across the collector?	
Will any air compressor supplying compressed air to the collector be equipped with an air dryer and oil trap?	
How will collected dust be removed from the collector and how will it subsequently be handled on-site?	

EMISSIONS

Pollutant	Maximum emission rate		Calculation/estimation method
	Grains/dry standard cubic foot	Pounds/hour	
Particulate Matter			
PM ₁₀ *			
HAPs**			

*PM₁₀ is particulate matter with an aerodynamic diameter of 10 microns or less. **HAPs are hazardous air pollutants. Individual HAP emitted should be listed separately.

**SECTION F.
PERMITS INFORMATION**

Is this dry abrasive blasting operation currently permitted?

Yes (Attach copy of current permit)

No

Indicate if operation of new dry abrasive blasting operation may result in any of the following:

New Source Review

Exceed Title V thresholds

Not Applicable

**SECTION G.
APPLICANT'S CHECKLIST**

I have enclosed the following:

General Information Form (GIF) (For new plant only)

Compliance Review Form

Permit Fee for new or renewal of authorization

**SECTION H.
AFFIDAVIT**

I certify that, subject to the penalties of Title 18 Pa. C.S.A. Section 4904 and 35 P.S. Section 4009(b)(2), I am the responsible official having primary responsibility for the design and operation of the facilities to which this application applies and that the information provided in this application is true, accurate and complete to the best of my knowledge, information and belief formed after reasonable inquiry. I further certify that the facility will be operated in conformity with all limitations and conditions of the Dry Abrasive Blasting Operation General Permit (BAQ-GPA/GP-19).

Signature

Date

Typed/Printed Name