

PLACER COUNTY AIR POLLUTION CONTROL DISTRICT

**ADDITIONAL TECHNICAL INFORMATION
VAPOR VACUUM EXTRACTION**

1. Company Name: _____

2. Operating Schedule:

a. Maximum Hours of Operation per day: _____

b. Maximum Hours of Operation per quarter: _____

3. Equipment Location Drawing:

The drawing or sketch submitted, on separate paper, must show at least the following:

a. The property involved and outlines of all buildings on it. Identify property lines plainly.

b. Location and identification of wells and treatment system.

c. Location of stacks.

d. Location of the property with respect to streets and all adjacent properties. Identify adjacent properties.

4. Equipment Description:

a. General Description: _____

b. Manufacturer: _____

c. Model: _____

d. Blower Rating: _____

e. Maximum Flowrate: _____

f. Description of Control Equipment, including Destruction Efficiency: _____

g. Exhaust Temperature: _____

h. Exhaust Flowrate: _____

i. Stack Height: _____

j. Stack Diameter: _____

k. For combustion equipment, provide:

Fuel Type: _____

Btu/hr rating: _____

Horsepower: _____

5. List the contaminants (gasoline, diesel, other): _____

If gasoline, does it contain MTBE? (Check one) Yes No

6. Does the soil contain vinyl chloride, trichlorethylene, perchlorethylene, or methylene chloride? Yes No

7. Estimate the maximum total VOC emissions in lbs/hour, lbs/day and lbs/quarter:

8. Estimate the total emissions of benzene (and MTBE contaminants, if applicable) in lbs/hour, lbs/day and lbs/quarter.

Benzene

MTBE

_____ lbs/hour

_____ lbs/hour

_____ lbs/day

_____ lbs/day

_____ lbs/quarter

_____ lbs/quarter

9. Provide information about receptors within 500 feet (none, residential, commercial, or other): _____

10. Is a school located within 1,000 feet of the project? (Check one) Yes No

11. Provide a preliminary screening risk assessment.