

**Air Pollution Control District  
Annual Survey Form  
Source Type - Abrasive Blasting**

**Please answer all of the following questions**

Company Name \_\_\_\_\_  
Company Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Company Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

- 1) Calendar year of the information reported: 20\_\_\_\_\_  
2) Operating schedule: Hrs/Day \_\_\_\_\_ Days/Week \_\_\_\_\_ Weeks/Yr \_\_\_\_\_  
3) Total hours of operation during the calendar year \_\_\_\_\_  
4) Type of blasting method: dry \_\_\_\_\_ wet abrasive \_\_\_\_\_  
hydroblasting \_\_\_\_\_ vacuum blasting \_\_\_\_\_  
5) Blasting is: confined \_\_\_\_\_ unconfined \_\_\_\_\_  
6) Types of objects being blasted \_\_\_\_\_

Indicate the number and type of equipment that your company owns or operates at this site and which production equipment is vented to controls:

7) Production Equipment	8) Controlled	9) Pollution control equipment
Blasting room _____	_____	Baghouse _____
Blasting booth _____	_____	Cyclone _____
Shrouding _____	_____	Rotoclone _____
Compressor _____	_____	Other specify _____
Nozzels _____	_____	

10) Types of abrasives used	Quantities (lbs/day)	Quantities (tons/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11) Size of compressor \_\_\_\_\_

12) Fuel used in compressor \_\_\_\_\_ Quantity used per year (units) \_\_\_\_\_

**Use the back of this form for additional comments or clarification.**