

April 12, 2019

SUBJECT: Fumigation Chamber Permits

Dear Operator:

The Monterey Bay Air Resources District (MBARD) has permits to operate issued to your company for fumigation chamber(s). We are in the process of updating the fumigation chamber permits to operate and are requesting your assistance.

Please review the attached permit(s) and do one of the following for each permit:

- Submit a "Request to Cancel Permit" form if fumigation chamber is no longer in operation.
- Submit a "Supplemental Information Form" if the fumigation chamber description or the type of fumigant used has changed to allow us to update your permit (no fees for changes to existing permits).

In addition, if your facility has additional fumigation chambers not currently permitted, please submit the following to apply for a permit:

- Application for Authority to Construct and Permit to Operate
- "Supplemental Information Form"
- Fee sheet and pay applicable new permit fee of \$1,549

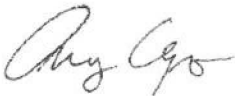
We also recommend that you review the proposed state emission reporting regulation available here:

<https://ww2.arb.ca.gov/our-work/programs/criteria-and-toxics-reporting>

This regulation could require your facility to annually report emissions per the following : "Fumigation of crops for market using ethylene oxide, propylene oxide, methyl bromide, or sulfuryl fluoride.

If you have questions, please contact Julia Duran at jduran@mbard.org or (831)718-8015.

Sincerely,



Amy Clymo
Engineering and Compliance Manager

Enclosures:
Fumigation Chamber Permit(s)
Permit cancelation form
Fumigation Chamber Supplemental Information Form
General Permit Application Form
Application Fee Sheet

Fumigation Chamber Permits

Forms



Request to Cancel a Permit to Operate

Section A - Permit Information	
Company Name (Business Name of Operator As It Appears On The Permit): _____	
Permit Number: _____ Date Issued: _____	
Equipment : _____	
Section B - Equipment Location Address	Section C - Permit Mailing Address
Select One: <input type="radio"/> Fixed Location <input type="radio"/> Various Location (For equipment operated at various locations, provide address of initial site.) Street Address _____ City _____, CA Zip _____ Contact Name _____ Title _____ Phone # _____ Ext. _____ Fax # _____ email _____	Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address Address _____ City _____, CA Zip _____ Contact Name _____ Title _____ Phone # _____ Ext. _____ Fax # _____ email _____
Section D - Reason for Request	
Cancellation of the Permit to Operate described above is hereby requested for the following reason(s):	
<input type="checkbox"/> Equipment: <input type="radio"/> Sold <input type="radio"/> Destroyed or <input type="radio"/> Removed from site. Effective Date: _____ <input type="checkbox"/> Equipment was replaced. New Permit Number: _____ <input type="checkbox"/> Equipment will no longer be operated. Date Operation Ended: _____ <input type="checkbox"/> Equipment is exempt from permit requirements by Rule 201. Indicate Rule Section: _____ <input type="checkbox"/> Business & Equipment Sold. Effective Date: _____ Name and Address of new owner: Name: _____ Address: _____ Phone #: _____ <input type="checkbox"/> Other (explain): _____	
It is understood that any future use of this equipment may require a new permit application in accordance with the laws then in effect.	
Section E - Authorization/Signature	
I hereby certify that all information contained herein and information submitted with this application is true and correct.	
Signature of Responsible Official: _____	Title of Responsible Official: _____
Print Name of Responsible Official: _____	Date: _____
Phone #: _____	Fax #: _____

Return form by mail to address above "Attn: Engineering" or email to jduran@mbard.org.

FUMIGANT CHAMBER SUPPLEMENTAL INFORMATION FORM

Your application or an ATC or PTO must be approved prior to the commencement of any work.

Any modification shall not be performed without first obtaining District approval.

This form must be submitted with the General Application – Fee Determination Sheet and Application for Authority to Construct (ATC) and Permit to Operate (PTO). Each application must include applicable equipment specifications with plans and equipment location drawing.		
1. Permit to be Issued to:		
2. Equipment/Building Location:		
3. FUMIGANTS – Attach information for additional fumigants.		
Fumigant:	Common Name:	
Brand Name:	Manufacturer:	
EPA Registration No.:	CA Registration No.:	
Fumigant:	Common Name:	
Brand Name	Manufacturer:	
EPA Registration No.:	CA Registration No.:	
Fumigant:	Common Name:	
Brand Name:	Manufacture:	
EPA Registration No.:	CA Registration No.:	
4. FUMIGATION RATE		
Max. Fumigations/Day:	Amount of Fumigant per Fumigation in Lbs.:	
Duration of Fumigant in Hrs.:	Fumigant Temperature °F:	
5. INTERIOR CHAMBER DIMENSIONS		
Length in Feet:	Width in Feet:	Height in Feet:
Material:	<input type="checkbox"/> Stationary <input type="checkbox"/> Mobile	
6. EXHAUST FAN		
Manufacturer:	Model:	
Horsepower:	Total Flow Rate CFM:	
Locations:		
7. Time for Chamber Volume Exchange in Minutes:	Duration of Venting in Minutes:	
8. Exhaust Filters? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial Air Vents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exhaust Filter Type:	Quantity of Filters:	
Filter Dimensions:		
Locations:		

(continued)

Application for Authority to Construct and Permit to Operate

- A filing fee and all applicable permit fee(s) as determined using APCD Form 400 must accompany each application.
- Fees must be paid by check, money order or credit cards. Credit cards are only accepted through our website via govpaynet.com, or 1-888-561-7888.

1. PERMIT TO BE ISSUED TO: (Business License Name of Corporation, Company, Individual Owner, or Governmental Agency that is to operate equipment.)

2. DOING BUSINESS AS (DBA):

3. APPLICANT INFORMATION

Name:

Title:

Phone number: ().

Cell number: ()

Email address:

Address:

City:

State:

Zip Code:

4. BILLING CONTACT INFORMATION: (If different from applicant, the business/organization/person who will be billed for possible additional fees and permit to operate.)

Business/organization/person Name:

Phone number: ()

Address:

City:

State:

Zip Code:

Email address:

5. SITE CONTACT INFORMATION: (If different from the applicant, the person who oversees equipment and can help answer District questions regarding the application.)

Name:

Phone number: ()

Cell number: ()

E-mail address:

Pursuant to the provisions of the Health and Safety Code of the State of California and the Rules and Regulations of the District, application is hereby made to CONSTRUCT AND USE OR OPERATE the following equipment:
(Attach separate sheets if necessary)

6. EQUIPMENT INFORMATION: (Equipment location address)

Parcel Number where Equipment Located (APN): (The parcel number can be obtained from property tax documents or from the city/county where equipment located.)

Please provide one of the following: (Look-up location using an online mapping tool such as Google Earth.)

UTM Coordinates: _____ Northing _____ Easting

Decimal Degrees: _____ Latitude _____ Longitude

Is the proposed equipment located within 1000 feet of a school? YES NO

Does the project include the wrecking, removal, or replacement of any load bearing members? YES NO

Do you require a land use permit or other agency permit (e.g. city or county) for the project described in this application that requires an environmental review for the California Environmental Quality Act?

YES NO If YES, provide agency name and permit type:

PRESENT STATUS OF EQUIPMENT - (Check and complete all applicable items.)

STATUS	ESTIMATED STARTING DATE	ESTIMATED COMPLETION DATE
Construction or Installation <input type="checkbox"/> Not Started <input type="checkbox"/> Partial Completion <input type="checkbox"/> Completed		
Equipment Alteration <input type="checkbox"/> Not Started <input type="checkbox"/> Partial Completion <input type="checkbox"/> Completed		
Transfer of Location		

7. REQUEST FOR APPLICATION PROCESSING

- I hereby request that the District begin processing this application.
- I agree to pay any and all fees required by District rules for processing this application and for the issuance of any permit to operate or authority to construct.
- I agree that the obligation to compensate the District for time spent processing my application exists even if I abandon this project and withdraw my application or should my application subsequently be disapproved.

Signature of responsible Official, Partner or Sole Proprietor of Business/Organization

Type or print the name and official title of the person signing the application:

Name:

Title:

Date:

GENERAL APPLICATION - FEE DETERMINATION SHEET

Fees Effective July 1, 2018 through June 30, 2019

Company Name:	
DBA:	
Equipment Description:	
Equipment Location:	
<input checked="" type="checkbox"/> NEW APPLICATION - \$1,549.00 <ul style="list-style-type: none"> • \$208.00 Filing Fee (Rule 300) • \$926.00 General Permit Fee (Rule 301; Schedule 1) • \$207.00 Emission Fee (Rule 301; Schedule 5) • \$208.00 Toxics Air Contaminants Fee* (Rule 301 Schedule 6) <p>*Toxics fees do not apply to sources such as woodworking, cooling towers, or food processing.</p>	\$1,549
<input type="checkbox"/> MODIFICATION (Renewal fees paid) - \$1,342.00 PTO/ATC/GNR Number _____ <ul style="list-style-type: none"> • \$208.00 Filing Fee (Rule 300) • \$926.00 General Permit Fee (Rule 301 Schedule 1) • \$208.00 Toxics Air Contaminants Fee (Rule 301 Schedule 6) 	\$
<input type="checkbox"/> ADMINISTRATIVE AMENDMENT - \$508.00 (e.g. transfer of owner or change in location) PTO/ATC/GNR Number _____ <ul style="list-style-type: none"> • \$208.00 Filing Fee (Rule 300) • \$300.00 Administrative Amendment Fee (Rule 301, Schedule 2) • An additional fee may be assessed based on the actual costs incurred by the District for processing the amendment based on the hourly staff rate. 	\$
<input type="checkbox"/> PUBLIC NOTIFICATION FEE - \$629.00 (Rule 301, Schedule 7)	\$
AGRICULTURAL ENGINES	
<input type="checkbox"/> New Engines Registered within 90 day of purchase: \$208.00 first new engine <input type="checkbox"/> Additional New Engines Registered within 90 days of purchase: [\$104.00 per each additional engine] x [___ # Engine(s)] = \$_____	
<input type="checkbox"/> In-Use Engines or New Engines Registered 90 days after purchase: \$417.00 first in-use engine <input type="checkbox"/> Additional In-Use Engines or New Engines Registered 90 days after purchase: [\$208.00 per each additional engine] x [___ # Engine(s)] = \$_____	\$
OTHER FEES	
<input type="checkbox"/> \$1051.00 Title V Renewal (Rule 308) - Includes \$422 - Filing Fee & \$629 - Public Notification Fee <input type="checkbox"/> \$208.00 Filing Fee (Rule 300) <input type="checkbox"/> \$149.00 Per Hour - Hourly Staff Rate (Rule 301) X ___ hours = _____ <input type="checkbox"/> Annual Renewal Fee \$_____ <input type="checkbox"/> Other – Describe: _____	\$
TOTAL APPLICATION FEES:	\$1,549.00
Completed by: Amy Clymo	Date: 04/12/2019