

FUMIGATION SUPPLEMENTAL FORM

Section I - General Equipment Information (Complete all items)

1.1. Fumigant Information

Fumigant #1: _____ Common Name: _____
Brand Name: _____ Manufacturer: _____
EPA Reg. No.: _____ CA Reg. No.: _____

Fumigant #2: _____ Common Name: _____
Brand Name: _____ Manufacturer: _____
EPA Reg. No.: _____ CA Reg. No.: _____

Fumigant #3: _____ Common Name: _____
Brand Name: _____ Manufacturer: _____
EPA Reg. No.: _____ CA Reg. No.: _____

1.2. Application Information

Product Fumigated: _____
Maximum Number of Fumigations per Day _____
Maximum Number of Fumigations per Year _____
Amount of Fumigant used per Fumigation _____ lbs
Duration of Fumigation _____ hrs
Fumigation Temperature _____ °F

1.3. Fumigation Chamber Information (inside dimensions):

Length _____ ft. Width _____ ft. Height _____ ft. Interior Volume _____ cu ft.

1.4. Exhaust Fan Information:

Number of Fans: _____
Manufacturer: _____
Model No.: _____
Fan(s) Motor Horsepower: _____
Total Flow Rate: _____ CFM

1.5. Stack/Venting Information

Time for Chamber Volume Exchange: _____ min. Duration of Venting _____ min.
Exhaust Stack Height from Ground: _____ feet Diameter of Stack Outlet: _____ feet
Direction of Outlet: Horizontal or Vertical End of Stack: Open or Capped

1.6. Control Device

Is the Fumigation Chamber connected to an Emission Control Device(s)? Yes or No

If Yes, attach description of type of control equipment, Manufacturer's Name, Model Number, Control Efficiency, and any other supplementary information.

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Section II - Operation Information

2.1. Describe one complete fumigation cycle: from loading the product into the enclosure to removing the product after fumigation. Also describe all measures taken to minimize emissions of the fumigant during and after the fumigation cycle (use additional sheets if necessary):

Section III – Receptor Information

3.1. Description of Nearest Receptor (i.e. Residential Area, business, school, etc.): _____

3.2. Facility Distance to the Nearest Receptor: _____ feet

Section IV - Applicant Certification Statement

THE ABOVE INFORMATION IS SUBMITTED TO DESCRIBE THE DESIGN AND USE OF THE EQUIPMENT FOR WHICH APPLICATION FOR AUTHORITY TO CONSTRUCT IS BEING MADE.

SIGNATURE OF RESPONSIBLE OFFICIAL: _____ DATE: ____/____/____

TYPE OR PRINT NAME AND OFFICIAL TITLE OF PERSON SIGNING THIS DATA FORM

NAME: _____ TITLE: _____