

DISTRICT HEADQUARTERS
200 Litton Drive, Suite 320

Grass Valley, CA 95945
(530) 274-9360 / FAX: (530) 274-7546
email: office@myairdistrict.com or www.myairdistrict.com

NORTHERN FIELD OFFICE

257 E. Sierra, Unit E
Mailing Address: P.O. Box 2227
Portola, CA 96122
(530) 832-0102 / FAX: (530) 832-0101
email: julie@myairdistrict.com or www.myairdistrict.com

SOIL AERATION / REMEDIATION / VAPOR EXTRACTION PERMIT APPLICATION

FILING FEE, FY 17-18: \$ 308.30

Mail application and filing fee to the Main Office in Grass Valley.

1. Applicant's Business Name: _____

2. Contact Person: _____

3. Applicant's Address: _____

Street

City

State

Zip

Phone #

4. Project Address: _____

Street

City

State

Zip

Phone #

5. If no address available: Township _____ Range _____ Section _____ (include map)

6. Total quantity of soil to be aerated / treated: _____ (cubic yards)

7. Estimated average level of contamination, or total organic content of soil: _____
(include supporting documentation, e.g. test results, calculations, etc.)

8. Chemical Identification of Contaminants (Attach sampling results to this application)

9. Proposed start date of aeration / remediation / vapor extraction: _____

10. Estimated date of completion: _____

11. Estimated maximum annual VOC emissions: _____ pounds per year

12. Distance to nearest residence: _____ (feet, yards, meters, miles, etc.)

13. Is there a school or residence within 1,320 feet of the aeration site? Yes _____ No _____

14. **On a separate sheet**, describe the remediation technology and process. Include copies of literature from remediation equipment manufacturer, information on control efficiency, and any other information that may help the district assess the emission rates for all VOC's and toxics anticipated from the project. Include a flow diagram of any remediation system to be used, with all components labeled and flow rates indicated.

15. Applicant's signature: _____ Date: _____