



**County of El Dorado**  
**Environmental Management Department**  
**Air Quality Management District (AQMD)**

330 Fair Lane, Placerville, CA 95667  
 Phone: (530) 621-6662 Fax: (530) 295-2774

**Abrasive Blasting Supplemental Questionnaire**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Abrasive Blasting Pot	
Type (wet, pressure or suction)	
Manufacturer	
Model	
Weight Capacity in Pounds	
Abrasive Blasting Nozzle	
Type (wet or dry)	
Manufacturer	
Model	
Internal Diameter in inches	
Quantity	
Abrasive Media	
Company	
Type	
Brand Name or Grade	
Properties	
Is Abrasive ARB Certified?	
Internal Combustion Engine	
Manufacturer	
Model	
Horsepower	
Fuel (gas or diesel)	
Serial Number	
Compressor	
Capacity	
Delivery Rate (cfm and psig)	
Will abrasive blasting operations occur within a permanent building?	
Will abrasive blasting operations occur within a spray booth? If yes, please complete spray booth form.	