

OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 31 Thermal Metal Cutting

GENERAL INFORMATION						
Source Name/Address:				Contact Person:		
				Phone Number:		
				Email:		
EQUIPMENT INFORMATION						
1. Provide as much information as is readily available 2. Use additional pages if necessary. 3. Call ORCAA if you need assistance - (360) 586-1044						
CUTTING PROCESS EQUIPMENT						
Equipment Type	Number of units		Specifications:			
	Portable	Stationary	Manufacturer/Model #	Fuel type	Plasma Gas	Capacity/Rating (amps)
Oxy-acetylene						
Plasma Arc						
Laser						
Other (describe below)						
AIR POLLUTION CONTROL METHOD						
<u>Equipment Type</u> <input type="checkbox"/> Downdraft Table <input type="checkbox"/> Water Table ___ Submerged cutting ___ Semi-dry <input type="checkbox"/> Cartridge filter <input type="checkbox"/> Baghouse <input type="checkbox"/> Electrostatic Precipitator (ESP) <input type="checkbox"/> Other (describe below) <input type="checkbox"/> None		<u>Stack Data:</u> No stack _____ Stack Height (from ground): _____ Stack Inside Diameter: _____ Bldg. Peak Height: _____ Bldg. Width: _____ Bldg. Length: _____			<u>Specifications:</u> Manufacturer/Model # _____ Control Efficiency (%) _____ ACFM _____ For water table: Maximum height of work above water level _____	
OTHER EQUIPMENT						
<u>Equipment Type</u>				<u>Specifications:</u>		
I hereby certify that the above information is, to the best of my knowledge, complete and correct.						
Signature _____				Date _____		