



air pollution control district
SANTA BARBARA COUNTY

Pilot Test Soil Remediation Application Form -07B

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

Use this form to request an exemption from permit requirement for conducting a soil vapor extraction pilot test for soil remediation projects. Based upon review of the submitted data, the APCD will issue a letter of exemption from permit requirement or request applications for permits to construct (install) and to operate equipment. Mail the completed form(s) and appropriate filing fee (see Schedule F.11 of Rule 210 <http://www.ourair.org/wp-content/uploads/cpi-fees.pdf>) at least thirty (30) days before estimated project start-up to the Air Pollution Control District (APCD) at the above address.

Facility Information

Facility Address/Location	
Current APCD Permit # (if any)	
Assessors Parcel No(s)	

Property Owner Info	Use as Billing Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		
Doing Business As		
Contact Name	Position/Title	
Mailing Address		
City	State	Zip Code
Telephone	Cell	Email

Equipment Owner Info	Use as Billing Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		
Doing Business As		
Contact Name	Position/Title	
Mailing Address		
City	State	Zip Code
Telephone	Cell	Email

Equipment Operator Info	Use as Billing Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		
Doing Business As		
Contact Name	Position/Title	
Mailing Address		
City	State	Zip Code
Telephone	Cell	Email

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Authorized Agent Info*		Use as Billing Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name					
Doing Business As					
Contact Name		Position/Title			
Mailing Address					
City		State		Zip Code	
Telephone		Cell		Email	

*Use this section if the application is not submitted by the owner/operator and provide a completed Form -01A. Owner/Operator information above is still required.

Source of Contamination (Check all that apply)

<input type="checkbox"/> Leaking Underground Storage Tank	<input type="checkbox"/> Dry Cleaning Operation
<input type="checkbox"/> Oil & Gas Production	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Other (describe)	

Type of Soil Contaminants (Check all that apply)

<input type="checkbox"/> Gasoline	<input type="checkbox"/> Crude Oil	<input type="checkbox"/> Diesel
<input type="checkbox"/> Dioxins/Furans (list)		
<input type="checkbox"/> Polychlorinated Biphenyls (list)		
<input type="checkbox"/> Polycyclic Aromatic Hydrocarbons (list)		
<input type="checkbox"/> Chlorinated Hydrocarbons (list)		
<input type="checkbox"/> Metals (list)		
<input type="checkbox"/> Other (list)		

Operating Schedule

Estimated start date		Estimated end date	
Daily operating schedule		Total test duration*	
Number of wells to be tested		Duration of each well test	

*If the test duration exceeds 15 days, submit a completed APCD Form -01 and this Form -07B. A permit is required.

Equipment Description

Provide a detailed description of the soil vapor extraction equipment and associated emission controls. List normal operating parameters (e.g., temperature, flow rate, pressure, et cetera).

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Power Source

Provide information on the power source for the soil vapor extraction equipment. Please note portable engines with a valid California Portable Equipment Registration Program (PERP) certificate may operate under this pilot test exemption.

<input type="checkbox"/> Grid Electrical Power	<input type="checkbox"/> Portable Generator	<input type="checkbox"/> Other (describe) <input type="text"/>
Generator Fuel Type <input type="text"/>	Generator Engine Size (bhp) <input type="text"/>	
Generator PERP Certificate Number *	<input type="text"/>	

*If the generator engine size exceeds 50 bhp and does not have a valid PERP Certificate, a permit is required.

School Information

☐ Yes ☐ No Is the remediation site property boundary line located within 1,000 feet of a school (k-12)? If yes, provide school name and address.

School name	<input type="text"/>	School address	<input type="text"/>
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☐ Yes ☐ No If the remediation site is located within 1,000 feet of a school, can work activities occur outside of school hours (e.g., weekends, summer, holidays)? If yes, submit documentation from the school(s) to show that your operating schedule above conforms accordingly. If no, submit a completed APCD Form -03 (*School Summary Form*), APCD Form -01 and APCD Form -77. A permit is required.

Emissions Estimate (Attach calculations and assumptions)

	lb/hr	lb/day
Reactive Organic Compounds (ROC)	<input type="text"/>	<input type="text"/>
Nitrogen Oxides (NOx)	<input type="text"/>	<input type="text"/>
Particulate Matter (PM)	<input type="text"/>	<input type="text"/>
Carbon Monoxide (CO)	<input type="text"/>	<input type="text"/>
Sulfur Oxides (SOx)	<input type="text"/>	<input type="text"/>

Applicant/Preparer Statement

The person who prepares the application also must sign this form. The preparer may be an employee of the owner/operator or an authorized agent (contractor/consultant) working on behalf of the owner/operator (an *Authorized Agent Form -01A* is required).

I certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct.	
Completed By <input type="text"/>	Company <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>

Application Checklist (Have you submitted all the required information? Please check off the boxes)

- ☐ Exemption Filing Fee (Fee = \$862. This fee is COLA adjusted every July 1st. Please ensure you are remitting the current fee. See schedule F.11 of Rule 210 <http://www.ourair.org/wp-content/uploads/cpi-fees.pdf>)
- ☐ Attached copy of Work Plan submitted to the Public Health Department *and* the Public Health Department approval letter. The APCD will not issue an exemption or permit without the Work Plan and approval letter.
- ☐ Process flow diagram (piping and instrumentation) of the proposed test equipment.
- ☐ Emission calculations and assumptions.
- ☐ Form -01A (*Authorized Agent Form*) attached if this application was prepared by and/or if correspondence is requested to be sent to an Agent Authorized (e.g., contractor or consultant). This form must accompany each application.
- ☐ Form -03 (*School Summary Form*) attached if the project's property boundary is within 1,000 feet of the outer boundary of a school (k-12) and you want to perform work during school hours.

PLEASE NOTE THAT FAILURE TO COMPLETELY PROVIDE ALL REQUIRED INFORMATION OR FEES WILL
RESULT IN YOUR APPLICATION BEING RETURNED OR DEEMED INCOMPLETE.

NOTICE OF CERTIFICATION:

All applicants must complete the following Notice of Certification. This certification must be signed by the Authorized Company Representative representing the property owner. Signatures by Authorized Agents will not be accepted.

NOTICE of CERTIFICATION

I, , am employed by or represent
Type or Print Name of Authorized Company Representative

Type or Print Name of Business, Corporation, Company, Individual, or Agency

(hereinafter referred to as the applicant), and certify pursuant to H&SC Section 42303.5 that all information contained herein and information submitted with this application is true and correct and the equipment listed herein complies or can be expected to comply with said rules and regulations when operated in the manner and under the circumstances proposed. If the project fees are required to be funded by the cost reimbursement basis, as the responsible person, I agree that I will pay the Santa Barbara County Air Pollution Control District the actual recorded cost, plus administrative cost, incurred by the APCD in the processing of the application within 30 days of the billing date. If I withdraw my application, I further understand that I shall inform the APCD in writing and I will be charged for all costs incurred through closure of the APCD files on the project.

For applications submitted for Authority to Construct, modifications to existing Authority to Construct, and Authority to Construct/Permit to Operate permits, I hereby certify that all major stationary sources in the state and all stationary sources in the air basin which are owned or operated by the applicant, or by an entity controlling, controlled by, or under common control with the applicant, are in compliance, or are on approved schedule for compliance with all applicable emission limitations and standards under the Clean Air Act (42 USC 7401 *et seq.*) and all applicable emission limitations and standards which are part of the State Implementation Plan approved by the Environmental Protection Agency.

I agree that as property owner I am ultimately responsible for all activities related to this project. This includes compliance, operations, and the oversight of authorized agents and equipment owners/operators. It is my responsibility, as the property owner, to notify the APCD using the Form APCD-01T of any change to the equipment operator, equipment owner, or authorized agent. within 30 days of the change.

Completed By:

Title:

Date:

Phone:

Signature of Authorized Company Representative