

**City of St. Louis**  
**DEPARTMENT OF HEALTH**  
**DIVISION OF AIR POLLUTION CONTROL**  
*1520 MARKET ST RM 4058*  
*ST. LOUIS, MO 63103-2629*  
*(314) 613-7300 Fax (314) 613-7275*

**Abrasive Blasting Source Registration Permit Application**

Facility Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Plant I.D. #: \_\_\_\_\_

Abrasive Blasting Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Approximate Project Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

Weekdays/Hours Blasting Will Occur: \_\_\_\_\_

Description of Structure/Material to be Blasted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does Existing Coating System or Substrate Contain **Lead**?    **YES**     **NO**

Why is abrasive blasting preferred over alternative methods? \_\_\_\_\_

\_\_\_\_\_

Blasting Method and Media: \_\_\_\_\_

\_\_\_\_\_

Dust Control Methods: \_\_\_\_\_

\_\_\_\_\_

Planned Steps to Clean Adjacent Streets/Properties: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ **Permit Number:** \_\_\_\_\_