



Health Risk Assessment Screening Application Form -15S

Complete this form if the District has notified you that a Health Risk Assessment (HRA) Screening is required for your project. The fee amount for HRA Screenings is specified in item 8 of Schedule F in the District's [Rule 210](#).

Facility

Facility Name: _____

Stationary Source ID (SSID) (for existing facilities only): _____

Facility ID (FID) (for existing facilities only): _____

SIC of facility: _____

Application Checklist

(Please check off the boxes to confirm that you have submitted all the required information)

- Health Risk Assessment Screening Fee (\$910) – only required if the project is **NOT** reimbursable
- Plot Plan. Submit a plot plan drawing (required size: 17" by 11"), with:
 - dimensions and **true North** direction indicated showing the overall site with cross streets
 - property boundary
 - stack locations
 - nearby buildings/structures
 - walls or other structures that release points are on or adjacent to
 - identification of adjacent property owners
 - identify any schools located within 1,000 feet of the facility and the location of the nearest business and residential receptors in all four directions (N/S/E/W).
- If the facility is located within 1000 feet of a school (k-12), provide the UTM coordinates for the property boundaries of all schools listed in APCD Form -03.
- Stack inner diameters, flow rates, temperatures and release heights for all emitting sources. Furthermore, identify whether each stack is horizontal, vertical and/or capped.
- Heights and dimensions for all nearby buildings/structures.
- Excel workbook with air toxic emission calculation estimates (note: this item is not required for diesel engines). Alternatively, the District will estimate emissions using [default approved emission factors](#).