

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE
01A

San Diego APCD Use Only
Appl. No.:
ID No.:

ABRASIVE BLASTING POT/MACHINE

- A separate application with supplemental form 2A and 2B must be submitted if this equipment is also used in blast rooms or booths.
- Attach a Material Safety Data Sheet (MSDS) for each abrasive used.
- Please type or print the information requested below.

1 **Company Name:** _____

2 **Equipment Address:** _____

3 **A. EQUIPMENT DESCRIPTION**

4 Abrasive Material Pressure Tank: Mfr.: _____ Rated Capacity: _____ lbs

5 Model: _____ S/N: _____ National Board No.: _____

6 Compressor Manufacturer: _____ Capacity: _____ cubic ft./min.

7 Engine Manufacturer: _____ Engine Model: _____ Horse Power: _____

8 Compressor Engine: Diesel Gasoline Electric

9 **B. PROCESS DESCRIPTION**

10 Abrasive Flow Rate: _____ lbs/hr (if known) Nozzle size: _____ inches

11 Maximum pressure at nozzle: _____ psig Number of nozzles: _____

12 Surface usually blasted: rust paint stucco concrete plaster
 13 new steel other (specify) _____

14 If dust from the surface being blasted contains toxic materials such as lead, chromium, cadmium, beryllium,
 15 nickel, or asbestos, then list, in the Table below, the materials and the surface being blasted. Submit copies
 16 of material safety data sheets (MSDS), if available, for each substance containing a toxic material.

Surface Blasted	PERCENT (%) BY WEIGHT OF TOXIC MATERIAL						Other (specify)
	Chromium	Beryllium	Nickel	Cadmium	Lead	Asbestos	
Paint							
Metal							
Plastic							
Insulation							
Other (specify)							
Other (specify)							

17 Percent of time wet blasting procedures are used: _____ %
 18 Percent of time blasting is done: In an open area: _____ % In a shrouded area _____ %

19 **C. ADDITIONAL INFORMATION:** _____
 20 _____
 21 _____

22 **D. RULE 1200 TOXICS EVALUATION:**

A Health Risk Assessment (HRA) is required only if materials containing chromium, nickel, lead, or copper are used or processed.

23 **FACILITY SITE MAP** Please provide a copy of a **Thomas Bros. Map** showing the geographic location
 24 of your facility. This helps by making it possible for the District to use a Geographic Information System to
 25 identify community residents and workers who may be impacted by emissions from your facility.

26 **PLOT PLAN** Please also provide a **facility plot plan or diagram** (need not be to scale as long as distances
 27 of key features from reference points are shown) showing the **location of emission point(s)** at the facility,
 28 property lines, and the **location and dimensions of buildings** (estimated height, width, and length) that are
 29 closer than 100 ft. from the emission point. This diagram helps by making it possible for the District to effi-
 30 ciently set-up the inputs for a health risk evaluation. Inaccurate information may adversely affect the out-
 31 come of the evaluation.

32 **EMISSION POINT DATA** Determine if your emission source(s) are ducted sources or if they are un-
 33 ducted/fugitive sources and provide the necessary data below. (**Examples** of commonly encountered emis-
 34 sion points: **Ducted or Stack Emissions** - an exhaust pipe or stack, a roof ventilation duct; **Unducted**
 35 **Emissions** - anything not emitted through a duct, pipe, or stack, for instance, an open window or an outdoor
 36 area or volume.)

37 **1. Ducted or Stack Emissions** (For 1 or more emission points). Estimate values if you are unsure.

Parameter	Point #1	Point #2	Point #3	Point #4	Point #5	Point #6
Height of Exhaust above ground (ft)						
Stack Diameter (or length/width) (ft)						
Exhaust Gas Temperature* (°F)						
Exhaust Gas Flow (actual cfm or fps)						
Is Exhaust Vertical (Yes or No)						
Raincap? (None, Flapper Valve, Raincap)						
Distance to Property Line (+/- 10 ft)						

* Use "70 °F" or "Ambient" if unknown

38 **2. Unducted Emissions** (For 1 or more emission points). Estimate if you are unsure.

39 **Describe how unducted gases, vapors, and/or particles get into the outside air.** Provide a brief descrip-
 40 tion of the process or operation for each unducted emission point. If unducted emissions come out of build-
 41 ing openings such as doors or windows, estimate the **size of the opening** (example – 3 ft x 4 ft window).

42 If unducted emissions originate outside your buildings, estimate the **size of the emission zone** (example –
43 paint spraying 2' x 2' x 2' bread boxes).

44 _____
45 _____
46 _____
47 _____
48 _____
49 _____
50 _____
51 _____

52 **RECEPTOR DATA** A receptor is a residence or business whose occupants could be exposed to toxic
53 emissions from your facility. In order to estimate the risk to nearby receptors, please provide the distance
54 from the emission point to the nearest residence and to the nearest business.

55 Distance to nearest residence _____ ft

56 Distance to nearest business _____ ft

57 **Name of Preparer:** _____ **Title:** _____

58 **Phone No.:** () _____ **Date:** _____

NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.