

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**

**SUPPLEMENTAL APPLICATION  
INFORMATION**

**FEE SCHEDULE  
28 D**

**San Diego APCD Use Only**

**Appl. No.:**

**ID No.:**

**STRIPPING TANKS**

- Attach a current Material Safety Data Sheet (MSDS) for each solvent and sealing fluid to be used in this operation. Include a drawing of any equipment used to vent or collect vapors from the degreaser. If VOC content is not indicated on MSDS, please contact the manufacturer to obtain another supporting document.
- Current material list or recordkeeping method will be required pursuant to Rule 67.6.1 prior to issuance of a Permit to Operate.
- Please type or print the information requested below.

1 **COMPANY NAME (DBA):** \_\_\_\_\_

2 **EQUIPMENT ADDRESS:** \_\_\_\_\_

3 **A. EQUIPMENT DESCRIPTION:**

4 Manufacturer: \_\_\_\_\_

5 Model: \_\_\_\_\_ S/N: \_\_\_\_\_

6 Internal Size of Tank: \_\_\_\_\_(inches) Length; \_\_\_\_\_(inches) Width; \_\_\_\_\_(inches)

7 Height

8 Surface Area: \_\_\_\_\_(ft<sup>2</sup>)

9 Freeboard height: \_\_\_\_\_(inches). *Freeboard height is the distance from the solvent-air interface to the top of*  
10 *the degreaser tan, based on inside tank dimensions. Freeboard height should be measured with parts in the tank.*

11 Freeboard Ratio: \_\_\_\_\_ *Freeboard ratio is the freeboard height divided by the smaller of the interior*  
12 *length or width of the degreaser tank.*

13 **B. PROCESS DESCRIPTION**

14 Please describe the type of material being removed and type of article being stripped: \_\_\_\_\_

15 \_\_\_\_\_  
16 Cycle time: \_\_\_\_\_(Minutes) Operating Temp: \_\_\_\_\_ (°F/°C)

17 **C. EQUIPMENT OPERATING SCHEDULE**

18 Average: \_\_\_\_\_ Hrs/Day; \_\_\_\_\_ Days/Wk; \_\_\_\_\_ Wks/Year

19 Maximum: \_\_\_\_\_ Hrs/Day; \_\_\_\_\_ Days/Wk; \_\_\_\_\_ Wks/Year

20 **D. SOLVENT INFORMATION**

21 Solvent used: \_\_\_\_\_  
 22  
 23 Type of Sealing Fluid: \_\_\_\_\_  
 24 (Sealing Fluid is a fluid that prevents evaporation of a stripping solvent by forming a liquid or solid layer on the  
 25 solvent's surface.)  
 26  
 27 Vapor pressure: \_\_\_\_\_ mm Hg at \_\_\_\_\_ °F/°C  
 28 Solvent Usage: Average: \_\_\_\_\_ gal/day or \_\_\_\_\_ gal/month  
 29 Maximum: \_\_\_\_\_ gal/day or \_\_\_\_\_ gal/month  
 30 Is Solvent Diluted with Water?  Yes  No  
 31 If yes, indicate the mixing ratio (by Volume): \_\_\_\_\_ Parts Solvent to \_\_\_\_\_ Parts Water  
 32 VOC content: \_\_\_\_\_ (g/l)  
 33 Storage Method for Solvent, Still Residues and Waste Solvent: \_\_\_\_\_  
 34 \_\_\_\_\_

35 **E. ALTERNATIVE EQUIPMENT:**

36 In lieu of complying with the equipment requirements in Subsection (d)(5) of Rule 67.6.1, an owner/operator may use  
 37 an air pollution control system.

38 Is an air pollution control system being proposed?  Yes  No

39 *If an air pollution control system is being proposed for the vapor degreaser, it must have a combined emissions  
 40 capture and control efficiency of at least 85% by weight. Please attach all supporting documentation to  
 41 demonstrate compliance with Rule 67.6.1(e)(2) and (3).*

42 PLEASE COMPLETE THE FOLLOWING SECTION **ONLY** IF THE TYPE OF SOLVENT USED CONTAINS  
 43 TOXIC AIR CONTAMINANTS AS DEFINED BY RULE 1200.

44 **F. RULE 1200 TOXICS EVALUATION:**

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

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

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

57 **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)						
Nearest Distance to Property Line (+/- 10 ft)						

\* Use "70 °F" or "Ambient" if unknown

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

59 **Describe how unducted gases, vapors, and/or particles get into the outside air.** Provide a brief description of the  
60 process or operation for each unducted emission point. If unducted emissions come out of building openings such as  
61 doors or windows, estimate the **size of the opening** (example – 3 ft x 4 ft window). If unducted emissions originate  
62 outside your buildings, estimate the **size of the emission zone** (example - paint spraying 2' x 2' x 2' bread boxes).

63 \_\_\_\_\_

64 \_\_\_\_\_

65 \_\_\_\_\_

66 \_\_\_\_\_

67 \_\_\_\_\_

68 \_\_\_\_\_

69 \_\_\_\_\_

70 \_\_\_\_\_

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

74 Distance to nearest residence \_\_\_\_\_ ft

75 Distance to nearest business \_\_\_\_\_ ft

77 **Name of Preparer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

78 **Company:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

80 **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.