ACID CHEMICAL MILLING AND HOT DIP GALVANIZING

Company Name: 

Equipment Address: 

1. EQUIPMENT DESCRIPTION

Type of Operation:  ☐ Acid Chemical Milling  ☐ Hot Dip Galvanizing  ☐ Other 

Tank Dimensions: Length ______ ft  Width ______ ft  Depth ______ ft

Material and Size of Parts Worked: 

Operating Schedule: ______ hrs/day  ______ days/week  ______ weeks/year

Chemical Composition and Operating Temperature of Tank Solution: 

Method of Tank Heating: 

Heater Mfr.: 

Model:  Serial #: 

Heater Capacity: ______ BTU/hr  Type of Fuel: 

2. EMISSION CONTROL EQUIPMENT

Exhaust Equipment Configuration: 

Collection Hood Dimensions: Length ______ ft  Width ______ ft  Depth ______ ft

Exhaust Fan Mfr.:  Model: 

Exhaust Flow Rate: ______ Cu. Ft./Min.  Temperature ______ °F

Nature of Contaminants: 

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Type of Pollution Control Equipment: ___________________________________________________

Manufacturer: _____________________________________________________________

Model: ___________________________ Serial #: ______________________________

Estimated Emission Rate: ________________

Provide a drawing showing the tank, positioning of exhaust collection and ventilation equipment, and emission control devices. Also provide a material safety data sheet for all chemical solutions used in this operation.

Name of Preparer: ___________________________ Title: __________________________

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.