ין העמוד של המכתב, כמו גם תוכן טקסטית שנאסף מהDocumento前者. להציג את הטקסט בצורה טבעית without hallucinating.

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**

### FEE SCHEDULE

55 A, B, C  

### DECORATIVE/HARD CHROME PLATING and CHROMIC ACID ANODIZING EQUIPMENT

- Attach a Material Safety Data Sheet or a manufacturer's specification data sheet for each chrome plating solution and anti-mist additive used.
- If an emission control system is installed, provide a description on a separate sheet which includes the manufacturer, model, removal efficiency of the equipment, analysis of the basis of the reported removal efficiency, and copies of any source test data performed on the equipment.
- Please type or print the information requested below.

**Company Name:**

**Equipment Address:**

### A. EQUIPMENT DESCRIPTION:

- Total number of decorative chrome plating tanks: __________
- Total number of chrome plating tanks used simultaneously: __________
- Plating room dimensions: __________ L x __________ W x __________ H.

#### Dimensions and operating temperature of each tank:

<table>
<thead>
<tr>
<th></th>
<th>Tank No. 1</th>
<th></th>
<th>Tank No. 2</th>
<th></th>
<th>Tank No. 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>feet</td>
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<td>Length</td>
<td>feet</td>
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</tr>
<tr>
<td>Depth</td>
<td>feet</td>
<td>(inside dimensions)</td>
<td>Depth</td>
<td>feet</td>
<td>Depth</td>
<td>feet</td>
</tr>
<tr>
<td>Min.</td>
<td>Amperes</td>
<td></td>
<td>Min.</td>
<td>Amperes</td>
<td>Min.</td>
<td>Amperes</td>
</tr>
<tr>
<td>Ave.</td>
<td>Amperes</td>
<td></td>
<td>Ave.</td>
<td>Amperes</td>
<td>Ave.</td>
<td>Amperes</td>
</tr>
<tr>
<td>Max.</td>
<td>Amperes</td>
<td></td>
<td>Max.</td>
<td>Amperes</td>
<td>Max.</td>
<td>Amperes</td>
</tr>
</tbody>
</table>

### B. PROCESS DESCRIPTION:

- Description of Articles Plated:

### C. OPERATING SCHEDULE:

- Days equipment is used per week: ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ S (check one or more boxes)
- Number of weeks equipment is used per year __________ weeks
Workload variation by calendar quarter (should total 100%)

I. _____%    II. _______%    III. _______%    IV. _______%

D. CONTROL EQUIPMENT DESCRIPTION

Ventilation System

i. Is plating system equipped with an Emissions Collection System?  
   ☐ Yes  ☐ No

If yes, please describe __________________________________________________________

ii. Exhaust volumetric flow rate _______ actual cubic ft/min. (if applicable)

Emissions Control System

Is ventilation system equipped with an Emissions Control System?  
☐ Yes  ☐ No

Mist Suppressants and Anti-Mist Additives

i. Is/are tank(s) equipped with Mist Suppressant System?  
   ☐ Yes  ☐ No

If yes, please describe (include make/model) _______________________________________

ii. Is/are District approved Anti-Mist Additive(s) used in the bath?  
   ☐ Yes  ☐ No

If yes, please describe (include manufacturer/brand name) ___________________________

E. LOCATION BASE MAP

Attach a location base map, to include the following:

• Length, width, and height of building
• Length, width, and height of nearby buildings that have a higher vertical profile
• Distance from source to nearest offsite boundary
• Distance from source to nearby residential and occupational areas (if any)

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.