

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**

**SUPPLEMENTAL APPLICATION  
INFORMATION**

**FEE SCHEDULE  
46A**

**San Diego APCD Use Only**

**Appl. No.:**

**ID No.:**

**FILTRATION MEMBRANE MANUFACTURING**

- Use a separate supplemental form for each process line.
- Provide a drawing showing the positioning of exhaust collection and ventilation equipment, and emission control devices.
- Attach a current Material Safety Data Sheet (MSDS) for each material used.
- Please print or type the information requested below.

**1 Company Name:** \_\_\_\_\_

**2 Equipment Address:** \_\_\_\_\_

**3 A. EQUIPMENT DESCRIPTION**

**4 Process Line designation:** \_\_\_\_\_

**5 Casting Equipment Mfr:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **S/N:** \_\_\_\_\_

**6 Coater Mfr:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **S/N:** \_\_\_\_\_

**7 Mixing Tank Mfr:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **S/N:** \_\_\_\_\_

**8 Mixing Tank Capacity:** \_\_\_\_\_ gallons

**9 B. PROCESS DESCRIPTION**

**10 Description of Membrane Cast:** \_\_\_\_\_ **Casting Thickness:** \_\_\_\_\_ inches

**11 Membrane Casting Speed** \_\_\_\_\_ ft/min **Membrane Width:** \_\_\_\_\_ inches

**12 Footage of Membrane Cast Each Day:** \_\_\_\_\_ ft **Operating Temperature:** \_\_\_\_\_ °F or \_\_\_\_\_ °F

**13 C. OPERATING SCHEDULE**

**14 Average:** \_\_\_\_\_ Hrs/Day \_\_\_\_\_ Days/Wk \_\_\_\_\_ Wks/Yr

**15 Maximum:** \_\_\_\_\_ Hrs/Day \_\_\_\_\_ Days/Wk \_\_\_\_\_ Wks/Yr

**16 D. TANK SOLUTION INFORMATION**

**17 Casting Solution Usage:** **Average:** \_\_\_\_\_ gals/day **Maximum:** \_\_\_\_\_ gals/day

**18 Average Usage of Casting Solution:** \_\_\_\_\_ gals/month \_\_\_\_\_ gals/yr

**19 VOC content of Casting Solution:** \_\_\_\_\_ lbs/gal or \_\_\_\_\_ gms/l

20 Casting Solution Composition:

Material	Manufacturer	I.D. No.	% wt. in Feedstock	% wt. VOC content

21 VOC Emission Factor of Casting Solution: \_\_\_\_\_ lbs/gal (Attach documentation)

22 Are cast membranes further treated by materials containing VOC's?  Yes  No

23 If yes, please describe the treatment procedures and complete the following table:

Material	Manufacturer	I.D. No.	% wt. VOC content	Gal/Day Usage

24 **E. EMISSION CONTROL DESCRIPTION**

25 Type of control equipment: \_\_\_\_\_

26 Mfr: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

27 Control efficiency: \_\_\_\_\_ Exhaust flow rate: \_\_\_\_\_ CFM Temperature: \_\_\_\_\_ °F

28 Describe how process equipment is vented: \_\_\_\_\_

29 \_\_\_\_\_

30 \_\_\_\_\_

31 \_\_\_\_\_

32 Estimated capture efficiency: \_\_\_\_\_

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

34 **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.