SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE
01B

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

ABRASIVE BLASTING POT/MACHINE
(Loaded Pneumatically or from Storage Hoppers)

Note: A separate application with supplemental form 2A and 2B must be submitted if this equipment is also used in blast rooms or booths.

Company Name: _____

Equipment Address: _____

A. EQUIPMENT DESCRIPTION

Abrasive Material Pressure Tank: Mfr.: _____ Rated Capacity: _____ tons

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

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

Engine Manufacturer: _____ Engine Model: _____ Horse Power; _____

Compressor Engine: ☐ Diesel ☐ Gasoline ☐ Electric

B. DUST COLLECTOR

Manufacturer: _____ Model: _____ S/N: _____

Filter Element Manufacturer: _____

Filter Model or Part No.: _____ Number of Filters: _____

Dust Collector Differential Pressure Gauge Reading When Operating: _____ inches water

Weight of Dust Collected Per Load of Abrasive Received: _____ Pounds.

C. PROCESS DESCRIPTION

Indicate All Methods of Loading the Blast Machine

☐ Pneumatic Loading ☐ From Small 50-100 Pound Bags ☐ From a Storage Hopper

☐ From Bulk Bags (approx. 2,000 lbs each) ☐ Other (Specify) _____

When Pneumatic Loading Procedures are used to load abrasive, what measures are used to filter or otherwise capture the dust that may be emitted during pneumatic transfer?

☐ Baghouse ☐ Cartridge Filter System ☐ Scrubber ☐ Other (specify) _____

When loading from a storage hopper, dust is prohibited

☐ By a sealed transfer duct system

☐ By transferring through a flex duct into the blast machine and connecting a dust vacuum to the blast machine opening.

☐ Other (describe) _____

_____

_____

Surface usually blasted: ☐ rust ☐ paint ☐ stucco ☐ concrete ☐ plaster

☐ new steel ☐ Other (specify) _____

Percent of time wet blasting procedures are used: _____%

Percent of time wet blasting is done: In an open area _____% In a shrouded area _____%

In an enclosure w/dust filter _____%

The above percentage figures should total 100%.

D. TOXICS DATA

If dust from the surface being blasted contains toxic materials such as lead, chromium, cadmium, beryllium, nickel, or asbestos, then list in the Table below, the materials and the percent by weight of each toxic material in the surfaces to be blasted. Submit copies of Material Safety Data Sheets (MSDS), if available, for each surface containing a toxic material.

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

Submit an "MSDS" sheet for each different abrasive being used.

E. ABRASIVE DATA

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

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

Type: ☐ Copper Slag ☐ Silica ☐ Sand ☐ Aluminum Oxide

☐ Steel Grit ☐ Plastic ☐ Other (Specify):_____

Abrasive Usage	Lbs/Hr	Lbs/Day	Lbs/Yr
Average			
Max			

F. ADDITIONAL INFORMATION: _____

_____

G. RULE 1200 TOXICS EVALUATION:

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

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

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

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

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

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

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

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

_____

_____

_____

_____

_____

_____

_____

_____

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

Distance to nearest residence _____ ft Distance to nearest business _____ ft

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.