

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE 01D

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

SPENT ABRASIVE HANDLING/RECYCLING SYSTEM

1 **Company Name:** _____

2 **Address:** _____

3 **A. EQUIPMENT DESCRIPTION**

4 Vacuum producing device: Water/liquid sealed vacuum pump Air educator
 5 Air ejector Other: (specify): _____

6 Manufacturer: _____ Model: _____

7 Rating: _____ cu. ft./min. at _____ inches water

8 **B. ABRASIVE COLLECTION TANK**

9 Capacity: _____ cu. ft./tons Cyclone separator: diameter _____ ft. length _____ ft.

10 **C. FOR SCREENING SYSTEMS**

11 Submit a brochure with dimensions and specifications.

12 **D. DUST COLLECTOR**

13 Manufacturer: _____ Model: _____ S/N: _____

14 Filter type: Cartridges Bag, Model # _____ Number of filter elements: _____

Provide a brochure showing the efficiency of the filter bags/cartridges

15 **E. ASSOCIATED AIR COMPRESSOR W/ENGINE** Diesel Gasoline

16 Manufacturer: _____ Model: _____ Capacity: _____ cu. ft./min.

17 Engine Mfr.: _____ Model: _____ HP: _____

Fuel Use Rate:	Gal/Hr	Gal/Day	Gal/Wk
Average			
Maximum			

18 Engine crankcase vent emission control device (*describe*): _____

19 _____

20 _____

21 **F. DUST DATA**

Dust Collected by Filter	Lbs/Hr	Lbs/Day	Lbs/Wk	Lbs/Yr
Average				
Maximum				

22 Submit Material Data Safety Sheets (MSDS) for each abrasive material that may be recycled or transferred by
 23 this equipment. If this used abrasive(s) and dust may contain lead, chrome, cadmium, beryllium, nickel, or
 24 asbestos, then list in the table below the materials and the percent by weight of each toxic material in the
 25 surfaces that were blasted by the abrasive(s).

Surface Blasted	PERCENT (%) BY WEIGHT OF TOXIC MATERIAL					
	Chromium Cr	Beryllium Be	Nickel Ni	Cadmium Cd	Lead Pb	Asbestos
Paint						
Metal						
Plaster						
Insulation						
Other (specify)						
Other (specify)						

26 **G. EQUIPMENT USE SCHEDULE FOR ABRASIVE HANDLING**

Time	Hrs/Day	Hrs/Wk	Hrs/Yr
Average			
Maximum			

Submit a brochure of the vacuum device.

27 **H. ADDITIONAL INFORMATION:** _____

28 _____

29 _____

30 **Name of Preparer:** _____ **Title:** _____

31 **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.