**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**

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| **SUPPLEMENTAL APPLICATION INFORMATION** |  | **San Diego APCD Use Only** |
| **FEE SCHEDULE** |  | **Appl. No.:** |
| **43** |  | **ID No.:** |

**CERAMIC SLIP CASTING**

# Company Name:

1. **Equipment Address:**
2. **1. EQUIPMENT DESCRIPTION**
3. Slip Cast Machine Mfg.:
4. Model #: S/N: Operating Temp oF:
5. Casting Capacity: inch/min. Casting Thickness: Casting Width:
6. Operating Schedule: hrs/day days/week weeks/year
7. Mixer Mfg.:
8. Model #: S/N: Mixer Capacity: gals
9. Is the cast material dried in other equipment: Yes No
10. Dryer Mfg.:
11. Model #: S/N: Dryer Operating Temp oF: gals
12. Cast material volatile organic compound content prior to drying: % By Weight
13. Cast material specific weight: lb/gal.
14. Casting Material Composition:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Material | Manufacturer | I.D. No. | % By Weight In Feedstock | VOC Content% By Weight |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Maximum slip cast material usage: gal/day Average gal/day Attach a Material Safety Data Sheet for each material.

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# 2. AIR POLLUTION CONTROL

1. Ventilation Flow Rates:

|  |  |  |
| --- | --- | --- |
| Slip Caster | cu. ft. /min. | Temp. oF |
| Mixer | cu. ft. /min. | Temp. oF |
| Dryer | cu. ft. /min. | Temp. oF |

1. Describe any emission control equipment:

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Attach a sketch of the process equipment configuration and associated ventilation equipment including duct sizes and fans.

22 **Name of Preparer: Title:**

23 **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.

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