

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE
36 A

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

**MACHINING, GRINDING, SANDING
EQUIPMENT/ROOMS/BOOTH**

1 **Company Name:** _____

2 **Equipment Address:** _____

3 **A. WORK ROOM/BOOTH**

4 Mfr.: _____ Model: _____ S/N: _____

5 Dimensions: _____ ft long x _____ ft wide x _____ ft high

6 Exhaust fan _____ hp Fan air flow _____ cu. ft./min

7 Is the workspace totally enclosed with waterproof shrouding? Yes No

8 **B. ROOM OR BOOTH DUST FILTER SYSTEM**

9 Room/Booth Mfr.: _____ Model: _____ S/N: _____

10 No. of filters: _____ Filter Manufacturer: _____ Model: _____

11 Filters are: Panels Cartridges Other (specify) _____

12 Filter dust control efficiency: _____% Specify particle size: _____ microns

13 Filter system fan _____ hp Fan air flow rate: _____ cu. ft./min

14 **C. OTHER VACUUM DEVICE (Shop vac type)**

15 Mfr.: _____ Model: _____ S/N: _____

16 HP: _____ Air flow rate: _____ cu ft/min

17 Type of filter element: Bag Cartridges Other (specify) _____

18 Filter dust control efficiency: _____% Specify particle size: _____ microns

19 **D. Provide the following information for each machine tool:**

Tool	Manufacturer	Model	S/N
Grinder			
Drill			
Router			
Bevelor			
Sander			

20 **E. DUST COLLECTED BY FILTER SYSTEMS**

21

Room/Booth Filter	Lbs/Hr	Lbs/Day	Lbs/Wk	Lbs/Yr
Average				
Maximum				

22

Other Vacuum Device	Lbs/Hr	Lbs/Day	Lbs/Wk	Lbs/Yr
Average				
Maximum				

Submit brochures with specifications for tools and for filter systems and for filter elements. If dust generated contains toxic materials such as chromium, beryllium, nickel, cadmium, lead, or asbestos, list these materials and the percent by weight of each toxic material in the substance being machined. Submit copies of material safety data sheets (MSDS) for each substance containing a toxic material.

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Material	PERCENT (%) TOXIC MATERIAL						Other (specify)
	Chromium	Beryllium	Nickel	Cadmium	Lead	Asbestos	
Paint							
Metal							
Plastic							
Insulation							
Other (specify)							
Other (specify)							

24 **Additional information:** _____

25 **Name of Preparer:** _____ **Title:** _____

26 **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.