

**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**

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

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

**A. WORK ROOM/BOOTH**

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

Dimensions: \_\_\_\_\_ ft long x \_\_\_\_\_ ft wide x \_\_\_\_\_ ft high

Exhaust fan \_\_\_\_\_ hp Fan air flow \_\_\_\_\_ cu. ft./min

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

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

Room/Booth Mfr.: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

No. of filters: \_\_\_\_\_ Filter Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Filters are: ☐ Panels ☐ Cartridges ☐ Other (specify) \_\_\_\_\_

Filter dust control efficiency: \_\_\_\_\_% Specify particle size: \_\_\_\_\_ microns

Filter system fan \_\_\_\_\_ hp Fan air flow rate: \_\_\_\_\_ cu. ft./min

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

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

HP: \_\_\_\_\_ Air flow rate: \_\_\_\_\_ cu ft/min

Type of filter element: ☐ Bag ☐ Cartridges ☐ Other (specify) \_\_\_\_\_

Filter dust control efficiency: \_\_\_\_\_% Specify particle size: \_\_\_\_\_ microns

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

Tool	Manufacturer	Model	S/N
Grinder			
Drill			
Router			
Bevelor			
Sander			

**E. DUST COLLECTED BY FILTER SYSTEMS**

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

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.

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

**Additional information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.