

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE 55 A, B, C

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

DECORATIVE/HARD CHROME PLATING
and
CHROMIC ACID ANODIZING EQUIPMENT

- Attach a Material Safety Data Sheet or a manufacturer's specification data sheet for each chrome plating solution and anti-mist additive used.
- If an emission control system is installed, provide a description on a separate sheet which includes the manufacturer, model, removal efficiency of the equipment, analysis of the basis of the reported removal efficiency, and copies of any source test data performed on the equipment.
- Please type or print the information requested below.

1 **Company Name:** _____

2 **Equipment Address:** _____

3 **A. EQUIPMENT DESCRIPTION:**

4 Total number of decorative chrome plating tanks: _____

5 Total number of chrome plating tanks used simultaneously: _____

6 Plating room dimensions: _____ L x _____ W x _____ H.

7 **Dimensions and operating temperature of each tank:**

Tank No. 1	
Length	feet
Width	feet
Depth (inside dimensions)	feet
Bath Temp.	°F
Electric Current Usage:	
Min.:	Amperes
Ave.:	Amperes
Max.:	Amperes

Tank No. 2	
Length	feet
Width	feet
Depth (inside dimensions)	feet
Bath Temp.	°F
Electric Current Usage:	
Min.:	Amperes
Ave.:	Amperes
Max.:	Amperes

Tank No. 3	
Length	feet
Width	feet
Depth (inside dimensions)	feet
Bath Temp.	°F
Electric Current Usage:	
Min.:	Amperes
Ave.:	Amperes
Max.:	Amperes

8 **B. PROCESS DESCRIPTION:**

9 Description of Articles Plated: _____

10 _____

11 _____

12 Plating bath agitation? Yes No If yes, type _____
(Description: air, etc.)

13 **C. OPERATING SCHEDULE:**

14 Days equipment is used per week : Su M Tu W Th F S
(check one or more boxes)

15 Number of weeks equipment is used per year _____ weeks

16 Workload variation by calendar quarter (should total 100%)
17 I. _____% II. _____% III. _____% IV. _____%

18 **D. CONTROL EQUIPMENT DESCRIPTION**

19 **Ventilation System**

20 i. Is plating system equipped with an Emissions Collection System? Yes No

21 If yes, please describe _____
22 _____
23 _____

24 ii. Exhaust volumetric flow rate _____ actual cubic ft/min. (if applicable)

25 **Emissions Control System**

26 Is ventilation system equipped with an Emissions Control System? Yes No

27 **Mist Suppressants and Anti-Mist Additives**

28 i. Is/are tank(s) equipped with Mist Suppressant System? Yes No

29 If yes, please describe (include make/model) _____
30 _____
31 _____

32 ii. Is/are District approved Anti-Mist Additive(s) used in the bath? Yes No

33 If yes, please describe (include manufacturer/brand name) _____
34 _____
35 _____

36 **E. LOCATION BASE MAP**

37 Attach a location base map, to include the following:

- 38 • Length, width, and height of building
- 39 • Length, width, and height of nearby buildings that have a higher vertical profile
- 40 • Distance from source to nearest offsite boundary
- 41 • Distance from source to nearby residential and occupational areas (if any)

42 **Name of Preparer:** _____ **Title:** _____

43 **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.