

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE
01B

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

ABRASIVE BLASTING POT/MACHINE
(Loaded Pneumatically or from Storage Hoppers)

Note: A separate application with supplemental form 2A and 2B must be submitted if this equipment is also used in blast rooms or booths.

1 **Company Name:** _____

2 **Equipment Address:** _____

3 **A. EQUIPMENT DESCRIPTION**

4 Abrasive Material Pressure Tank: Mfr.: _____ Rated Capacity: _____ tons

5 Model: _____ S/N: _____ National Board No.: _____

6 Compressor Manufacturer: _____ Capacity: _____ cubic ft./min.

7 Engine Manufacturer: _____ Engine Model: _____ Horse Power; _____

8 Compressor Engine: Diesel Gasoline Electric

9 **B. DUST COLLECTOR**

10 Manufacturer: _____ Model: _____ S/N: _____

11 Filter Element Manufacturer: _____

12 Filter Model or Part No.: _____ Number of Filters: _____

13 Dust Collector Differential Pressure Gauge Reading When Operating: _____ inches water

14 Weight of Dust Collected Per Load of Abrasive Received: _____ Pounds.

15 **C. PROCESS DESCRIPTION**

16 Indicate All Methods of Loading the Blast Machine

17 Pneumatic Loading From Small 50-100 Pound Bags From a Storage Hopper

18 From Bulk Bags (approx. 2,000 lbs each) Other (Specify) _____

19 When Pneumatic Loading Procedures are used to load abrasive, what measures are used to filter or otherwise capture the
20 dust that may be emitted during pneumatic transfer?

21 Baghouse Cartridge Filter System Scrubber Other (specify) _____

22 When loading from a storage hopper, dust is prohibited

23 By a sealed transfer duct system

24 By transferring through a flex duct into the blast machine and connecting a dust vacuum to the blast machine opening.

25 Other (describe) _____

26 _____

27 _____

28 Surface usually blasted: rust paint stucco concrete plaster

29 new steel Other (specify) _____

30 Percent of time wet blasting procedures are used: _____%

31 Percent of time wet blasting is done: In an open area _____% In a shrouded area _____%
 32 In an enclosure w/dust filter _____%

The above percentage figures should total 100%.

33 **D. TOXICS DATA**

34 If dust from the surface being blasted contains toxic materials such as lead, chromium, cadmium, beryllium, nickel, or
 35 asbestos, then list in the Table below, the materials and the percent by weight of each toxic material in the surfaces to be
 36 blasted. Submit copies of Material Safety Data Sheets (MSDS), if available, for each surface containing a toxic material.

Surface Blasted	PERCENT (%) BY WEIGHT OF TOXIC MATERIAL						
	Chromium	Beryllium	Nickel	Cadmium	Lead	Asbestos	Other (specify)
Paint							_____
Metal							_____
Plastic							_____
Insulation							_____
Other (specify)							_____
Other (specify)							_____

Submit an "MSDS" sheet for each different abrasive being used.

37 **E. ABRASIVE DATA**

38 Abrasive Flow Rate: _____ lbs/hr (if known) Nozzle size: _____ inches

39 Maximum pressure at nozzle: _____ psig Number of nozzles: _____

40 Type: Copper Slag Silica Sand Aluminum Oxide

41 Steel Grit Plastic Other (Specify): _____

Abrasive Usage	Lbs/Hr	Lbs/Day	Lbs/Yr
Average			
Max			

42 **F. ADDITIONAL INFORMATION:** _____

43 _____

44 **G. RULE 1200 TOXICS EVALUATION:**

A Health Risk Assessment (HRA) is required only if materials containing chromium, nickel, lead, or copper are used or processed.

45 **FACILITY SITE MAP** Please provide a copy of a **Thomas Bros. Map** showing the geographic location of your facility.
 46 This helps by making it possible for the District to use a Geographic Information System to identify community residents
 47 and workers who may be impacted by emissions from your facility.

48 **PLOT PLAN** Please also provide a **facility plot plan or diagram** (need not be to scale as long as distances of key
 49 features from reference points are shown) showing the **location of emission point(s)** at the facility, property lines, and the
 50 **location and dimensions of buildings** (estimated height, width, and length) that are closer than 100 ft. from the emission
 51 point. This diagram helps by making it possible for the District to efficiently set-up the inputs for a health risk evaluation.
 52 Inaccurate information may adversely affect the outcome of the evaluation.

53 **EMISSION POINT DATA** Determine if your emission source(s) are ducted sources or if they are unducted/fugitive
 54 sources and provide the necessary data below. (**Examples** of commonly encountered emission points: **Ducted or Stack**
 55 **Emissions** - an exhaust pipe or stack, a roof ventilation duct; **Unducted Emissions** - anything not emitted through a
 56 duct, pipe, or stack, for instance, an open window or an outdoor area or volume.)

57 **1. Ducted or Stack Emissions** (For 1 or more emission points). Estimate values if you are unsure.

Parameter	Point #1	Point #2	Point #3	Point #4	Point #5	Point #6
Height of Exhaust above ground (ft)						
Stack Diameter (or length/width) (ft)						
Exhaust Gas Temperature* (°F)						
Exhaust Gas Flow (actual cfm or fps)						
Is Exhaust Vertical (Yes or No)						
Raincap? (None, Flapper Valve, Raincap)						
Distance to Property Line (+/- 10 ft)						

* Use "70 °F" or "Ambient" if unknown

58 **2. Unducted Emissions** (For 1 or more emission points). Estimate if you are unsure.

59 **Describe how unducted gases, vapors, and/or particles get into the outside air.** Provide a brief description of the
 60 process or operation for each unducted emission point. If unducted emissions come out of building openings such as
 61 doors or windows, estimate the **size of the opening** (example – 3 ft x 4 ft window).

62 If unducted emissions originate outside your buildings, estimate the **size of the emission zone** (example - paint spraying
 63 2' x 2' x 2' bread boxes).

64 _____

65 _____

66 _____

67 _____

68 _____

69 _____

70 _____

71 _____

72 **RECEPTOR DATA** A receptor is a residence or business whose occupants could be exposed to toxic emissions from
 73 your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the
 74 nearest residence and to the nearest business.

75 Distance to nearest residence _____ ft Distance to nearest business _____ ft

76 **Name of Preparer:** _____ **Title:** _____

77 **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.