

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT**

<b>SUPPLEMENTAL APPLICATION INFORMATION</b>
<b>FEE SCHEDULE 01D</b>

<b>San Diego APCD Use Only</b>
<b>Appl. No.:</b>
<b>ID No.:</b>

**SPENT ABRASIVE HANDLING/RECYCLING SYSTEM**

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

2 **Address:** \_\_\_\_\_

3 **A. EQUIPMENT DESCRIPTION**

4 Vacuum producing device:  Water/liquid sealed vacuum pump  Air educator  
5  Air ejector  Other: (specify): \_\_\_\_\_

6 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

7 Rating: \_\_\_\_\_ cu. ft./min. at \_\_\_\_\_ inches water

8 **B. ABRASIVE COLLECTION TANK**

9 Capacity: \_\_\_\_\_ cu. ft./tons Cyclone separator: diameter \_\_\_\_\_ ft. length \_\_\_\_\_ ft.

10 **C. FOR SCREENING SYSTEMS**

11 Submit a brochure with dimensions and specifications.

12 **D. DUST COLLECTOR**

13 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

14 Filter type:  Cartridges  Bag, Model # \_\_\_\_\_ Number of filter elements: \_\_\_\_\_

Provide a brochure showing the efficiency of the filter bags/cartridges

15 **E. ASSOCIATED AIR COMPRESSOR W/ENGINE**  Diesel  Gasoline

16 Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Capacity: \_\_\_\_\_ cu. ft./min.

17 Engine Mfr.: \_\_\_\_\_ Model: \_\_\_\_\_ HP: \_\_\_\_\_

Fuel Use Rate:	Gal/Hr	Gal/Day	Gal/Wk
Average			
Maximum			

18 Engine crankcase vent emission control device (*describe*): \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_

21 **F. DUST DATA**

Dust Collected by Filter	Lbs/Hr	Lbs/Day	Lbs/Wk	Lbs/Yr
Average				
Maximum				

22 Submit Material Data Safety Sheets (MSDS) for each abrasive material that may be recycled or transferred by  
 23 this equipment. If this used abrasive(s) and dust may contain lead, chrome, cadmium, beryllium, nickel, or  
 24 asbestos, then list in the table below the materials and the percent by weight of each toxic material in the  
 25 surfaces that were blasted by the abrasive(s).

Surface Blasted	PERCENT (%) BY WEIGHT OF TOXIC MATERIAL					
	Chromium Cr	Beryllium Be	Nickel Ni	Cadmium Cd	Lead Pb	Asbestos
Paint						
Metal						
Plaster						
Insulation						
Other (specify)						
Other (specify)						

26 **G. EQUIPMENT USE SCHEDULE FOR ABRASIVE HANDLING**

Time	Hrs/Day	Hrs/Wk	Hrs/Yr
Average			
Maximum			

Submit a brochure of the vacuum device.

27 **H. ADDITIONAL INFORMATION:** \_\_\_\_\_

28 \_\_\_\_\_

29 \_\_\_\_\_

30 **Name of Preparer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

31 **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.