



Mail Application To:
 SCAQMD
 P.O. Box 4944
 Diamond Bar, CA 91765
 Tel: (909) 396-3385
www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

www.aqmd.gov

Permit to be issued to (Business name of operator to appear on permit):

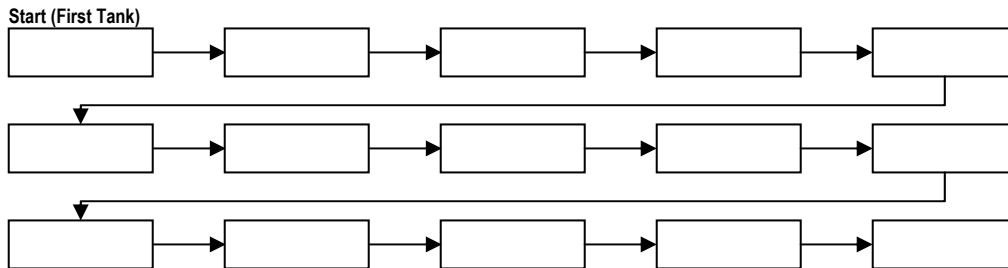
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

SECTION A: EQUIPMENT INFORMATION

Process Line	Name of Process Line For This Permit Application:		Total Number of Tanks In The Line
Primary Process(es) Performed in this Process Line (Check All That Apply):	Hard Chrome Plating	Nickel Plating	Other
	Decorative Chrome Plating	Copper Plating	Other
	Chromic Acid Anodizing	Zinc Plating	Other
	Sulfuric Acid Anodizing	Surface Preparation/Cleaning	Other
	Cadmium Plating	Stripping	Other
Component Plating Mode:	Single Part Immersion	Barrel Plating	
	Rack Plating	Other	
Operating Schedule	Normal:	hours/day	days/week weeks/yr.
	Maximum:	hours/day	days/week weeks/yr.

Note: If Brand Name or Proprietary Chemical, please include a current copy of the MSDS.

SECTION B: TANK PROFILE
 Complete all information for each tank in this process line using the form on the next page. One Tank Per Page. List tanks in the order in which they appear in the actual process line (e.g. Tank 1 of 12, Tank 2 of 12, etc).



SECTION C: APPLICANT CERTIFICATION STATEMENT

I hereby certify that all information contained herein and information submitted with this application is true and correct.

SIGNATURE OF PREPARER:	TITLE OF PREPARER:	PREPARER'S TELEPHONE NUMBER:
		PREPARER'S E-MAIL ADDRESS:
CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT:	CONTACT PERSON'S TELEPHONE NUMBER:	DATE SIGNED:
E-MAIL ADDRESS:	FAX NUMBER:	

CONFIDENTIAL INFORMATION
 Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps:
 (a) Make a copy of any page containing confidential information blanked out. Label this page "public copy."
 (b) Label the original page "confidential." Circle all confidential items on the page.
 (c) Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.

SECTION B: TANK PROFILE		TANK _____ OF _____											
Tank Profile Information	Complete all information for each tank in this process line. List tanks in the <u>order</u> in which they appear in the actual process line. One Tank Per Page. Provide original Tank ID												
	Tank Identification No:	Max. Dimensions: Length: Width: Height: Diameter:											
	Specific Function of <u>This</u> Tank: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Plating</td> <td style="width: 25%;">Etching/Milling</td> <td style="width: 25%;">Chem Film/Coating/ Conversion</td> <td style="width: 25%;">Other</td> </tr> <tr> <td>Anodizing</td> <td>Passivation</td> <td>Stripping</td> <td>Other</td> </tr> <tr> <td>Cleaning</td> <td>Pickling</td> <td>Rinse</td> <td>Other</td> </tr> </table>		Plating	Etching/Milling	Chem Film/Coating/ Conversion	Other	Anodizing	Passivation	Stripping	Other	Cleaning	Pickling	Rinse
Plating	Etching/Milling	Chem Film/Coating/ Conversion	Other										
Anodizing	Passivation	Stripping	Other										
Cleaning	Pickling	Rinse	Other										
Chemicals Used in Tank:	Chemical Name	(List <u>ONE</u> of the following measurements for each chemical) Weight %* <u>or</u> Volume/Volume Ratio** <u>or</u> Weight/Volume Ratio***											
	<p>* (Weight of Chemical/Weight of Bath) x 100 *** Weight Ounces of Chemical Per Liquid Gallon of Bath ** Fluid Ounces of Chemical Per Liquid Gallon of Bath</p>												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Maximum Rating:</td> <td style="width: 30%;">Volts (D.C.)</td> <td style="width: 40%;">Amperes (D.C)</td> </tr> <tr> <td colspan="2">Total Annual Ampere-Hours of Activity In this Tank =</td> <td>Ampere hours per year</td> </tr> <tr> <td colspan="3" style="text-align: center;">No Rectifier Associated With This Tank</td> </tr> </table>		Maximum Rating:	Volts (D.C.)	Amperes (D.C)	Total Annual Ampere-Hours of Activity In this Tank =		Ampere hours per year	No Rectifier Associated With This Tank				
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Total Annual Ampere-Hours of Activity In this Tank =		Ampere hours per year											
No Rectifier Associated With This Tank													
Tank Heating/Cooling Information	Natural Gas Heater ⇒ Btu/hr (Max. Burner Rating)** Indicate Tank Cooling Method												
	** Indicate zero btu/hr if heat source is hot water pipe or steam pipe Water Cooler												
	Electric Heating Element ⇒ Kw (Max. Rating of Heating Element) Refrigeration												
No External Heat Source Applied To This Tank Other:		Max. Operating Temperature of This Tank ° F											
Tank Agitation/Mixing Information	Air Sparging ⇒ (CFM) Solution Mixing/Recirculation (Eductors) ⇒ (GPM)												
	Mechanical Mixing Below Surface of Bath Above Surface of Bath												
	The solution/bath in this tank is not agitated or mixed Other												
Tank Emission Control Methods	a. Type of Internal Tank Control Methods (Check all that apply):												
	Foam Blanket												
	Polyballs												
Fume Suppressant ↓		b. Type of air pollution control equipment (external controls) to which this tank is vented (Check all that apply):											
Specify Chemical Name		Packed Bed Scrubber											
Maximum Surface Tension of Bath (Plating Baths Only) dynes/cm ²		Mesh Pad Only											
Tank Cover		Mesh Pad with HEPA Filter											
None of the Above		HEPA Filter Only											
		Other											
		Tank air flow rate to air pollution control equipment checked above: CFM											
		This tank is not vented to air pollution control equipment											

Complete Additional Tank Forms As Necessary