



Form 400-E-14 Open Process Tank

Mail To:
SCAQMD
P.O. Box 4944
Diamond Bar, CA 91765-0944
Tel: (909) 396-3385
www.aqmd.gov

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

Section A - Operator Information

Facility Name (Business Name of Operator That Appears On Permit): _____ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): _____

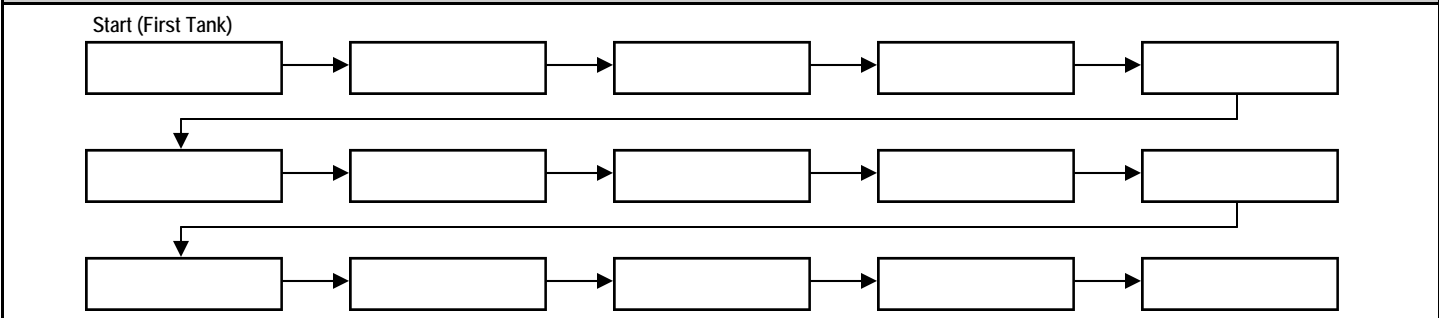
Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): _____

Section B - Equipment Description

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
	Decorative Chrome Plating	Copper Plating
	Chromic Acid Anodizing	Zinc Plating
	Sulfuric Acid Anodizing	Surface Preparation/Cleaning
	Cadmium Plating	Stripping
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	

Section C - Process Line Sequence

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). Complete all information for each tank in this process line using Section E on the next page. One Tank Per Page.



Section D - Authorization/Signature

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

Preparer Info	Signature: _____ Date: _____	Name: _____
	Title: _____ Company Name: _____	Phone #: _____ Fax #: _____
Contact Info	Name: _____	Phone #: _____ Fax #: _____
	Title: _____ Company Name: _____	Email: _____

THIS IS A PUBLIC DOCUMENT
Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.

Form 400-E-14
Open Process Tank

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TANK _____ OF _____

Section E - Tank Profile
Complete all information for each tank in this process line. List tanks in the order in which they appear in the actual process line. One Tank Per Page. Provide original Tank ID.

Tank Profile Information	Tank Identification No: _____ Dimension (inches): Length: _____ Width: _____ Height: _____ Diameter: _____ Specific Function of This Tank: Plating Etching/Milling Chem Film/Coating/ Conversion Other _____ Anodizing Passivation Stripping Other _____ Cleaning Picking Rinse Other _____																							
Chemicals Used in Tank: Note: If Brand Name or Proprietary Chemical, please include a current copy of the MSDS.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 50%; text-align: center;">Chemical Name</th> <th colspan="3" style="text-align: center;">List <u>ONE</u> of the following measurements for each chemical</th> </tr> <tr> <th style="width: 16.6%; text-align: center;">Weight % * <u>or</u></th> <th style="width: 16.6%; text-align: center;">Volume/Volume Ratio ** <u>or</u></th> <th style="width: 16.6%; text-align: center;">Weight/Volume Ratio ***</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>* (Weight of Chemical/Weight of Bath) x 100 *** Weight Ounces of Chemical Per Liquid Gallon of Bath</p> <p>** Fluid Ounces of Chemical Per Liquid Gallon of Bath</p>	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 ***																
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Tank Rectifier (Electrolysis) Information	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																							
Tank Heating/Cooling Information	Natural Gas Heater: _____ Btu/hr (Max. Burner Rating) Indicate zero Btu/hr if heat source is hot water pipe or steam pipe. Electric heating Element: _____ KW (Max. Heater Rating) No External Heat Source applied To This Tank Max. Operating Temperature of This Tank: _____ °F Indicate Tank Cooling Method: Water Cooler Refrigeration Other: _____																							
Tank Agitation/Mixing Information	Air Sparging: _____ CFM Solution Mixing/Recirculation (Eductors): _____ GPM Mechanical Mixer Below Surface of Bath Above Surface of Bath Tank Not Agitated or Mixed Other _____																							
Tank Emission Control Methods	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> a. Type of Internal Tank Control Methods (Check all that apply): Foam Blanket Polyballs Fume Suppressant Specify Chemical Name _____ Maximum Surface Tension of Bath _____ dynes/cm² (Plating Baths Only) Tank cover None of the Above </td> <td style="width: 50%; vertical-align: top;"> b. Type of air pollution control equipment (external controls) to which this tank is vented (Check all that apply): Packed Bed Scrubber Mesh Pad Only Mesh Pad with HEPA Filter 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 </td> </tr> </table>	a. Type of Internal Tank Control Methods (Check all that apply): Foam Blanket Polyballs Fume Suppressant Specify Chemical Name _____ Maximum Surface Tension of Bath _____ dynes/cm ² (Plating Baths Only) Tank cover None of the Above	b. Type of air pollution control equipment (external controls) to which this tank is vented (Check all that apply): Packed Bed Scrubber Mesh Pad Only Mesh Pad with HEPA Filter 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																					
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Complete Additional Tank Forms As Necessary