



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 BUREAU OF AIR -- PERMIT SECTION
 P.O. BOX 19276
 SPRINGFIELD, ILLINOIS 62794-9276

FOR APPLICANT'S USE

Revision #: _____
 Date: ____ / ____ / ____
 Page _____ of _____
 Source Designation: _____

SUPPLEMENTAL FORM ELECTROPLATING TANK	FOR AGENCY USE ONLY
	ID NUMBER:
	EMISSION POINT #:
	DATE:

THIS FORM MUST BE COMPLETED FOR EACH ELECTROPLATING, ANODIZING OR ELECTROPOLISHING TANK AND MUST ACCOMPANY FORM 220-CAAPP.

SOURCE INFORMATION	
1) SOURCE NAME:	
2) DATE FORM PREPARED:	3) SOURCE ID NO. (IF KNOWN):

GENERAL INFORMATION			
4) DESIGNATION OF PLATING TANK:			
5) ANODE ELECTROPLATING METAL (E.G., CHROME, SILVER, GOLD, NICKEL, COPPER, TIN, ETC.):			
6) SPECIFIC TYPE OF OPERATION (E.G., HARD PLATING, DECORATIVE PLATING, ANODIZING, ELECTROPOLISHING, ETC.):			
7) INSIDE DIMENSIONS OF THE TANK	a) LENGTH (FT):	b) WIDTH (FT):	c) HEIGHT (FT):

RECTIFIER INFORMATION				
8)	<u>RATED CAPACITY OF EACH RECTIFIER</u>		<u>TYPICAL DAILY SETTING OF EACH RECTIFIER</u>	
	VOLTAGE	AMPERAGE	VOLTAGE	AMPERAGE
a)			a)	
b)			b)	
c)			c)	
d)			d)	
e)			e)	
f)			f)	

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPLICATION PAGE _____

Printed on Recycled Paper
336-CAAPP

FOR APPLICANT'S USE

9) HOURS PER DAY ELECTRODES ARE ENERGIZED	a) MAXIMUM (HRS/DAY):	b) TYPICAL (HRS/DAY):	
10) AMPERE-HOURS PER DAY USAGE	a) MAXIMUM (AMP-HRS/DAY):	b) TYPICAL (AMP-HRS/DAY):	
11) MAKEUP RATE (LBS/HR):			
	RAW MATERIAL	MAXIMUM	TYPICAL
a)			
b)			
c)			
d)			
e)			
12a) INDICATE TYPE OF BATH DEFOAMING AGENT:			
<input type="checkbox"/> FOAM BLANKET <input type="checkbox"/> COMBINATION WETTING AGENT & FOAM BLANKET			
b) BATH THICKNESS (INCHES):			
13) TYPE OF VENTILATION (E.G., ONE-SIDED, TWO SIDED, CANOPY, NO VENTS, ETC.):			
14) TYPE OF CONTROL DEVICE: (ALSO COMPLETE AIR POLLUTION CONTROL FORM 260-CAAPP):			
<input type="checkbox"/> NONE <input type="checkbox"/> SINGLE-BLADE MIST ELIMINATOR <input type="checkbox"/> FABRIC/MESH PAD MIST ELIMINATOR <input type="checkbox"/> PACKED TOWER <input type="checkbox"/> PACKED TOWER WITH MIST ELIMINATOR <input type="checkbox"/> LIQUID SPRAY SCRUBBER <input type="checkbox"/> OTHER; SPECIFY: _____			