

Proposed Rule 1159.1 Survey Form – January 2023

A. Facility Information

A1. Facility Name		A2. Facility ID	
A3. Facility Contact Name		A4. Contact Title	
A5. Direct Phone #		A6. Email	
A7. Facility Address		A8. City	A9. Zip Code
A10. Industries Served (check all that apply)	<input type="checkbox"/> Aerospace <input type="checkbox"/> Military <input type="checkbox"/> Commercial <input type="checkbox"/> General Public <input type="checkbox"/> Other (please specify):		
A11. Operating Schedule in 2021 (e.g., 8 hr/day; 5 days/week)		A12. # of Employees at the Facility in 2021	
A13. Facility's approximate 2021 annual gross revenue	<input type="checkbox"/> < \$1M <input type="checkbox"/> \$1M to \$3M <input type="checkbox"/> \$3M to \$5M <input type="checkbox"/> \$5M to \$10M <input type="checkbox"/> >\$10M		
A14. 2021 Profit Margin* * Profit Margin = $((\text{Gross Revenue} - \text{Cost to Operate}) / \text{Gross Revenue}) \times 100\%$	<input type="checkbox"/> Net Loss <input type="checkbox"/> 0%-9.9% <input type="checkbox"/> 10%-19.9% <input type="checkbox"/> 20%- 39.9% <input type="checkbox"/> >40% <input type="checkbox"/> Do not know		
<i>Example: In 2021, a business has \$2 million in gross revenue, and its cost to operate is \$1.5 million. Using the formula above, that would make its Profit Margin 25%: $((\\$2,000,000 - \\$1,500,000) / \\$2,000,000) \times 100\% = 25\%$</i>			
A15. Do you claim trade secret of data? <small>Under the California Public Records Act, documentation are presumably public records and may be disclosed to a third party except certain limited information are exempt from disclosure because it qualifies as a trade secret, as explained 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 "Yes" if you claim that this form or its attachments contain trade secret information.</small>	<input type="checkbox"/> NO <input type="checkbox"/> YES. List the sections (e.g. A14, B2) with trade secret data:		
A16. Are there any physical limitations for installation of scrubber to control NOx emissions from nitric acid unit(s)? (typical footprint of a scrubber is 80 ft ²)	A17. Physical limitations that may prevent the facility from installing a NOx scrubber	<input type="checkbox"/> No access to outdoor space or roof <input type="checkbox"/> Under a lease contract where construction is not allowed <input type="checkbox"/> Other (please explain):	
<input type="checkbox"/> YES (Please complete A17) <input type="checkbox"/> NO (Skip to B.)			

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B. Nitric Acid Usage, Disposal and Evaporation Information (Make copies of this page as needed)

B1.	Does your facility use a solution that contains nitric acid that chemically reacts with any metal?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Survey complete – Please return form)
B2.	Nitric Acid Usage - Please provide information on each nitric acid unit ("tank") at the facility	
	a. Tank name: _____ b. Operation type: <input type="checkbox"/> Precious Metal Reclamation <input type="checkbox"/> Metal Finishing <input type="checkbox"/> Other: _____ c. Add-on Control: <input type="checkbox"/> None <input type="checkbox"/> Yes - Acid fume scrubber <input type="checkbox"/> Yes - NOx scrubber <input type="checkbox"/> Other: _____ d. If you answered yes above, what chemicals (see C1. For examples) are used for the scrubbing solution?	
B3.	NITRIC ACID (HNO₃) ADDITIONS (Include any additions of HNO ₃ including those for disposal or evaporation)	
	a. On average each month, HNO ₃ added to the tank:	_____ gallons per month
	b. Concentration of HNO ₃ added: (This information can be found on Safety Data Sheets)	_____ WT% (If multiple products with HNO ₃ are added, indicate the <u>highest</u> WT%)
B4.	DISPOSAL ADJUSTMENTS	
	Is any amount of the tank solution periodically disposed? <input type="checkbox"/> No (Skip to B5. Evaporation Adjustments) <input type="checkbox"/> Yes (Please complete information below)	
	a. Type of disposal: <input type="checkbox"/> Partial Decant <input type="checkbox"/> Complete Replacement	
	b. Approximate frequency of disposals: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other: (please indicate): _____	
	c. For each disposal, volume of equivalent HNO ₃ disposed (equivalent of HNO ₃ at WT% indicated in B3b above): _____ gallons -OR- Volume of tank solution disposed: _____ gallons Concentration of HNO ₃ disposed: _____ WT% <input type="checkbox"/> Do not know WT%	
B5.	EVAPORATION ADJUSTMENTS	
	Is any HNO ₃ lost due to evaporation? <input type="checkbox"/> No (Skip to next tank, if any) <input type="checkbox"/> Yes (Please complete information below)	
	a. Operating temperature: _____ °F	
	b. On average each month, HNO ₃ evaporated (equivalent of HNO ₃ at WT% indicated in B3b above): _____ gallons -OR- Volume of <u>tank solution</u> lost due to evaporation: _____ gallons <u>In tank</u> WT% of nitric acid: _____ WT%	

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C. Wastewater Treatment Systems, and Discharge Permit Information

C1. a.	Does your facility have a chemical storage area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please indicate below if any of the following chemicals are stored at the facility:		
b.	Hydrogen Peroxide (H ₂ O ₂): <input type="checkbox"/> NO <input type="checkbox"/> YES – Maximum Storage Capacity: _____ gallons	Typical quantity stored: _____ gallons
c.	Sodium Hydroxide (NaOH): <input type="checkbox"/> NO <input type="checkbox"/> YES – Maximum Storage Capacity: _____ gallons	Typical quantity stored: _____ gallons
d.	Sodium Chlorite (NaClO ₂): <input type="checkbox"/> NO <input type="checkbox"/> YES – Maximum Storage Capacity: _____ gallons	Typical quantity stored: _____ gallons
e.	Sodium Hydrosulfide (NaHS): <input type="checkbox"/> NO <input type="checkbox"/> YES – Maximum Storage Capacity: _____ gallons	Typical quantity stored: _____ gallons
f.	Sodium Sulfide (Na ₂ S): <input type="checkbox"/> NO <input type="checkbox"/> YES – Maximum Storage Capacity: _____ gallons	Typical quantity stored: _____ gallons
g.	Chlorine Dioxide (ClO ₂): <input type="checkbox"/> NO <input type="checkbox"/> YES – Maximum Storage Capacity: _____ gallons	Typical quantity stored: _____ gallons
C2. a.	Does the facility have a wastewater treatment system (WWTS)?	<input type="checkbox"/> NO (skip to C3) <input type="checkbox"/> YES
b.	If the facility has a WWTS, what pollutants are tested for in the effluent?	
c.	If the facility has a WWTS, do any scrubbers send wastewater to the WWTS? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please indicate which below)	
C3. a.	Does the facility have an industrial wastewater discharge permit?	<input type="checkbox"/> NO <input type="checkbox"/> YES – Agency: _____ Permit Number: _____
b.	Permitted discharge volume: _____ gallons per day Additional information (if needed):	
c.	If an increase to the wastewater volume discharge by an additional 300 gallons per day is needed, would the industrial wastewater discharge permit need to be modified? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do not know	