

### C. Nitric Acid Tank Information (2 per page)

Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____ °F  <b>Bath Surface Area:</b> _____ sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	<b>Average volume of nitric acid added monthly:</b> _____ Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For wet scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP* range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		

\*ORP – Oxidation-Reduction Potential

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<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____ °F  <b>Bath Surface Area:</b> _____ sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	Average volume of <b>nitric acid</b> added monthly: _____ Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For Wet Scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		

### C. Nitric Acid Tank Information (2 per page)

Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	<b>Average volume of nitric acid added monthly:</b> _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For wet scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP* range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		

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Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	<b>Average volume of nitric acid added monthly:</b> _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For Wet Scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		

### C. Nitric Acid Tank Information (2 per page)

Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	<b>Average volume of nitric acid added monthly:</b> _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For wet scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP* range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		

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Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	<b>Average volume of nitric acid added monthly:</b> _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For Wet Scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		



### C. Nitric Acid Tank Information (2 per page)

Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	Average volume of <b>nitric acid</b> added monthly: _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For wet scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP* range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		

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Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	Average volume of <b>nitric acid</b> added monthly: _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For Wet Scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		

### C. Nitric Acid Tank Information (2 per page)

Equipment Name and Permit Info	Equipment Process <sup>1</sup>		Types of Metal(s) Processed	Tank Information	Acid Concentration(s) (as used/mixed in solution)	NOx Source Test Information
<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	<b>Average volume of nitric acid added monthly:</b> _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For wet scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP* range (if equipped):
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<b>Permit No:</b> <b>Nitric Acid limits?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____%WT? _____gal/day? <b>Other:</b> _____	<b>Metal Finishing:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Chemical etching <input type="checkbox"/> Chemical milling <input type="checkbox"/> Acid pre-drip <input type="checkbox"/> Passivation <input type="checkbox"/> Sealing <input type="checkbox"/> Electropolishing <input type="checkbox"/> Chemical Stripping <input type="checkbox"/> Dye <input type="checkbox"/> Chromate conversion or chem film coating	<b>Other:</b> <input type="checkbox"/> Chemical manufacturing <input type="checkbox"/> Precious metal reclamation <input type="checkbox"/> Other (specify) _____  Could this process be performed without the use of Nitric Acid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe alternative: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Titanium <input type="checkbox"/> Magnesium <input type="checkbox"/> Steel or stainless steel <input type="checkbox"/> Other (List below) _____  <b>Maximum depth of metal removed</b>  _____ microns <b>-or-</b> <input type="checkbox"/> Complete dissolution of metal	<b>Maximum Bath Temp:</b> _____°F  <b>Bath Surface Area:</b> _____sqft  <b>Add-on Controls:</b> <input type="checkbox"/> None <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Composite Mesh Pad <input type="checkbox"/> Scrubber <input type="checkbox"/> HEPA or <input type="checkbox"/> ULPA <b>Permit No:</b> _____	<b>Average volume of nitric acid added monthly:</b> _____Gallons Nitric Acid _____%Wt  --Specify below if also used-- <input type="checkbox"/> Hydrochloric _____%Wt <input type="checkbox"/> Hydrofluoric _____%Wt <input type="checkbox"/> Sulfuric _____%Wt <input type="checkbox"/> Other acids _____%Wt Specify: _____	<input type="checkbox"/> Not Tested <input type="checkbox"/> on __/__/____ <b>Emission Results:</b>  For Wet Scrubbers only: <input type="checkbox"/> Multistage? Solution(s) used:  pH range: ORP range (if equipped):
				<b>Emission Controls<sup>2</sup></b> For add-on controls only: <input type="checkbox"/> Collection at equipment <input type="checkbox"/> Sealed tank or vessel <input type="checkbox"/> Overhead hood <input type="checkbox"/> Push-pull air <input type="checkbox"/> Manifold at back of tank		