



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation**

CHROMIUM ELECTROPLATING

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Date of Construction, modification, or reconstruction: _____
- 5) Capacity of tank: _____
Dimensions of tank: (L x W x D) _____ ft x _____ ft x _____ ft
Surface area of each tank: (L x W) _____ sq. ft.
- 6) Type of plating: Hard _____; Decorative: chromic acid _____; Anodizing _____; Trivalent chromium _____; Other _____
Does bath component contain wetting agent: ____ If yes, chemical name of wetting agent: _____
Does bath contain chemical fume suppressant with a wetting agent: _____
If bath has wetting agent or combination wetting agent/fume suppressant is used, what is the surface tension of the bath: ____ dynes/cm (or lbf/ft). Can use default value of 45 dynes/cm.
If bath contains foam fume suppressant, what is the thickness of the foam: _____ in. Can use default value of 1 inch.
- 7) Total installed rectifier capacity: _____ amps
Average immersion time: _____ min
Normal Operating Schedule: _____ hrs/year
- 8) Cleaning (*Include MSDS sheets) :
Vapor degreasing _____; quantity of solvent used annually/kind of solvent: _____ *
Soaking in solvent _____; quantity of solvent used annually/kind of solvent: _____ *
Alkaline bath _____; Electrocleaning _____; Pickling _____
- 9) Type of capture equipment: _____
- 10) Emissions discharge to atmosphere _____ ft. above grade through stack or duct _____ ft. diameter at _____ ° F temperature, with _____ cfm flow rate and _____ fps velocity.
- 11) For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.