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| **Please fill out a form for each spray booth, dip tank, and other surface coating equipment** | | | | | | | | | | | | | | | | | | | | | |
| **1. Business information:** | | | | | | | | | | | | | | | | | | **Air Quality Use Only** | | | |
| Business license name of corporation, company, individual owner, or governmental agency under which the application is submitted | | | | | | | | | | | | | | | | | |
| **Source Number** | | |  |
| **2. Emission unit name:** | | | | | | | | | | | | | | | | | | **Emission Unit Number** | | |  |
|  | | | | | | | | | | | | | | | | | |
| **3. Describe articles coated:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **4. Operating schedule:** | | | | | | | | | | | | | | | | | | | | | |
| Hours per day | | | | | Days per week | | | | | | Weeks per year | | | | | Days per year | | | | | |
|  | | | | |  | | | | | |  | | | | |  | | | | | |
| **5. Percentage of yearly operation that occurs during the following quarters:** (total must equal 100%) | | | | | | | | | | | | | | | | | | | | | |
| Dec-Jan-Feb | | | | | Mar-April-May | | | | | | June-July-Aug | | | | | Sept-Oct-Nov | | | | | |
|  | | | | |  | | | | | |  | | | | |  | | | | | |
| **6. Equipment data:** | | | | | | | | | | | | | | | | | | | | | |
| Equipment manufacturer | | | | | | | Model number | | | | | | | Date constructed or last modified | | | | | | | |
| Type of equipment:  Spray Booth  Preparation Station  Dip Tank  Other (describe): | | | | | | | | | | | | | | | | | | | | | |
| Spray booth/preparation station data (if applicable): | | | | | | Width (ft) | | | | Length (ft) | | Depth (ft) | | | | | | | | Open side(s) | |
| Dip tank data  (if applicable): | | Width (ft) | | | | | | Length (ft) | | | | | | | Depth (ft) | | | | | | |
| **7. Spray coating operation data:** (complete for a spray coating operation) | | | | | | | | | | | | | | | | | | | | | |
| Spray Application Method: | Air Atomized  High Volume Low Pressure (HVLP) Air Atomized  Air-assisted Airless  Airless  Electrostatic-Air Atomized  Electrostatic-Airless  Electrostatic-DISC  Other (describe): | | | | | | | | | | | | | | | | Maximum spray flow (gal/hr) | | | | Spray transfer efficiency (%) |
| **8. Exhaust stack and control device data:** (complete for each vent/stack as applicable and attach additional sheets if necessary) | | | | | | | | | | | | | | | | | | | | | |
| Height above grade (ft) | | | | Diameter (ft) | | | | | Flow (actual ft3/min) | | | | Distance to nearest property line (ft) | | | | | | | | |
| Control device(s): | | | None  Filters  Waterwash  Baffle Plates  Adsorption  Other (describe): | | | | | | | | | | | | | | | | Control efficiency (%) | | |
| Emission units that share this stack: | | | | | | | | | | | | | | | | | | | | | |

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| **9. Compliance demonstration and monitoring/recording devices:** | | | | | | | | |
| Description of proposed monitoring and recordkeeping to assure compliance with emission limits. Include operating parameters of source and/or control device being monitored (temperature, pressure drop, etc.). | | | | | | | | |
| Check all attached monitoring and recording devices: | No monitor  Pressure drop gauge  Temperature gauge  Electronic data logger  Strip chart  Other (describe): | | | | | | | |
| **10. Coatings, thinners, and clean-up solvents data:** | | | | | | | | |
| List all types of coatings, thinners, and clean-up solvents used and attach a Safety Data Sheet (SDS) for each. Attach additional pages with indicated data if needed. | | | | | | | | |
| Material | | Daily Usage (gal/day) | | Average Monthly Usage (gal/month) | | Density (lb/gal) | VOC Content (lb/gal or % by weight) | Solids Content (lb/gal or % by weight) |
| Average | Maximum\* |
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| \* For new construction, this quantity will be used as a permit limitation on capacity. | | | | | | | | |
| **11. Comments** | | | | | | | | |
|  | | | | | | | | |
| **12. Based upon information and belief formed after a reasonable inquiry, I certify that the information contained in this application is accurate and true to the best of my knowledge.** | | | | | | | | |
| Signature of responsible official | | | | | Date of application | | | |