SAN DIEGO AIR POLLUTION CONTROL DISTRICT

FIBERGLASS, PLASTIC, OR FOAM PRODUCT APPLICATION STATIONS

- Attach a current Material Safety Data Sheet (MSDS) for each material to be used in this operation. (If VOC content is not indicated on MSDS, please contact the manufacturer to obtain another supporting document.)
- Attach a manufacturer’s specification data sheet for each corrosion-resistant or fire retardant resins as defined in Rule 67.12.
- Current material list or recordkeeping method will be required pursuant to Rule 67.12 prior to issuance of a Permit to Operate.
- Please type or print the information requested below.

COMPANY NAME: ____________________________

EQUIPMENT ADDRESS: ____________________________

A. EQUIPMENT DESCRIPTION

1) Method(s) of Coating Application:
   - [ ] High-Volume Low-Pressure (HVLP) Spray Gun
   - [ ] Electrostatic Spray Gun
   - [ ] Compressed Air Spray Gun
   - [ ] Air-Assisted Airless Spray Gun
   - [ ] Airless Spray Gun
   - [ ] Brush
   - [ ] Roller
   - [ ] Dip Tank
   - [ ] Flow coat
   - [ ] Other ____________________________________________

   Complete the following information for spray guns (please provide a separate sheet if needed):
   
   Manufacturer: ____________________________
   Model: ____________________________
   Manufacturer: ____________________________
   Model: ____________________________

2) Application Station Description:

   Coatings are Applied in: [ ] Spray Booth [ ] Outdoors [ ] Room [ ] Other ____________________________
   Dimensions: _______ ’ Length, _______ ’ Width, _______ ’ Height; Exhaust Flow Rate (fan): _______ cu ft/min
   Manufacturer: ____________________________
   Model: ____________________________

3) Drying Method

   [ ] Air Dried [ ] Oven Dried [ ] Other ____________________________
   If other than Air Dried, complete the following information:
   Oven Manufacturer: ____________________________
   Model: ____________________________
   Drying Temperature: _______ °F
   Dimensions: _______ ’ Length, _______ ’ Width, _______ ’ Height

B. PROCESS DESCRIPTION

Surface Coated: ____________________________

Product Description: ____________________________

1) Indicate the control method for all dry sanding, grinding and cutting operations of polyester resin materials which contain fiberglass:
   - [ ] None [ ] Controlled Enclosure
   - [ ] Controlled Process [ ] Other (Specify): ____________________________

   Attach a detailed drawing or/and process description of the above control method.

2) Method of Equipment Cleanup:
   - [ ] Spray Gun Washer [ ] Cold Solvent Dip Tank [ ] Remote Solvent Reservoir
   - [ ] Totally Enclosed Container or System [ ] Other (Specify): ____________________________
   [ ] Solvent used ____________________________
   VOC: _______ g/l

(Solvent Manufacturer/Product ID Code)

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Is a solvent reclamation system used?  □ Yes  □ No
If yes, please provide Manufacturer: __________________________ Model No.: ___________ Capacity: _____ (gals)
Are self-closing containers used for storing solvent-laden rags, waste materials?  □ Yes  □ No

C. OPERATING SCHEDULE
Maximum: _______ Hrs/Day; _______ Days/Wk; _______ Wks/Yr

D. RESINS, SOLVENTS AND OTHER MATERIALS CONTAINING VOC’S
Complete the table below for each resin, thinner and cleanup solvent to be used and provide a separate sheet, if necessary. Complete Section E if coatings and solvents contain toxic materials as identified in the Material Safety Data Sheets.

<table>
<thead>
<tr>
<th>Type of Resin/Solvent</th>
<th>Product Manufacturer</th>
<th>Product I.D. #</th>
<th>Max. Applied* (Gals/Day)</th>
<th>% by Wt. Styrene</th>
<th>Applicable** Method</th>
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Enter the maximum daily usage of coatings that can be applied in this operation: ___________ (gals)
Enter the maximum daily usage of solvents that can be used in this operation: ___________ (gals)

* “Maximum Applied” means the amount of each material prepared for applications, minus the amount of material disposed of or reclaimed.

** Use the following abbreviations to indicate the application method used for each resin or gelcoat:
SL-Spray Layup; HL-Hand Layup; CL-Continuous Lamination; OMC-Open Mold Casting; CMC-Closed Mold Casting; PT-Pultrusion; FW-Filament Winding; MC-Marble Casting.

Storage Method for Solvent and Waste Solvent:

Waste Solvent Hauler:

E. RULE 1200 TOXICS EVALUATION:

FACILITY SITE MAP  Please provide a copy of a Thomas Bros. Map showing the geographic location of your facility. This helps by making it possible for the District to use a Geographic Information System to identify community residents and workers who may be impacted by emissions from your facility.

PLOT PLAN  Please also provide a facility plot plan or diagram (need not be to scale as long as distances of key features from reference points are shown) showing the location of emission point(s) at the facility, property lines, and the location and dimensions of buildings (estimated height, width, and length) that are closer than 100 ft. from the emission point. This diagram helps by making it possible for the District to efficiently set-up the inputs for a health risk evaluation. Inaccurate information may adversely affect the outcome of the evaluation.
**EMISSION POINT DATA** Determine if your emission source(s) are ducted sources or if they are unducted/fugitive sources and provide the necessary data below. (Examples of commonly encountered emission points: **Ducted or Stack Emissions** - an exhaust pipe or stack, a roof ventilation duct; **Unducted Emissions** - anything not emitted through a duct, pipe, or stack, for instance, an open window or an outdoor area or volume)

1. **Ducted or Stack Emissions** (For 1 or more emission points). Estimate values if you are unsure.

<table>
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<tr>
<th>Parameter</th>
<th>Point #1</th>
<th>Point #2</th>
<th>Point #3</th>
<th>Point #4</th>
<th>Point #5</th>
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<td>Height of Exhaust above ground (ft)</td>
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<td>Stack Diameter (or length/width) (ft)</td>
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<td>Exhaust Gas Temperature* (°F)</td>
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<td>Exhaust Gas Flow (actual cfm or fps)</td>
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<td>Is Exhaust Vertical (Yes or No)</td>
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<td>Raincap? (None, Flapper Valve, Raincap)</td>
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<td>Distance to Property Line (+/- 10 ft)</td>
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* Use “70 °F” or “Ambient” if unknown

2. **Unducted Emissions** (For 1 or more emission points). Estimate if you are unsure.

**Describe how unducted gases, vapors, and/or particles get into the outside air.** Provide a brief description of the process or operation for each unducted emission point. If unducted emissions come out of building openings such as doors or windows, estimate the **size of the opening** (example – 3 ft x 4 ft window). If unducted emissions originate outside your buildings, estimate the **size of the emission zone** (example - paint spraying 2’ x 2’ x 2’ bread boxes).

**RECEPTOR DATA** A receptor is a residence or business whose occupants could be exposed to toxic emissions from your facility. In order to estimate the risk to nearby receptors, please provide the distance from the emission point to the nearest residence and to the nearest business.

Distance to nearest residence __________ ft  Distance to nearest business __________ ft

**Name of Preparer:** ____________________________  **Title:** ____________________________

**Phone No.:** (    ) ____________________________  **Date:** ____________________________

**NOTE TO APPLICANT:**
Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.