INSTRUCTIONS:

- PLEASE TYPE OR PRINT THE INFORMATION REQUESTED BELOW.
- ATTACH THE FOLLOWING TO THE COMPLETED SUPPLEMENTAL FORM:
  1. Material Safety Data Sheet (MSDS) of all coatings & solvents used in this operation.
  2. Sketch of the process equipment and associated ventilation equipment including duct sizes and fans.
  3. Copy of Thomas Bros. map page with source location clearly identified.

IMPORTANT NOTES TO APPLICANT:

- Completed forms with insufficient information may be returned to the applicant. This will cause delays in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested in this supplemental form.
- Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications.

COMPANY NAME: ____________________________

EQUIPMENT ADDRESS: ____________________________

A. EQUIPMENT DESCRIPTION

1) Method(s) of Adhesive Application:

☐ High-Volume Low-Pressure (HVLP) Spray Gun ☐ Electrostatic Spray Gun ☐ Brush ☐ Roller

☐ Dip Tank ☐ Flow Coat ☐ Other ______________

If using HVLP, does the facility have an air cap pressure gauge or air inlet pressure gauge with manufacturer’s technical information showing correlation between handle air inlet pressure and air cap pressure?

☐ Yes ☐ No

Complete the following information for all spray guns (please use additional sheet if needed):

Manufacturer: ____________________________ Model: ____________________________

Manufacturer: ____________________________ Model: ____________________________

2) Application Station and/or Dip Tank Description:

Adhesives are Applied in: ☐ Spray Booth ☐ Additional Spray Booth (for existing facility)

☐ Outdoors ☐ Room ☐ Other ______________

Dimensions: _______ ' Length, _______ ' Width, _______ ' Height; Exhaust Flow Rate (fan): _______ cu ft/min

Complete the following information if spray booth(s) are used:

Manufacturer: ____________________________ Model: ____________________________

Manufacturer: ____________________________ Model: ____________________________
3) Drying Method and Equipment Description

☐ 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

Surfaces Bonded: ___________________________

Product Description: ___________________________

1) Method of Surface Preparation: ☐ Buffing ☐ Water ☐ Abrasive Blasting

☐ Sanding ☐ Other ___________________________

☐ Solvent used: ___________________________

(Solvent Manufacturer/Product ID Code)

VOC content: _______ g/l

Boiling Point: _______ (°C)

VOC vapor pressure: _______ (mm Hg @20 °C)

2) Method of Equipment Cleanup: ☐ Spray Gun Washer ☐ Totally Enclosed Container or System

☐ Remote Solvent Reservoir ☐ Cold Solvent Dip Tank ☐ Other (Specify): ___________________________

☐ Solvent used: ___________________________

(Solvent Manufacturer/Product ID Code)

VOC content: _______ g/l

Boiling Point: _______ (°C)

VOC vapor pressure: _______ (mm Hg @20 °C)

Is a solvent reclamation system used? ☐ Yes ☐ No If yes, please provide: Capacity: _______ (gals)

Manufacturer: ___________________________ Model No.: ___________________________

Are self-closing containers used for storing solvent-laden rags, waste materials? ☐ Yes ☐ No

C. OPERATING SCHEDULE

Maximum: _______ Hours/Day; _______ Days/Wk; _______ Weeks/Yr

Minimum: _______ Hours/Day; _______ Days/Wk; _______ Weeks/Yr

D. SOLVENTS AND MATERIALS CONTAINING VOC

- Complete the table below for each adhesive category used. Use additional sheets, if necessary. Refer to Rule 67.21(Adhesive Material Application Operations) for definition and adhesive category.
- Attach a current Material Safety Data Sheet (MSDS) for each adhesive to be used in this operation. (If VOC content is not indicated on an MSDS and/or proprietary information is involved, please obtain additional supporting and/or disclosure documents from manufacturer.)

<table>
<thead>
<tr>
<th>Adhesive Category</th>
<th>Product Manufacturer</th>
<th>Product I.D. Number</th>
<th>Maximum Applied (gal/day)</th>
<th>VOC Content As Applied (g/l)</th>
<th>Rule Standard (g/l)</th>
</tr>
</thead>
</table>
Enter the maximum daily usage of adhesives that can be applied in this operation:    (gals)
Enter the maximum daily usage of solvents that can be used in this operation:    (gals)
Enter the maximum annual usage of adhesives that can be used in this operation:    (gals)

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

**E. BEST AVAILABLE CONTROL TECHNOLOGY (BACT):**

For this operation, compliance with Rule 67.21 (Adhesive Material Application Operations) at a specified average daily material usage limit per year is considered as BACT.

Can this operation comply with Rule 67.21 at an average material usage limit of 10 gal/day?

If yes, the subject operation complies with the BACT requirement of the NEW Source Review Rule. No further BACT analysis is required.

If no, a top down BACT analysis will be required. (Please refer to the BACT Guidance Document on how to proceed)

**F. WASTE MATERIAL HANDLING:**

Storage Method for Solvent and Waste Materials:  
Waste Materials Hauler:  

**G. 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>
<thead>
<tr>
<th>Parameter</th>
<th>Point #1</th>
<th>Point #2</th>
<th>Point #3</th>
<th>Point #4</th>
<th>Point #5</th>
<th>Point #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height of Exhaust above ground (ft)</td>
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<tr>
<td>Stack Diameter (or length/width) (ft)</td>
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<td>Exhaust Gas Temperature* (°F)</td>
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<tr>
<td>Exhaust Gas Flow (actual cfm or fps)</td>
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<tr>
<td>Is Exhaust Vertical (Yes or No)</td>
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<tr>
<td>Raincap? (None, Flapper Valve, Raincap)</td>
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<tr>
<td>Distance to Property Line (+/- 10 ft)</td>
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</tbody>
</table>
* 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  

Prepared by: ____________________________  
Title: ________________________________  
Phone No.: (     ) ________________________________  
Date: ________________________________  

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