ATTACH a current Material Safety Data Sheet (MSDS) for each coating or solvent 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 sketch of the process equipment configuration and associated ventilation equipment including duct sizes and fans.

Please type or print the information requested below.

1 COMPANY NAME: ____________________________

2 EQUIPMENT ADDRESS: ____________________________

3 A. EQUIPMENT DESCRIPTION
   List equipment used in the process by completing the table below:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Serial No.</th>
<th>Capacity (gals)</th>
<th>Process rate (gals/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 B. PROCESS DESCRIPTION

5 (1) Type of Operation: 
   - Screen Printing
   - Photo resist coating
   - Conformal coating
   - Solvent Application
   - Coating/Maskant Application
   - Other (specify): ____________________________

6 (2) Application Station: 
   - Spray Booth
   - Room
   - Outdoors
   - Other (specify): ____________________________

10 Application Station Manufacturer: ____________________________

11 Dimensions of Application Station: _______ ‘L x _______ ’W x _______ ’H

12 Exhaust Fan Flow Rate: _______ cu ft/min
(3) Drying Method and Equipment Description:

Drying Method:  

☐ Air Dried  ☐ Oven Dried  Other (specify): ___________________________

If other than air dried, provide dryer Manufacturer: ____________________________  Model: ____________________________

Dryer Dimensions  _____'L  x  _____'W  x  _____'H  Drying Temperature: ______°F

Product Description and end use: __________________________________________

Describe the manufacturing process: _________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

C. OPERATING SCHEDULE

Maximum: _______ Hrs/Day; _______ Days/Wk; _______ Wks/Yr

D. MATERIAL/USAGE INFORMATION

<table>
<thead>
<tr>
<th>Type of Coating/Solvent</th>
<th>Product Manufacturer</th>
<th>Product I.D. #</th>
<th>Max. Applied* (Gals/Day)</th>
<th>VOC (g/l) Content</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
E. EMISSION CONTROL DESCRIPTION:

Describe how the process equipment is ventilated.

Describe the emission control equipment.

Estimated control efficiency: ____________________  Estimated capture efficiency: ____________________

F. 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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stack Diameter (or length/width) (ft)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhaust Gas Temperature* (°F)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhaust Gas Flow (actual cfm or fps)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is Exhaust Vertical (Yes or No)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raincap? (None, Flapper Valve, Raincap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance to Property Line (+/- 10 ft)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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

**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.