PORTABLE ASBESTOS MASTIC REMOVAL APPLICATION STATION

Company Name: ____________________________________________

Equipment Address: _________________________________________

• Attach a current Material Safety Data Sheet (MSDS) for each 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 supporting document from the manufacturer for each solvent listed which indicates whether the solvent is classified as photochemically or non-photochemically reactive.
• Please type or print the information requested below.

A. EQUIPMENT DESCRIPTION

Method(s) of solvent application: (Please check all applicable methods)

☐ Squeegees ☐ Mops ☐ Brushes ☐ Rollers ☐ Spray Guns

☐ Brooms ☐ Buffers ☐ Rags

☐ Other: ____________________________________________

B. PROCESS DESCRIPTION

a) Describe all steps required to apply the solvent, including soaking time, dilution water used, etc.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b) Describe all of the steps required to collect the waste solvent and mastic, including disposal methods.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
C. OPERATING SCHEDULE

Maximum: ________ Days/Year

D. SOLVENT AND MATERIALS CONTAINING VOC'S

Complete the table below for each solvent to be used (please provide a separate sheet if needed)

<table>
<thead>
<tr>
<th>Solvent</th>
<th>Product Manufacturer</th>
<th>Product I.D. Number</th>
<th>Max. Use (Gals/Day)</th>
<th>Max. Use (Gals/Yr)</th>
<th>VOC Content</th>
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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.