A. PROCESS DESCRIPTION

Product(s)/Surface(s) Bonded:

1. **Explanation of Process**

What is the product? What processes are being conducted? Where will volatile organic compound (VOC) and toxic air contaminant (TAC) emissions occur? Are there related processes, for example are you manufacturing with composite materials in addition to coating? What steps are required? Include a process flow diagram if possible.

If this is an existing permitted process, describe the proposed modifications:

**2)** **Method(s) of Surface Preparation/Cleaning of Parts and Products (provide information for all that apply)**:

Buffing  Water (e.g. washing, wet sanding, etc.)  Sanding  Solvent Wipe Cleaning

Abrasive Blasting; manufacturer’s sand capacity rating (lbs or ft3)

Cold Solvent Dip Tank; liquid surface area (ft2)       capacity (gal)

Vapor Degreaser; liquid surface area (ft2)       capacity (gal)

Cold Solvent Remote Reservoir; sink cross-sectional area (ft2)       capacity (gal)

Other (specify)

Solvent Used       Daily Usage (oz)

(Solvent Manufacturer/Product ID Code)

VOC content (g/L)       or initial boiling point (°F/°C)       or vapor pressure (mm Hg)

**3) Stripping Operation**

Is a stripper, i.e. a volatile liquid applied to remove a maskant, paint, paint residue or temporary protective coating, proposed to be used?  No  Yes, please complete the following information.

Solvent Used:       Daily Usage (oz):

(Solvent Manufacturer/Product ID Code)

Method of Stripping  Hand Application  Dip Tank; liquid surface area (ft2)       capacity (gal)

Other (specify)

**4)** **Method(s) of Application Equipment Cleanup (provide information for all that apply)**:

Solvent Used       Daily Usage (oz)

(Solvent Manufacturer/Product ID Code)

VOC content (g/L)       or initial boiling point (°F/°C)       or vapor pressure (mm Hg)

Manufacturer:       Model No.:       Capacity (gal)

Spray Gun Washer

Totally Enclosed Container or System (describe):

Cold Solvent Dip Tank; liquid surface area (ft2)

Vapor Degreaser; vapor air interface area (ft2)       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cold Solvent Remote Reservoir; sink cross-sectional area (ft2)       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify)

Is a solvent reclamation system used?  Yes  No

If yes, provide Manufacturer:       Model No.:       Capacity (gal)

**5) Waste Handling:** Describe the storage method for solvent, waste solvent and solvent-laden rags/waste materials:

B. ADHESIVE OPERATING SCHEDULE

Describe the operations schedule. Adhesive operations include the following: application of adhesive materials, masking, bonding, surface preparation, stripping, and any cleaning (including equipment cleaning), drying of bonded substrates and material mixing.

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

**C.** **EQUIPMENT DESCRIPTION**

1) Method(s) of Adhesive Application:

Spray Gun  Brush  Roller  Dip Tank  Flow coat

Other

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spray Gun Specifications | | | | |
| Manufacturer | Model | Type | Transfer Efficiency % | Rated Capacity (gallons per hour) |
|  |  |  |  |  |
|  |  |  |  |  |

Number of guns to be operated at the same time:

For HVLP spray guns indicate how you will demonstrate compliance with the air cap pressure limit (0.1 to 10 psig):

Air cap test gauge Model:

Handle inlet pressure gauge with manufacturer document available that correlates air cap pressure to handle inlet pressure

2) Application Station Description:

Adhesives are applied in:  Outdoors  Room  Other

Open Faced Spray Booth (i.e. 3 walls):  Enclosed Spray Booth (i.e. 4 walls) Number of Booth(s)

For Open-Faced booths, distance between the filter bank and the spray area :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(feet)

Internal Dimensions:       (feet) Length,       (feet) Width,       (feet) Height

Manufacturer:       Model:

Booth to be equipped with filter(s)?  No  Yes, *please complete the following information and submit filter manufacturer specifications with application, which must include filter efficiency and associated efficiency test*

Filter Type (or description):

Number of Exhaust Fans:       Exhaust Flow Rate (per fan):       ft3/min

Ventilation Type:  N/A

Negative Ventilation (i.e. air will always be drawn into the booth)

Positive Ventilation with automatic pressure balancing system

Pressure Setting (in WC)

Booth is completely sealed  Yes  No

Mechanism to verify pressure setting:

3) Drying Method

Air Dried  Oven Dried  Other

If other than Air Dried, complete the following information:

Oven Manufacturer:       Model:       Drying Temperature:       °F

Dimensions:       (feet) Length,       (feet) Width,       (feet) Height

Oven Power Supply:  Electricity  Fuel

If fuel, Type       Usage (gal/day or cfm)       Heat Input Rating (btu/hr)

**4) VOC Control**

Is any VOC control technology proposed?  Yes  No

If yes, please complete and submit supplemental application form 27I, *Control Equipment for Coating Operations*.

**D. ADHESIVES, SOLVENTS AND OTHER MATERIALS CONTAINING VOC’s**

For each material used include:

Regulatory volatile organic compound (VOC) content (i.e. VOC content as applied less water and exempt compound)

Actual VOC content (i.e. VOC content as applied including water and exempt compound)

All components of the material, including all VOC and toxic air contaminants (TACs)

For multipart adhesives and coatings, include the mix ratio and the VOC content less water and exempt compounds of the mixture

Current Material Safety Data Sheet (MSDS), safety data sheets, technical data sheet, manufacturer’s data, and/or EPA Method 24 test results.

If any of these documents contains trade secret/proprietary information, please contact the manufacturer to obtain another supporting document that provides the necessary information (i.e. VOC and TAC content, all components of each material, and CAS number).

Please include manufacturer’s specification data sheet for each specialty coating as defined by the applicable prohibitory rule

*Complete the table below for each adhesive category used. Use additional sheets, if necessary.*

*Refer to District Rule 67.21(Adhesive Material Application Operations) for definitions, adhesive categories, and Rule standard limits.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adhesive Category** | **Product Product**  **Manufacturer I.D. Number** | **Maximum Applied\***  **(gal/day)** | **VOC Content As Applied**  **(g/L)** | **Rule Standard Limit**  **(g/L)** |
| **General Adhesive** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Specialty Adhesive** | |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Substrate-Specific Adhesive** | |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Adhesives** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

Enter the maximum daily usage of adhesives that can be applied in this operation:       (gals/day)

Enter the maximum daily usage of solvents that can be used in this operation:       (gals/day)

Enter the maximum annual usage of adhesives that can be used in this operation:       (gals/year)

Please indicate if you are proposing a ten (10) pound per day VOC limit for this operation  Yes  No, *other portions of New Source Review Rules become applicable. Contact the District for additional documentation required and a fee estimate.*

**F. RULE 1200 TOXICS 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.

1. **Ducted or Stack Emissions** (e.g. an exhaust pipe or stack, a roof ventilation duct, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parameter | Point #1 | Point #2 | Point #3 | Point #4 | Point #5 | Point #6 |
| Height of exhaust above ground (ft) |  |  |  |  |  |  |
| Stack diameter (or length width) (ft) |  |  |  |  |  |  |
| Exhaust gas flow (actual cfm) Max/Min |  |  |  |  |  |  |
| Is exhaust vertical (Yes or No) |  |  |  |  |  |  |
| Exhaust type (unobstructed, flapper,raincap) |  |  |  |  |  |  |
| Distance to Property Line (±10 ft) |  |  |  |  |  |  |

2. **Unducted Emissions** (e.g. anything not emitted through a duct, pipe, or stack, for instance, an open window or an outdoor area)

Are any materials applied outside of the spray booth (e.g. surface prep and polyester resins)?  No  Yes, *describe how unducted 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 the building openings such as doors, bays 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** provide the distance from the emission point to the nearest property line of the nearest residence and to the nearest business. If another business is located on the same property as the emission point but is not under common ownership, include the distance to this business.

Distance to nearest residence:       ft Distance to nearest business:       ft

**PLOT PLAN** Please also provide a **facility plot plan or diagram** (need not be to scale as long as the 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 health risk evaluation. Inaccurate information may adversely affect the outcome of the evaluation.

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

**Phone No.:** (    )       **E-mail:**

**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